

## **Deanery Process when there is a concern that a newly appointed trainee (ST1/CT1) is performing below the eligibility criteria for Specialty Training**

### **Introduction**

There are occasions when newly appointed specialty trainees (ST1/CT1) are identified as experiencing significant difficulties in the clinical setting, amounting to concern over whether they possess the full range of foundation training capabilities detailed in the recruitment person specification. It is important to explore the reasons behind this, undertake an assessment and plan remediation as appropriate. The key driver is to ensure patient safety in the context of specialty training where trainees are expected to lead and support clinical teams at a level commensurate with their experience.

This guidance has been developed taking account of high-level principles developed by COPMeD.\*. Capability issues are managed collaboratively between the education teams in the Health Boards and NES and frequent communication is essential.

The process described below aims to be transparent and supportive to benefit trainees and maximise their opportunity to satisfactorily complete specialty training. The process complies with Gold Guide 9. It is based on the agreed principle that any period of assessment and/or remediation contributes to the total additional training time allowed in the Gold Guide for the relevant training programme. Additionally, that the aim of remediation is to provide “top up” training to allow the trainee to continue in specialty training. It is not intended to replicate the entirety of the foundation programme. A flow chart has been developed (Appendix 1)

This process is not applicable for trainees who are established in a programme and experience difficulties – they should be supported in the usual way.

### **Process to Support a Trainee where concern is raised about Foundation Training Capabilities**

#### **1. Identification of a Concern**

If concern is raised about whether a trainee possesses the full range of foundation training capabilities, the evidence that has prompted the concern should be documented and shared with the trainee and the Training Programme Director (TPD). This will usually be by the Educational Supervisor/ Clinical Supervisor. The evidence could include feedback from members of the multidisciplinary team, colleagues and supervisors; formal workplace based assessments recorded in the portfolio; collation of information from clinical service e.g. Datix, etc.

A review of induction, deanery and health board, should be undertaken by TPD to ensure that it was appropriate to support the trainee’s integration into the environment.

## 2. Period of Assessment

Following the initial identification of concern, a period of assessment is required within the trainee's own specialty programme with supervision by trainers aware of the expected outcomes of the foundation programme (likely to be trainers in the same specialty). This must be no shorter than 1 month and less than 3 months. The TPD should alert the specialty Associate Postgraduate Dean/Assistant Director (APGD/AD) during this period to ensure awareness by APGD/AD who can guide TPD on the appropriate arrangements for assessment and remediation processes and to provide support to TPD. The TPD should also alert the DME and placement health board HR department (who can link with employing board HR).

The standard set of specialty workplace-based assessments must be used, and evidence collected within the trainee's eportfolio. The trainee should be provided with regular feedback so that they can continue to develop. Supervision arrangements may need to be reviewed and amended depending upon the assessment of capabilities within the clinical environment. This will involve a discussion by TPD/APGD with the departmental clinical leads, DMEs and placement health board HR department (who can link with employing board HR).

To ensure a more comprehensive understanding of the issues and in order to implement the most appropriate support, further information should be collated including:

- Occupational Health (OH) Referral – consideration should be given to making a management referral to Occupational Health if there is concern about a health/disability issue where support could be required. This should normally include detail of behaviours and capabilities that have led to a concern being raised. It is helpful to discuss directly with OH and the trainee before a formal referral is submitted.
- Trainee Development, Wellbeing and Support service (TDWS) referral – All trainees should be encouraged to self-refer for support from the TDWS service. Trainers should encourage the trainee to refer themselves highlighting the benefits of a separate discussion and support available e.g. TDWS would be an avenue for assessments for neurodiverse conditions, such as dyslexia, to be made with recommendations for appropriate support. Trainers can also refer the trainee to TDWS if this is felt to be the most appropriate approach. Where Disability Support Services are provided by the employer, then these services should be explored in cases where the trainee has a confirmed disability or is likely to be disabled.
- Simulation Exercises. For the majority of trainees, formative simulation exercises should be undertaken in to provide the trainee with feedback on specific capabilities against those expected at the end of foundation training. Simulation exercises are provided at Forth Valley Royal Hospital, Larbert and Ninewells Hospital, Dundee and both should be attended by the trainee. (Funding for trainee travel will be provided). In the situation that collated workplace evidence identifies a significant variance from expected foundation capabilities and hence attendance would not be beneficial to trainee development, the education team may omit referral for the simulation exercises.

TPD referral, following discussion with APGD/AD and Lead Dean/Director (LDD), is required to request the simulation exercises. The referral should explain the nature of the concern about specific capabilities – a form is available for completion on the Deanery website. The trainee should be provided with information explaining why these exercises are being undertaken and that they involve clinical scenarios that are aligned to the foundation capabilities. The aim is to help the trainee understand the areas that need improvement.

Ward based scenario assessment in Ninewells Hospital, Dundee. Email Angela Lorimer [a.y.lorimer@dundee.ac.uk](mailto:a.y.lorimer@dundee.ac.uk) at Clinical Skills Centre, Dundee. (01382 383304)

Acute care scenario assessment in Forth Valley. (Email Julie Mardon giving details of the concerns regarding the trainee. [fv.scschf@nhs.scot](mailto:fv.scschf@nhs.scot))

If referred by the educational team, the trainee must attend both exercises as part of the educational agreement to retain a training contract (Gold Guide 9: Appendix 2: Conditions of Joining a Specialty and Foundation Training Programmes. Available at [Gold Guide - 9th Edition - Conference Of Postgraduate Medical Deans \(copmed.org.uk\)](http://Gold Guide - 9th Edition - Conference Of Postgraduate Medical Deans (copmed.org.uk))). The referrer should also send details of the referrals to [tdws@nes.scot.nhs.uk](mailto:tdws@nes.scot.nhs.uk) in order that the administrative team can arrange payment to the simulation centers. This can be done by copying the TDWS into your referrals to the simulation centers.

