Managing Foundation Programme Doctors with Differing Needs

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Managing Foundation Programme Doctors with Differing Needs

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Managing Foundation Programme Doctors with Differing Needs

1. Introduction

This document is an appendix to the Health Education North East (HENE) Policy *Doctors and Dentists in Difficulty* ([http://www.northerndeanery.nhs.uk/NorthernDeanery/deans-office/policies/policies](http://www.northerndeanery.nhs.uk/NorthernDeanery/deans-office/policies/policies)) and seeks to provide further guidance to all those who are involved in managing and supporting FP Doctors with differing needs (DWDN). It covers a wide range of circumstances that may classify an FP Doctor as having differing needs.

It also seeks to promote:
- accessible and appropriate support services for FP Doctors
- clear lines of communication between employers and the Foundation School
- consistent means of notification, investigation and documentation of reported concerns
- accurate definition of the nature of any concern
- development of effective management plans to address any concern
- a network of support for trainers and educators

This is a working document that will be reviewed and updated annually.

Key Point 1

Always remember when dealing with a Doctor with differing needs to, “treat them as you yourself would wish to be treated”. Any external scrutiny of the process in caring for these trainees would ask, “did you bend over backwards to support this trainee?”

Support and understanding should underpin all our dealings with these trainees.

2. Background

Many doctors, at some stage in their career, will encounter either personal or professional problems that will affect their performance.

Since the introduction of learning agreements, personal development plans, appraisal, assessment and clinical governance, there has been an increase in the number of FP Doctors struggling to achieve their goals within the expected timescale. There are also a small number of doctors who have serious and chronic performance problems that not only pose potential risks to patients but have also involved considerable investment of resources in trying to remedy these problems with varying degrees of success.

There is a spectrum of performance difficulties. Firstly, there are the more minor concerns that present a potentially low risk to patients for which a formative developmental approach will be appropriate. Secondly, there are the moderate problems that if left undetected or untreated could pose a risk to the doctor, the patient or the organisation but are not sufficiently serious to warrant disciplinary action.
Thirdly, there are the serious problems that present a high level of risk to patients and others which require a skilled and possibly disciplinary approach. However, where differing needs have been identified early and addressed, the FP Doctor has often made satisfactory progress.

### Key Point 2

Some FP Doctors will need to take a period of time out of their programme for a variety of reasons. Whatever the circumstances, current national agreement dictates that in either the F1 or F2 year, an FP Doctor can take up to a maximum of 20 working days (when the doctor would normally be at work). If an FP Doctor needs to take off a period of more than 20 working days within a 12-month (or equivalent) training year, they would need to make up this time in order to successfully complete FP Training.

The individual circumstances of each case will be taken into account and national agreement has been reached that the Foundation School Director can, at their discretion, approve individual cases who have taken more than 20 working days off where appropriate. GMC guidance (updated July 2013) in relation to FP doctor sick leave can be viewed at: [http://www.gmc-uk.org/Absence_from_training_in_the_Foundation_Programme_FINAL.pdf_52344411.pdf](http://www.gmc-uk.org/Absence_from_training_in_the_Foundation_Programme_FINAL.pdf_52344411.pdf)

### 3. Individual Role and Responsibilities

The individual roles and responsibilities, including those of FP Doctors, are defined in the overarching HENE *Doctors and Dentists in Difficulty* policy. However, there are some minor additions/differences within FP Training.

These are:

- a) FP Doctors and potential FP Doctors with a pre-existing need/disability should engage with the national “Transfer of Information” process which enables such information to be shared confidentially with Foundation Schools and employing Trusts
- b) Trust Foundation Programme (FP) Tutors will fulfil the roles and responsibilities of ‘Training Programme Directors’ including keeping the Foundation School aware and up-to-date with any issues that arise
- c) The Foundation School Director (or deputy) and Foundation Programme Directors (FPD) will fulfil the roles and responsibilities of ‘Regional Clinical Advisors’

### Key Point 3

FP Doctors are educated and trained within a framework that includes regulations and guidelines laid down by the General Medical Council (GMC) and the UK Foundation Programme Office. In addition, there are Foundation School policies that relate to Foundation Training. However, FP Doctors are employed by Trusts and must also follow their employer’s policies and procedures.

FP Doctors are Trust employees, Trust Human Resources departments are responsible for the local management of trainees who encounter difficulties in their work whilst supported in their training by the local foundation team with access to support from the Northern Foundation School team at HENE if necessary.
Trust responsibilities for DWDN’s include:

- Ensure that employment laws are upheld and employer responsibilities implemented
- Ensure FP Doctors are aware of Trust policies and procedures
- Provide a supportive environment that is conducive to resolution of any issues
- Ensure FP Doctors are supported in all placements
- Provide clear guidance on any restrictions to practice to protect patient safety
- Ensure the Occupational Health department is consulted if there are any potential health concerns
- Provide counselling and pastoral care where necessary
- Ensure good records of meetings are retained and shared with the FP Doctor
- Work to develop an environment in which FP Doctors feel safe and supported to disclose a disability and its potential impact
- Promote equality and eliminate discrimination
- As far as possible, ensure that the need for reasonable adjustments to the workplace for disabled FP Doctors have been anticipated in advance, including, checking policies, practices, facilities and procedures

Key Point 4

4. Definition of a Foundation Doctor with a Differing Need

In the absence of a nationally agreed definition of a Foundation Doctor with a Differing Need, the Foundation School has agreed the following definition:

‘A Foundation Doctor who has a problem(s) in their education, training, conduct or health, that affects, or is likely to affect significantly, patient safety, team-working, educational progress or their well-being’.

