

Identifying, diagnosing and managing doctors in difficulty

Dr Shirley Remington & Dr Jo Rowell
Associate Deans, HEE (NW)

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What do you do?

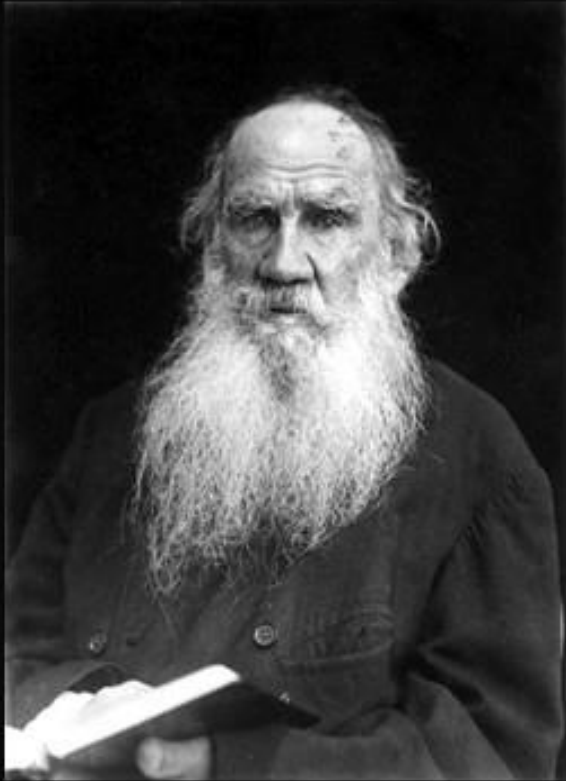
- Trainee keeps having single days off sick – now 4
- Trainee on outcome 3 arrives at Trust
- Complaint from another trainee about having skills questioned on open Facebook
- Monday morning trainee says they were arrested on Friday for assault
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Your Objectives??



Introduction

- Background
- Presentation
- Investigation
- Diagnosis
- Treatment
- Support
- Summary



Happy families are all alike; every unhappy family is unhappy in its own way.

(Leo Tolstoy)

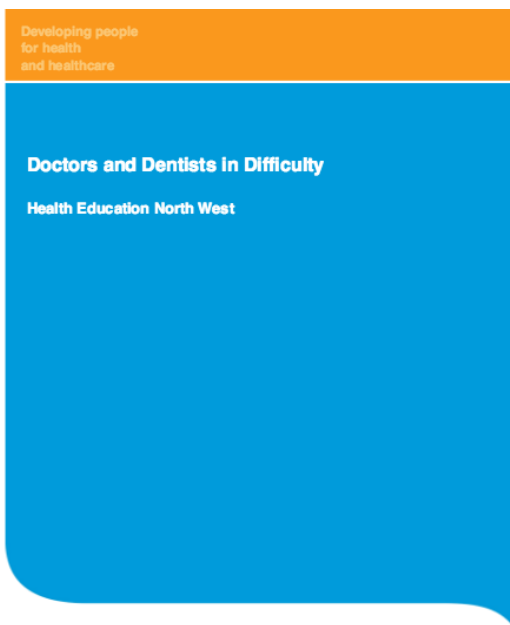
Principles

- **PATIENT SAFETY**
- **PRACTITIONER SAFETY**
- **REMEDICATION/LEARNING/PREVENTION**

Important references



HEE (NW) Guideline



Written by Dr Joanne Rowell
Associate Dean
Version 1.1 (November 2014)