The Specialty AD/APGD should contact the regional Foundation APGD to alert them to the **potential** need for a foundation supernumerary placement. The need for this will depend on the extent of remediation required and the ability of the specialty to provide this.

### 3. Review of Evidence and Possible Outcomes

An ARCP, as described in GG9 4.38, should be arranged (within 6 months of commencing in programme) reviewing all the evidence gathered (workplace-based assessments, educational supervisor reports, simulation exercises, OH report if undertaken). The ARCP panel should be composed of experienced educators and should issue an ARCP outcome based on clear documentation of the evidence mapped to foundation programme capabilities:

1. Assessed as competent with continued progression through specialty training - Outcome 1
2. Minor deficiencies in acquisition of the required capabilities. Generally relating to a relatively small number of significant capabilities, that are felt amenable to a short focused educational intervention – possible outcome 2 or 3
3. Major deficiencies in acquisition of the required capabilities. A large number of concerns relating to a larger number of capabilities that likely to require a prolonged period of educational intervention – possible outcome 3 or 4

#### 4. Management of Remediation

While each trainee and circumstance are different and may need bespoke arrangements, in general the management plan will be based on one of the categories above as follows:

##### Minor deficiencies

- ARCP panel outcome (2 or 3) describes an educational action plan focussed on the rapid acquisition of capabilities followed by an assessment of progress, through ARCP, in a defined period of time.
- Remains in specialty training programme. Indicative duration three months remediation.
- Follow up ARCP
  - Successful completion continued progression through speciality training.
  - Continued issues demonstrating foundation capabilities - follow process in below.

##### Major deficiencies

- ARCP panel outcome identifies major issues. Decision as to the most appropriate option should be determined by LDD informed by ARCP panel information and discussion. Patient safety is paramount.
- Options will be:
  - To support a prolonged period of remedial training normally up to a maximum of 12 months or pro-rata for LTFT through the award of Outcome 3. The assessment time should be included in determining the 12-month period. This may require the trainee undertaking a supernumerary placement normally used for foundation training (with agreement of the service/department/DME) to allow them to demonstrate progress and completion of the foundation capabilities. This will be overseen by the speciality educators; with support and input from the local foundation school trainers. It should be noted that there is limited capacity of remedial placements and that these cannot be guaranteed (see below). The placement will not affect trainee's contract of employment. Follow up specialty led ARCP must be undertaken at 6 months to ensure progress is being made and to determine return to full specialty training programme. The time required to achieve the required foundation capabilities will vary. For those with major concerns, it is likely to have an impact on their ability to acquire and achieve the required capabilities for progression in their specialty training programme. In that situation, at the first ARCP following the assessment and remediation, there should be due consideration of additional educational support (Outcome 2) and /or additional training time (Outcome 3) and /or release from training (Outcome 4).

Or

- To release from training through award of an outcome 4. Further advice for the trainee should be tailored career advice.

In exceptional circumstances the LDD can consider removal from the training programme under paragraph 3.99(iii) if there are serious concerns, or if remediation is not felt likely to be successful in the remaining time available, or it proves impossible to identify a suitable supervisor/placement or if there are significant patient safety concerns

Recommendations should be discussed immediately and proactively with LDD, who as described in the Gold Guide has considerable discretion to determine the most appropriate next steps.

Trainee can appeal the ARCP and LDD's decision through normal local processes.

## **5. Support**

It is recognised that any trainee subject to this process will find it highly stressful. Many will have complex personal, cultural, and professional issues that may impact on their ability to both demonstrate capabilities, and to succeed in any period of remediation. They must therefore be connected to local, and if necessary regional deanery and Health Board support structures as soon as these issues are highlighted. Mentoring is useful and should be offered.

For those who undertake a foundation remedial placement, this will include targeted training delivered by recognised trainers who are familiar with the Foundation curriculum. The trainee will undertake Foundation Year 2 paper based assessments, which can be found UKFPO website <https://www.foundationprogramme.nhs.uk/content/resource-bank> and these should be uploaded into their specialty e-portfolio or other training record. Unfortunately, access to the foundation portfolio is not possible. Assessments should include WPBA where appropriate but could be more descriptive where necessary.

At the end of this remediation period there should be a formal Clinical/Educational Supervisor assessment with the required standard being equivalent to that of a FY2 at the end of programme. This should be sent to the speciality TPD and recorded in the trainee's specialty e-portfolio or other training record.

## **6. Review of Recruitment Process**

Investigation into recruitment and selection process should be undertaken only if major concerns are identified. This will involve contacting the relevant recruitment team and requesting the following information:

- To check if there have there been any administrative / other errors during the recruitment & selection process
- Application form review to check whether there was a lack of information /misinformation/false documentation submitted at the application stage by the signatories.

Depending on the outcome of this investigation, further action may occasionally be required and will include a report to the LDD.

Annually, MDST should receive a report on the numbers of trainees who require to undertake this process and consider if escalation to MDRS to review the recruitment process is appropriate.

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**Flow Chart**