Key Point 5

For the Foundation School, a problem is significant if a Trust has asked for formal help and advice in managing an FP Doctor or has asked for informal advice on two or more occasions for the same trainee. We also ask that you use the enclosed Risk Matrix to calculate levels of support needed locally for trainees and to begin to plan any interventions necessary (Appendix D)
**Key Point 6**

To ensure that the Foundation School receives appropriate and consistent information on individual FP Doctors with Differing Needs, it is important that the School’s “**Reporting an FP Doctor with Differing Needs Pro-forma**” is completed and submitted. This will then enable the School to maintain the secure central DWDN database that is routinely analysed. In addition, receiving this information enables the Foundation School to complete the annual report to the UK Foundation Programme Office with anonymised statistics.

The pro-forma can be found at the end of this document as *(Appendix A)* and also within the Foundation School website under ‘Key Documents’.

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5. **Types of Differing Need**

5.1 **Types of need and possible causes:**

There are many types of differing need. Broadly speaking, issues tend to fall into three categories:

1) The FP Doctor who is making poor overall progress or has areas of specific difficulty with their training.

2) The FP Doctor who has a problem of a more personal nature that is often transient (illness or family issues for example)

3) The FP Doctor who has a problem with their conduct (Probity or conduct issues)

All Foundation doctors are likely to experience stress at some point during their training. The pressures listed below should be considered when asking ourselves why trainees are not performing to expected levels. Often trainees will not always proffer a reason for a change in performance and so checking these areas may be useful in offering support.

Such areas encountered may be:

- Educational challenges, exams and revision
- Anxiety concerning career decisions
- Pressure of work, lack of team support
- Struggling to understand/engage with the educational process and e-Portfolio
- Unfamiliarity or inexperience in a new workplace
- Changes in team dynamics and interpersonal issues within a team
- Personal health problems
- Sickness within the family
- Personal relationship difficulties
- Cultural isolation, culture shock e.g. overseas graduates
- Domestic responsibilities or child care pressures

5.2 Risk Rating Matrix

The Foundation School uses a traffic-light system to categorise differing needs in order to prioritise and facilitate our internal procedures for managing these FP Doctors. The categories used are also useful for you as a foundation team locally to target those DWDN’s at higher risk whilst monitoring those of a lower risk. The risk to patients may be our highest priority, but similarly the extra burden of supervision or extra work for colleagues should be recognised so that it can be addressed appropriately.

Please use the matrix enclosed. Some exemplars are included to help you in the process.

**Risk Rating Matrix**

Risk Matrix for DWDN (likely risk to trust and/or Northern Foundation School)

<table>
<thead>
<tr>
<th>Impact on Length of Training</th>
<th>Impact on Patients and Colleagues</th>
<th>Likely no impact on patients or colleagues (1)</th>
<th>Likely minor adjustments to protect patients and/or minor extra input required from colleagues or supervisors (2)</th>
<th>Likely major adjustments to protect patients and/or major extra input required from colleagues or supervisors (5)</th>
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<tr>
<td>Likely little or no extra training time required</td>
<td>1 B D</td>
<td>2 A</td>
<td>5 G</td>
<td></td>
</tr>
<tr>
<td>Likely to need up to 4 months extra time in training</td>
<td>2 D</td>
<td>4 C</td>
<td>10 E</td>
<td></td>
</tr>
<tr>
<td>Likely to need 4-12 months extra time in training</td>
<td>3 C</td>
<td>9 E</td>
<td>15 F</td>
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</table>
Exemplars of how to score trainees:

- A doctor with a declared physically disability which is unlikely to cause anything other than minor modifications to ward working. (A)=GREEN

- A doctor who is taking maternity leave who needs no “extra time” but will come back to work “out of sync” with ARCP. (B)=GREEN

- A doctor with a prolapsed disc requiring surgery and a 6 week rehab and phased return to work (C)=AMBER

- A doctor working less than full time (LTFT) due to childcare needs but no other issues identified. (D)=GREEN

- A trainee not engaging with e-portfolio and likely to fail ARCP but no reported incidents/SUI (E)=RED

- A trainee fully engaged with e-portfolio but multiple episodes of incidents one SUI and implicated in coroners case. (F)=RED

- A trainee making derogatory comments on social media about patients (G)=RED
6. Specific areas/common causes of concern

6.1 FP Doctors with a disability

The Equality Act 2010 defines a disabled person as ‘someone who has a physical or mental impairment that has a substantial and long-term, adverse effect on his or her ability to carry out normal day-to-day activities’. This includes people with a range of impairments and long-term health conditions including mental health issues.

An FP Doctor may commence Foundation training with a known disability or may develop an impairment at any time during the programme. The doctor can expect full support to ensure the training outcomes are achieved and specifically are encouraged to make a disclosure of their disability to ensure relevant organisations are complying with disability discrimination legislation and recent GMC guidance which provides for their protection. This support will include:

- no unlawful discrimination because of real/perceived challenges due to the nature of the disability
- anticipation of needs
- reasonable adjustment to the workplace to enhance successful outcome
- demonstration of equality and diversity
- robust career guidance so career choices are realistic
- a support network of appropriately trained individuals to allow the FP Doctor to progress through training
- confidentiality; though FP Doctors are encouraged to be open with colleagues (this has been shown to generate an enhanced workplace overall and an culture of support)

The GMC has issued guidance on health and disability in medical training (May 2013). This document includes advice that applies to Foundation and Specialty doctors and is recommended as a point of reference:


6.2 Parental leave

Maternity, Paternity and Adoption leave requests may be received from FP Doctors, all of which fall under the umbrella of employment law and are the responsibility of the employing Trust. The Foundation School must be made aware when an FP Doctor is planning to take more than two weeks off from their programme.