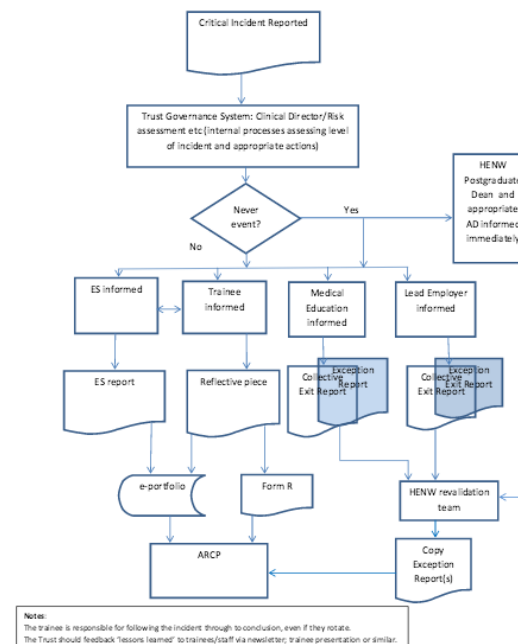


Health Education North West



Health Education North West

Flow chart for Trust Incident reporting to HENW



Notes:
The trainee is responsible for following the incident through to conclusion, even if they rotate.
The Trust should feedback 'lessons learned' to trainees/STs via newsletter, trainee presentation or similar.

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Doctors in Difficulty

‘Any doctor who has caused concern to his or her supervisor about the ability to carry out their duties, and which has required unusual measures to be put into place’