For maternity leave, most FP Doctors require adjustment of their programme as they are likely to be taking leave for a period considerably longer than 20 working days. Their leave requirements must be discussed with the local FP Tutor/Trust FP education team and Trust Human Resources department who will discuss the implications for their progress and will agree appropriate dates for commencement of leave and return to work.

Some FP Doctors may request to return to work after maternity leave on a less than full time training basis (see section 6.5 below). The principles already outlined above will apply.
Employers should make FP Doctors aware of the policy and procedures around taking maternity leave, including ‘keeping in touch’ days. The Academy of Medical Royal Colleges has produced a document *Return to Practice Background Document* which may be a useful reference for employers (see end of this document for the reference). The following excerpt from this document details maternity leave.

**Maternity leave**

‘As an employee you have the right to 26 weeks of Ordinary Maternity Leave and 26 weeks of Additional Maternity Leave making one year in total... During your leave it is often helpful to keep in touch with your employer. Your employer is entitled to make reasonable contact with you during Statutory Maternity Leave. This might be to update you on any significant changes in the workplace ... You can work up to ten days’ during your Statutory Maternity Leave without losing your Statutory Maternity Pay, Maternity Allowance or ending your leave. These are called keeping in touch days - and may only be worked if both you and your employer agree.’

Paternity and Adoption leave should be made available to Foundation Doctors eligible to take it, in accordance with Employment Law and the Trust’s policies in this area. FP Doctors should discuss their requirements with their FP Tutor/Trust FP education team and Trust Human Resources department. Occasionally the parent considering less than full time training (LTFT) may be the partner and the principles will apply as above.

Additional guidance for parental leave can be found in the Foundation School document *A Guide to Working as an FP Doctor*, which can be found on the School’s website under ‘Key Documents’.

### 6.3 Inter Foundation School Transfers

There is a national process for FP Doctors wishing to transfer to another Foundation School. Please see the Foundation School document ‘Inter Foundation School Transfer Guide’ for more detailed information. This can be found on the School’s website under ‘Key Documents’.

There is no formal process for *Intra* Foundation School transfers (i.e. moving to a different Trust within the School). Such requests are dealt with on an ad hoc basis by the School using the same national criteria for IFST. Please contact the Foundation School for further information.

### 6.4 Ill Health

At any stage of FP training it may become apparent that an FP Doctor is ill and if so, the FP Doctor should be encouraged to:

- Report any ill health to the relevant individual in their Trust, in line with their employer’s policy in this area
- Contact their GP
- Engage with the hospital Occupational Health Physician if relevant
- Access confidential help from supportive organisations (for example the HENE Trainee Support Service)
- Have a meeting with their Educational Supervisor and/or FP Tutor

It is important to note that illness, particularly stress related or psychological illness, can first present as underperformance. Some FP Doctors do not realise that illness underlies their
difficulties or may hold the view that there is a stigma attached to illness amongst the profession. Such matters need to be managed confidentially and with sensitivity so the FP Doctor receives the treatment they need.

The Foundation School recommends that FP Doctors who will, or who are likely to miss more than 14 working days in a four-month period through illness, should be seen by the FP Tutor and that the School should be informed using the ‘DWDN Pro-forma’ (Appendix A). To ensure that this process is effective, there will need to be systems in each organisation that will detect FP Doctors who are absent due to illness.

This should include the following:

- All training organisations must have a robust system that allows identification of FP Doctors who are off sick (including for FP Doctors based ‘off-site’ for example within a GP rotation)
- When an FP Doctor is off sick they need to inform their Trust who will ensure the Educational Supervisor is notified
- For periods of absence over seven days the FP Tutor should be notified
- All FP Doctors should be made aware of their Trust's policy on sick leave at induction

It may be appropriate for an FP Doctor to be referred to the Trust’s Occupational Health Physician for specialist opinion and guidance. As a result of the Occupational Health assessment, the FP Doctor’s training programme may need to be reviewed.

The Educational Supervisor will be responsible for:

- Liaising with the FP Tutor
- Identifying the needs of the FP Doctor
- Adapting the FP Doctor’s training programme to address those needs
- Submitting the revised programme to the FP Tutor

When an FP Doctor falls ill and is off work for any period of time that may have a bearing on their possible progression, the following should be implemented:

- The Foundation School must be informed (using the current DwDN Pro-forma)
- The School must be updated regularly on developments and the duration of periods of absence
- The Foundation Team in the Trust must ensure that the Clinical Supervisor for the FP Doctor’s next placement is informed about any potential delay to the FP Doctor starting. This is particularly important where there is a possible delay in progressing from F1 to F2 and where the FP Doctor’s placement is not based within the Trust
- F2 doctors cannot go to their GP placement without progressing from F1 into F2 so early notification to the relevant GP Practice of any potential difficulties is very important.

6.5 Less Than Full Time Training

Individuals with ill-health or family responsibilities which cause, or are likely to cause, difficulties in smooth progression within Foundation training may benefit from working arrangements that are not full-time.
Less than full time training (LTFT) is covered within the UKFPO Reference Guide and UKFPO Rough Guide. They are useful references which the Foundation School’s processes for managing requests for LTFT are based:

http://www.foundationprogramme.nhs.uk/pages/home/keydocs

FP Doctors have the right to request LTFT training. The employing Trusts and Foundation School have a legal duty to give serious consideration to such requests. The Foundation School and partner employing trusts have a strong track record in supporting LTFT training.

The main reasons for taking LTFT training are:

- A disability, which means that the doctor needs individual arrangements
- Ill health
- Responsibility for caring for children (men and women)
- Responsibility for caring for ill/disabled partner, relative or other dependents

The first step is for a current or incoming FP Doctor to ascertain their eligibility for LTFT training. Detailed information on this process and the application form is covered in a specific Foundation School guidance document Working Less Than Full Time as an FP Doctor attached to this document as (Appendix B) and also available as a separate document on the School’s website under ‘Key Documents’.

Once eligibility has been confirmed by the Foundation School, the FP Doctor can then discuss possible options with the employing Trust, constructing a programme that delivers the requirements for completion of FP Training.

Possibilities include:

- A job share arrangement
- Working less than full time in a full time post
- Working in a supernumerary capacity

If the first two options are not viable, supernumerary funding may be available from the Foundation School. This funding is discussed on a case-by-case basis between the School and the employing Trust. There is a limited resource for supernumerary training. The application form for funding where this is required is part of the document Working Less Than Full Time as an FP Doctor (Appendix B).

6.6 The Foundation Doctor who is underperforming

Trainees who are underperforming are some of the most challenging to manage. Articulating precisely what the problem is and developing an action plan accordingly can be easier said than done. However, it is essential that an underperforming FP Doctor is identified and that action is quickly taken to address the underlying issues. The Educational Supervisor has a pivotal role in understanding, facilitating and caring for the FP Doctor and in collecting feedback on progress. Please refer to section 7 on important steps to managing DWDN.

6.7 Misconduct
If an FP Doctor is behaving inappropriately, this should be managed using the employing Trust’s policies and procedures. It is critical that the matter is brought to the attention of the Foundation School Director using the DWDN Pro-forma.

6.8 Bullying & Harassment

Bullying and Harassment in the workplace may lead to illness and/or performance issues. Trusts must ensure any report of bullying or harassment is taken seriously, that FP Doctors are informed that it is unacceptable behaviour and that those behaving in this way will be identified and dealt with appropriately in accordance with the Trust policy.

FP Doctors who are subject to physical or verbal violence from patients, relatives or others may become stressed leading to chronic ill-health or performance issues. Support must be available in all organisations for FP Doctors in such situations, including, Occupational Health reviews and counselling as required. All Trusts should make FP Doctors aware of their policies on Bullying and Harassment.

HENE has a Bullying and Harassment Policy, the purpose of which is to state the organisation’s position in relation to workplace harassment and bullying. The document also provides guidance for trainees in respect of how and where to seek advice and support. This policy can be downloaded from the HENE website at:

http://northerndeanery.ncl.ac.uk/NorthernDeanery/foundation/key-documents/northerndeanerybullyingharassmentpolicyfinal05mar101.pdf

6.9 The Foundation Doctor with limited/no insight

Occasionally an FP Doctor with differing needs may not recognise any difficulty. When challenged, such doctors may react badly. This is a particularly difficult situation and gathering the evidence is crucial. The Foundation School would strongly recommend early involvement of the FP Director/School Director.

6.10 Foundation Doctors with restrictive practice

Should an FP Doctor have restrictions placed on their practice (e.g. because they have been identified as carrying a blood borne virus), their individual circumstances should be discussed at an early stage with the Trust education team to ensure appropriate measures are put into place to enable the doctor to maximise the opportunities within their training programme whilst ensuring patient safety.

The Foundation School has developed a specific policy in relation to Managing FP Doctors with a Blood Borne Virus. This can be downloaded from the School’s website under ‘Key Documents

6.11 Management of incidents and complaints involving a trainee

Managing incidents locally
Most incidents involving trainees will be managed locally with no need to inform NFS or HENE. Local processes for identifying trainees involved in such incidents will vary from trust to trust but you should be confident that the Risk Management department and Directorate managers are informing the post-graduate team of any issues involving trainees.

Educational vs Clinical Supervisor
The process of dealing with incidents and complaints involving trainees should, in the main, be dealt with by the clinical supervisor and educational supervisor. The general approach should be that the clinical supervisor with “local knowledge” of the situation surrounding the incident or complaint should review the incident, following local trust policy and report back to the trainee whilst the educational supervisor should be kept informed throughout the process. The Educational Supervisor (ES) should provide support as well as identifying any remedial training or reflection needed. In every circumstance the ES should be asking for and reviewing a reflection on the event in question. The ES should ensure this is filed in the portfolio to evidence engagement in the process. The ES should also comment within their reports about such events and the degree of attainment in terms of reflection and participating in remedial training.

**Recording of incidents for ARCP**
Trainees must be taught to see every incident as an opportunity for learning. The point that none of them will go through their careers without incident is a key learning point. Encouraging frank and open discussions about incidents and near misses is vital to ensuring reflective practitioners in the future.
For these reasons trainees should be taught early in their training how to report incidents and near misses as well as being involved in root cause analyses and clinical governance presentations.
When a trainee is involved in an incident which is flagged to a Clinical Supervisor (CS) the supervisor will make an early investigation in order to determine the accuracy of the report and the level of trainee involvement. If there is determined to be trainee involvement however minor this must be raised with the trainee and suitable reflection and action taken. It is important this is recorded robustly in the portfolio and reviewed as to the appropriateness of the portfolio entry by the supervisor.
Trainees should be encouraged to record all incidents on form R unless advised otherwise by their supervisor.
Form R screenshot of incidents, complaints and investigations is included below:

**Section 4: Significant Events**
The GMC states that a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could not lead to harm of one or more patients.
This includes incidents which did not cause harm but could have done, or where the event should have been prevented.
All doctors as part of revalidation are required to record and reflect on significant events in their work with the focus on what you have learnt as a result of the event(s).

**REMEMBER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM**

1) Please choose **ONE** of the following only:

- [ ] I am **NOT** aware of **any** significant event investigations since starting my F1 training
- [ ] I am aware of **significant event investigations since starting my F1 training**

2) If you know of any RESOLVED significant event investigations since starting your F1 training, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found.
You are also advised to link any relevant forms to this form using the “Portfolio linking” facility.
Section 5: Complaints

A complaint is a formal expression of dissatisfaction or grievance. It can be about an individual doctor, the team, or about the care of patients where a doctor could be expected to have had influence or responsibility.

As a matter of prudence you are obliged to include all complaints, even when you are the only person aware of them. All doctors should reflect on how complaints influence their practice.

**REMEMBER: DO NOT INCLUDE ANY PATIENT-IDENTIFIABLE INFORMATION ON THIS FORM**

1) Please choose ONE of the following:

- I am NOT aware of any complaints since starting my F1 training
- I am aware of complaints since starting my F1 training

2) If you know of any RESOLVED complaints since starting your F1 training, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found.

You are also advised to link any relevant forms to this form using the Portfolio linking facility.

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<tr>
<th>Date of entry in Portfolio</th>
<th>Title/Type of Reflection/Event</th>
<th>Location of entry in Portfolio</th>
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3) If you know of any UNRESOLVED complaints since starting your F1 training, please provide below a brief summary, including where you were working, the date of the complaint/incident, and your reflection where appropriate.

If known, please identify what investigations are pending relating to the complaint and which organization is undertaking this investigation.

Section 6: Other investigations

In this section you should declare any on-going investigations, such as honesty, integrity, conduct, or any other matters that you feel the ARCPRMT/Approved panel or Responsible Officer should be made aware of.

1) In relation to being subject to any other investigation of any kind since starting your F1 training, please choose ONE of the following:

- I have nothing to declare
- I have something to declare

2) If you know of any other RESOLVED investigations since starting your F1 training, you are required to have written a reflection on these in your Portfolio. Please identify where in your Portfolio the reflection(s) can be found.

You are also advised to link any relevant forms to this form using the Portfolio linking facility.

<table>
<thead>
<tr>
<th>Date of entry in Portfolio</th>
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Supervisors must make sure that there are clear links from reported incidents to reflection within the portfolio on the incident in question. ARCP panels will look for evidence of openness and learning when reviewing portfolios.

**Who do I report to the revalidation office at HENE?**

Below is guidance on referral for:
- SUI's,
- Conduct and probity issues,
- Complaints
- Repeated low level incidence.

Always discuss ANY potential referral internally with DME/FPT

It should be stressed that when considering any referral to the revalidation team or consideration of inclusion on the collective exit report that these must be discussed with a senior member of the postgraduate education team. This will most usually be the Foundation Programme Tutor or Director of Medical Education.

**SUI**

The revalidation office is only interested in trainees for whom the ES, CS or postgraduate team has significant concerns about the doctor in question’s clinical performance or conduct. If there is a case in which it is deemed to be a significant untoward incident (SUI) in which the patient has come to significant harm, the ES, CS, FPT and/or postgraduate team should evaluate whether the trainee’s clinical performance was below that expected of a trainee at their stage of training AND/OR was a major contribution to the harm which has occurred. If the answer to this question is “No” then no referral is necessary and the matter should be dealt with locally with reflection and remedial training as above. The level of involvement and contribution to a SUI by the trainee is the key question rather than “any involvement in an SUI”.
Example – A trainee who clerks a patient for a surgical procedure in which the patient later has an avoidable death should NOT be reported to NFS or the revalidation team unless the ES/CS and/or FPT believe the quality of the clerking was of significantly poor state as to have had a major impact on the cause of death.

**Conduct and probity**
The revalidation office must be informed of any issue of probity or conduct significant to have been reported to the GMC or being dealt with by the trust’s formal HR processes. Any written warnings should be notified to NFS and HENE. Lower level conduct and probity issues should be dealt with locally by the postgraduate team involving ES and CS as appropriate.

**Complaints**
Most complaints can be dealt with by local processes. If in the investigation of such complaints, the trainee’s clinical performance was significantly below that expected of a trainee at their stage of training AND/OR was a major contribution to the harm which occurred the NFS and HENE should be informed. If the answer to this question is “No” then referral is not necessary and the matter should be dealt with locally with reflection and remedial training as deemed appropriate.

**Repeated low level type incidents**
A trainee involved in multiple low level incidents need not be reported to NFS or the revalidation office. Such themes should be identified and dealt with by the postgraduate team and the ES. The ES role in dealing with repeated low level incidents is key. The ES should be working with the trainee to identify themes from such incidents which should lead to learning plans and reflection tailored to meet the trainee’s needs. These should form part of the ES report which informs ARCP. This is sufficient to identify and deal with repeated low level incidents.

Flowchart (Appendix G)

7. Dealing with underperforming trainees and DWMD - keys to success

7.1 Keep feedback open and honest
Keep feedback open and honest. Explain to trainees how and why you are going to share their information.
Trusts should ensure that FP Doctors are aware that feedback on their performance may be sought and shared with the team(s) within which they are working.

7.2 Work with facts and objective reports NOT hearsay
FP Doctors should be confident that any process assessing their performance is about gathering the facts and not hearsay. If the evidence gathered on performance identifies a training need this can be used to help the FP Doctor in their training and development. It is important that any identified concerns are reported as soon as possible to the Educational Supervisor. Whenever you tell a trainee you have concerns about their performance their first question will always be “Please can you give me an example(s)?” Anticipate this question and always be able to give the trainee concrete examples of things they can reflect on and learn from.

7.3 Record everything or as much as possible
When concerns are expressed, it is necessary that:

- A full description is sought of the events that have led to the concern
- Care is taken to record the facts of the situation
• Matters are discussed with the FP Doctor concerned as soon as it is clear that difficulties have arisen and all e-mail or other correspondence is open and accessible to the trainee and the trainer.
• Create a secure area where such information can be accessed by all and only those who need it.
• Write your e-mails with a copy to the trainee, wherever possible, and use a method to save all e-mails pertaining to the trainee for future reference.
• TOP TIP think “The trainee could ask to see this e-mail in the future. Is this correspondence fair and professional?”

7.4 Prepare for meetings
The Educational Supervisor should be well prepared for every meeting with their FP Doctor(s) and have all relevant information in advance. The Foundation School propose the following steps if an issue(s) is highlighted.

i. In advance of any meeting with an FP Doctor, the Educational Supervisor seeks as much evidence as possible on that Doctor’s performance. Best practice would involve seeking evidence from all members of the multi professional team. The FP Doctor should also seek evidence concerning his/her performance. Feedback should be balanced, reviewing strengths as well as weaknesses, and be descriptive and specific in nature. It is useful when a concern has come to light to ask those involved to describe, where possible in writing, the actual events that took place. This then forms the basis for the discussion with the FP Doctor.

ii. When the Educational Supervisor becomes aware of difficulties they should inform the FP Tutor and meet with the FP Doctor to discuss the difficulties as soon as possible. Although you may experience some delay in gathering information try to inform the trainee as early as possible that you are reviewing training issues pertaining to them.

iii. The FP Doctor should be made aware of the purpose of the meeting in advance and also be given the opportunity to highlight concerns they have about their own performance, or the level of supervision/support available to them.

iv. The purpose of the meeting is to discuss the areas of concern and devise workable solutions with the FP Doctor. An action plan must be devised with the FP Doctor. Goals should be set that will address the areas of concern. Each goal should be SMART (Specific, Measurable, Appropriate, Realistic and with a Timescale). A summary of all discussions should be documented and agreed by the FP Doctor. Where no agreement can be reached the Foundation School should be informed as part of the Trust updates. A copy of the identified goals will be sent to the FP Tutor with the knowledge of the FP Doctor.(See Appendix E How to write a SMART action plan)

7.5 Involve the Foundation Programme Tutor when it is not straightforward and let NFS know (for information)

Where an FP Doctor is finding it difficult to see a problem or engage in the process, the FP Tutor should become involved. The FP Tutor can access specialist supervision within or without the organisation.

The Foundation School should be informed early in the process but is unlikely, however, to get involved at this early stage.
7.6 Consider appointing Education Supervisors with pastoral and mentoring skills to assist with more complex DWDN's.

More frequent meetings with the Educational Supervisor may be required to monitor progress. Within each organisation, the Foundation School would propose that a cohort of specialist Educational Supervisors with an interest and the skills to undertake such a task be identified. At this point, a referral system may be employed to direct such FP Doctors to a new supervisor or for that supervisor to have support in continuing with the FP Doctor.

National Clinical Assessment Service (NCAS) have a document outlining an approach to those doctors highlighted with training issues which you may want to reference. [http://www.ncas.nhs.uk/resources/good-practice-guides/back-on-track/](http://www.ncas.nhs.uk/resources/good-practice-guides/back-on-track/)

7.7 Pass on information to the next Supervisor

The Trust must ensure that the next Clinical Supervisor is informed about any potential delay to an FP Doctor starting due to underperformance.

7.8 Refer to the FP Director for DWDN if you are finding difficulty

If the concerns are not resolved, advice can be sought from the FP Director or the Foundation School Director. He/she can attend meetings concerning an FP Doctor to discuss how the School can help at any stage in the process.

If the FP Doctor continues to have difficulty and is under performing despite remedial action, a meeting with the Foundation School Director and the FP Doctor will be arranged to consider the options. The main issues to consider at this meeting will be whether the FP Doctor needs to extend their period of training, whether more specialist advice is needed (e.g. educational or occupational psychologist) or whether they need to be subject to the fitness to practice procedures.

7.9 Consider that options of extended training or less than full time training may be available (after discussions with NFS)

It may be relevant for the Trust to apply to the Foundation School for funding for either a period of remedial training for the individual FP Doctor (i.e. making them Supernumerary) or for funding, if required, for in-programme training. The funding section on the Reporting a DWDN pro-forma must be used to make such requests to the School [Appendix A](#).

8. Other areas of relevance

8.1 Transfer of information (TOI) to the next placement

FP Doctors rotate through their placements frequently (usually at four-monthly intervals) and often work in different environments that are sometimes removed from the employing Trust environment. Therefore, the Clinical Supervisor in the FP Doctor's next placement must be made aware of specific details of any issues and any identified or targeted learning that the FP Doctor requires. This is particularly important when an FP Doctor is due to leave the Trust environment for a period of training elsewhere. **Patient safety is the prime concern in all situations.**
This is also important where there is a possible delay in progression from F1 to F2 and where the FP Doctor’s placement is not within the acute Trust. F2 Doctors cannot commence in their GP placement without progressing from F1 into F2 so early notification to the relevant GP Practice of any potential difficulties is very important.

At all stages of this process robust documentation is important with evidence of good performance as well as evidence of poorer performance. It is also important to document who has been informed, by what date, and why. The FP Doctor should be notified when their confidential information is to be shared and why. This discussion should be recorded and dated and a copy provided for the FP Doctor.

FP Doctors should be aware of the process and of their own responsibility to obtain support and help.

8.2 Doctors completing Foundation Training

In order to ensure seamless progression, FP Doctors appointed to post-FP training are encouraged to disclose any ‘differing need’ (including a disability) to the Specialty School Director/equivalent in the region where they will be working who will then share the information on a ‘need to know’ basis only. This also includes any development needs identified via the Annual Review of Competence Progression (ARCP).

8.3 Annual Review of Competence Progression (ARCP)

Excerpt from the Foundation School ARCP Policy:

Every FP trainee in the NFS must be subject to an annual review irrespective of their individual circumstances. The annual review of an FP trainee with differing needs will take account of the individual’s progression to date. If a trainee, for whatever reason, has not yet completed the time requirement for their stage of training, a formal ARCP is still appropriate in the June of the ‘academic year’. For trainees working less than full time, or with time served-related issues, an Outcome 3 would not usually be appropriate. An ARCP outcome should be awarded using the relevant ARCP Outcome N code that can be found in the UKFPO ARCP Guidance at:


DWDNs will be required to submit the appropriate documentation (enhanced Form R) and the Trust must complete an exit report to support the annual revalidation cycle. NFS requires that this is carried out at the same time as other FP trainees are having their ARCP. Such FP doctors must be subject to an ARCP at 12 months (and pro rata ARCP, e.g. if working flexibly) to formally assess their suitability for onward progression.

Trusts should inform NFS in June of those trainees who will require ARCPs at other times of the year, and so have different timelines for completion of their FP Training.

Some FP doctors may need to take time out of their programme for a variety of reasons. Current national agreement dictates that in either the F1 or F2 year, a trainee can take off up to a maximum of four weeks in additional to annual and study leave. Therefore, if this period is exceeded within a 12-month (or equivalent) training year, this time will need to be made up in order to successfully complete FP Training.
The individual circumstances of each case will be taken into account and the Foundation School Director (FSD) can, at their discretion, approve individual cases who have taken more than this where appropriate.

In line with the NFS Managing Doctors with Differing Needs Policy, if the Trust is requesting the FSD to consider discretion for time out of programme exceeding four weeks this should be highlighted on the ARCP form in the Chair's comments box and detailed information submitted separately to NFS at the earliest opportunity.

8.4 Non-UK graduates

Whilst the vast majority of non-UK graduates will complete Foundation Training entirely satisfactorily it is worth ensuring early in the training programme that these Foundation Doctors have settled into working in the NHS and UK without problems. There may be language problems (despite demonstration of proficiency), cultural adjustments, homesickness and isolation (especially if partners and/or family are in different parts of the UK or abroad).

All of these situations have the potential to cause stress to the Foundation Doctor that may lead to difficulties in the workplace. Foundation Doctors in the Trust who have made the transition satisfactorily should be encouraged to support Foundation Doctors entering the system. The Educational Supervisor and the FP Tutor/FP Team have a central role in helping these Foundation Doctors to adjust. This may include a tailored induction/shadowing programme. In recent years, HENE organise a specific overseas doctor induction event (usually annually in September) which all non-UK graduates working in the region are encouraged to attend.

8.5 Refugee doctors

Foundation Doctors who are refugees are a vulnerable group of non-UK graduates who may be re-entering working life after an extended, possibly deeply traumatic, enforced period of absence. Many may opt for LTFT arrangements initially due to caring commitments or ill health. NFS has compiled a position statement on Refugee Doctors which can be found on our website under ‘Key Documents’.

A mentor is likely to be extremely valuable for such Foundation Doctors. The Educational Supervisor and FP Tutor/FP Team have a central role in helping these Foundation Doctors to adjust.

8.6 ‘Out of Programme’ experiences

Foundation Doctors may make a variety of ‘time-out’ requests and each will require individual evaluation in accordance with the National UKFPO Reference Guide. Requests for out of programme experiences should be sent to the Foundation School to consider via the Trust FP Tutor.

8.7 University of Newcastle Medical School Fitness to Practice Process

Under the 1983 Medical Act, the Newcastle Medical School is responsible for certifying to the GMC that each F1 doctor (who is a Newcastle University graduate) is fit to be fully registered. Therefore, any Newcastle graduate working as an F1 doctor, who experiences health and behavioural issues, may be subject to the University’s Fitness to Practice procedure. The Foundation School Director or nominee will be responsible for the referral of any F1 doctor in this regard.
For Newcastle graduates working as F1 doctors outside the Northern Foundation School, it may be appropriate for the Foundation School to refer an F1 doctor to Newcastle University via this procedure. In such circumstances, the Foundation School where the F1 is working should make contact with the Northern Foundation School Director in the first instance.

Graduates of other UK medical schools who are working as an F1 doctor within the Northern Foundation School may be referred by the Director to their ‘home’ medical school in accordance with that institution’s Fitness to Practice procedures as appropriate.

Newcastle University’s Fitness to Practice procedure can be downloaded at: http://www.ncl.ac.uk/students/progress/assets/documents/FTPProcedure.pdf

Excerpt of Fitness to Practice procedure:

1. The University is legally responsible for the quality of the pre-registration year and for the calibre of first year Medical Foundation Programme doctors (F1 doctors) progressing to full registration on its completion. (The New Doctor, GMC, 1997). This responsibility is delegated by the Pro-Vice-Chancellor of the Faculty of Medical Sciences to a designated officer in the Postgraduate Northern Deanery.

2. The NHS Trusts where the F1 doctors are employed are required to notify the Foundation Dean Director of any health or conduct problems involving a F1 doctor. The procedure for managing a F1 doctor with problems will be that set out in the document published by the Northern Deanery – “Doctors with Differing Needs”.

3. If a F1 doctor continues to have difficulty, either through health problems which cannot be resolved, or under performance/conduct issues which give rise to serious concern that he or she will not be fit to practise, the Foundation Dean Director (Northern Deanery Foundation School), shall notify the Pro-Vice-Chancellor and request for the case to be considered by the Fitness to Practise Panel. The Foundation Dean Director (Northern Deanery Foundation School) shall act as the Director of Studies and prepare the case, including all documentation and evidence as to remedial action already undertaken.

4. In these instances, the Panel shall include a designated officer in the Postgraduate Northern Deanery, or his or her nominee, drawn from the pool of previously identified staff.

5. The procedures outlined in the document Fitness to Practise Procedures shall apply.

6. The Panel may:
   a) decide that the evidence presented is insufficient and therefore that the case be referred back to the Foundation Dean Director for further investigation.
   b) confirm the recommendation that the pre-registration period be extended or certification be refused.

7. Where there is an alleged disciplinary offence by a F1 doctor this shall be investigated by the usual procedures of the NHS Trust. However, the report of the investigation shall be forwarded to the Foundation Dean Director (Northern Deanery Foundation School), who shall notify the Pro-Vice-Chancellor of the Faculty. The Pro-Vice-Chancellor of the Faculty, in consultation with the designated officer in the Postgraduate Northern Deanery and with reference to the Professional Standards Review Committee, shall determine whether the offence is sufficiently serious to warrant the convening of the Panel to consider whether a recommendation should be made to the GMC that the F1 doctor should not proceed to full registration.

8.9 National Clinical Assessment Service (NCAS)

NCAS services as described below can be used for advice in supporting more difficult cases. However it is expected that any referral to NCAS by a local FPT would be discussed with NFS in the first instance.
Since 1st April 2013 NCAS has been an operating division of the NHS Litigation Authority (NHS LA). It was established in April 2001 following recommendations made in the Chief Medical Officer for England’s reports, *Supporting Doctors, Protecting Patients* (November 1999), and *Assuring the Quality of Medical Practice: Implementing Supporting Doctors, Protecting Patients* (January 2001).

NCAS helps improve patient safety by helping to resolve concerns about the professional practice of doctors, dentists and pharmacists. They provide expert advice and support, clinical assessment and training to the NHS. NCAS works to resolve concerns about the practice of doctors by providing case management services to health care organisations and to individual practitioners. They work with all parties to clarify the concerns, understand what is leading to them and make recommendations to help practitioners return to safe practice.

NCAS respond to calls about any aspect of individual or team practice, even where it is not yet clear whether there is evidence of poor practice. They also provide advice on long-standing and complex cases and can discuss concerns without the need for the practitioner to be identified. Contacting them for initial advice does not commit the caller to making further use of their service.

They do not take on the role of an employer so do not investigate cases themselves, nor do they function as a regulator. They are established as an advisory body, and the referring organisation retains responsibility for handling the case.

All NCAS services (with the exception of team reviews) are currently free of charge to NHS organisations.

In addition NCAS have produced guidance on helping failing doctors to return to good practice. This may provide useful pointers in dealing with DWDN’s. This can be found at [http://www.ncas.nhs.uk/resources/good-practice-guides/back-on-track/](http://www.ncas.nhs.uk/resources/good-practice-guides/back-on-track/)

Website: [http://www.ncas.nhs.uk](http://www.ncas.nhs.uk)
Tel: 020 7972 2999
Advice e-mail: casemanagement-s@ncas.nhs.uk

8.10 HENE Trainee Support Service

The Trainee Support Service (TSS) runs services complimentary to those provided by NFS and local trust foundation teams. They do not replace services already provided locally and centrally by NFS/HENE such as coaching, mentoring, support and advice, careers advice and local occupational health services, rather they provide services accessible via NFS senior team referral.

Although trainees may self-refer to TSS it is mainly envisaged that all referrals will be sanctioned by the NFS team. Even those who self refer will be asked to disclose their referral with NFS as best practice.

The TSS is obliged to inform the NFS of the name of self-referrals but will provide the trainees name only with no other information.

**TSS can provide specific services to trainees as listed:**
i) Psychotherapy services (from TSS team) including CBT and counselling.

The counselling service offers stress counselling, work-related counselling and Post traumatic stress disorder counselling. CBT may be available for those identified through initial screening.

ii) The Trainee Support Service currently offers the following small-group workshops to trainees:

- Time-Management/Work Life Balance workshop
- An Introduction to Assertive Communication and Cultural Influences workshop
- Reflective Practice workshop
- Presentation and Interview Skills workshop

iii) Teacher of English as a Foreign Language.

The TSS has the services of a Teacher of English as a Foreign Language (TEFL) who can support trainees with oral communication difficulties

What TSS cannot offer:

- The TSS does not offer exam prep courses nor support with report writing, prescribing or any other clinical documentation training issues.
- TSS cannot provide an occupational health assessment to foundation doctors as they are covered by their trusts OH department.

See Flowchart (appendix F)
Contact e-mail cdda-tr.TSS@nhs.net
Tel 0191 333 2593

8. Useful resources

- Careers advice – the Foundation School Careers Advisor can be contacted via michael.wilson@ne.hee.nhs.uk
- The trainee support service; a professional and confidential support service for medical and dental trainees within HENE http://www.northerndeanery.nhs.uk/NorthernDeanery/deans-office/trainee-support-service
- Management Framework, Doctors in Difficulty, Mersey Deanery http://www.merseydeanery.nhs.uk/oandgtraineesindifficulty
- National Clinical Assessment Service: [http://www.ncas.nhs.uk](http://www.ncas.nhs.uk)
- The GMC has issued guidance on health and disability in medical training (May 2013). This document includes advice that applies to Foundation and Specialty doctors and is recommended as a point of reference: [http://www.gmc-uk.org/H_26D_review_statement___May_13.pdf_56450036.pdf](http://www.gmc-uk.org/H_26D_review_statement___May_13.pdf_56450036.pdf)

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Appendix A: Reporting a Foundation Programme Doctor with Differing Need Pro-Form (See separate attachment)

Appendix B: Application for Less than Full Time Working (See separate attachment)

Appendix C: Application for Funding Educationally Approved Less than Full Time Working (See separate attachment)

Appendix D: Risk Matrix (See separate attachment)

Appendix E: Writing a SMART action plan (See separate attachment)

Appendix F: Referral for TSS (See separate attachment)

Appendix G: Flowchart of referrals (See separate attachment).