Doctors in Difficulty

Doctors in Difficulty

- Struggling to manage workload
- Failure to progress

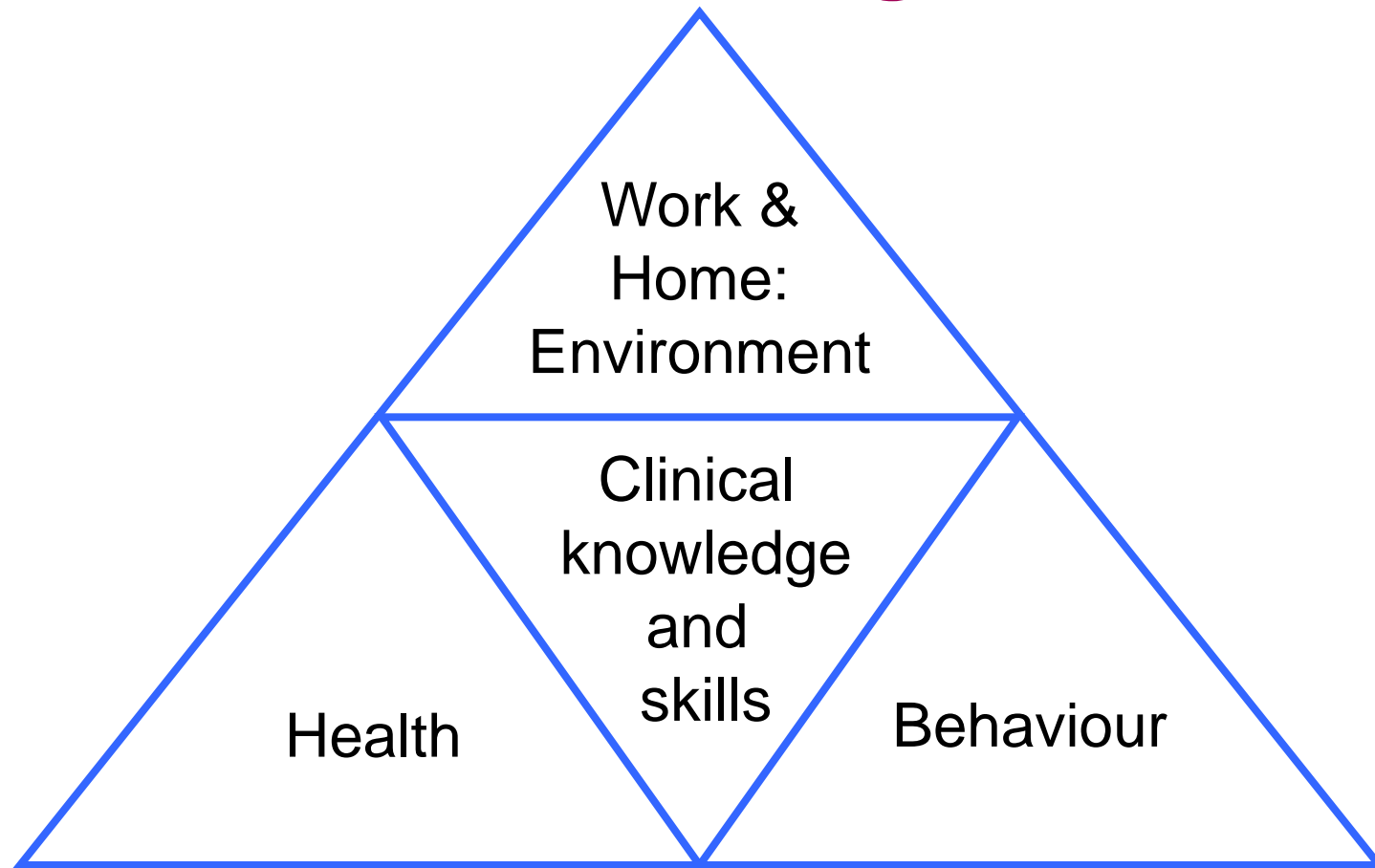
Doctors with Difficulties

- Illness
- Home or personal life issues

Difficult Doctors

- Inappropriate, unprofessional behaviours'
- Lack of Insight

The Performance Triangle



Principles

- Three levels of concern (Revalidation Support Team)
- Early action
- Good records - including in portfolio, notes of all meetings, all relevant documents
- Inform: CS, ES, HoS, Patch/Spec/Foundation AD, OH,HR,DME Medical director.

Level 1

- Concern with no patient, staff, trainee risk or harm and no reputation risk
- Eg. Incidents, complaints, failing to achieve training goals, self limiting well controlled chronic illness
- Actions: Trainee discussion, pastoral support, low level investigation, SMART objectives
- Dealt with locally *except* Foundation – more hands-on.

Level 2

- Potential harm or risk including to reputations
- Eg. All in level 1 plus recurrent issues and extension of training required
- Actions as level 1 plus formal investigations ,HR and OH involved, special interventions.
- Referral into HEENW via form in pack

Level 3

- Harm has occurred and serious risk to reputations
- Eg. SUI, Complaint, Death, Criminal Act, Referral to outside agency considered
- Action –up to restriction practice
- Direct referral to Postgraduate Dean via RO, AD

NACT approach

- Trigger event-significant?
- Investigate-define issue, evidence, patient safety
- Individual or organisational issue
- Consider: does it matter? Can they usually do it, why are they not currently performing

Size of problem

- Medical school: 20 % to SWAP (2014)
- NW Foundation School: prevalence approximately 5 – 10%
 - 52 foundation trainees recorded centrally by the School as a 'Trainee in Difficulty'
 - Of the 52 trainees
 - 30 F1 doctors
 - 22 F2 doctors (Aug14 to15)
- HEE (NW): 100 out 4500 max. 50 GMC involvement. NB more low level
- GMC rising numbers of referrals but same % to fitness to practise.

Questions



- What is commonest reason for GMC complaints against trainees?
- What clinical complaint is commonest?

What To Do: The HEE (NW) approach

- Medical model
 - Presenting complaint and history
 - Investigation
 - Treatment
 - Referral

How do problems present?



- How has your attention been drawn to a trainee with problems?

Presenting Complaint

- Educational Achievement -Exams, ARCPs, portfolio
- Career decisions and related anxiety
- Work pressure
- Inexperience- Pressure of expectation –own and others
- Change of working environment
- Involvement in SUIs, complaints, litigation, enquires
- Criminal activity
- Probity
- Health
- Family
- Money
- Isolation

Presenting complaint

- **Paice's warning signs:**
 - Disappearance
 - Low work rate
 - Ward Rage
 - Rigidity
 - Bypass Syndrome
 - Career problems-exams etc
 - Failure to engage with portfolio
 - Lack of insight

Question

- Who will investigate?
- Who will they involve?
- Are they the right person?
- How will it be recorded?



Investigation

- Initial event:
 - level of importance, trainers support mechanisms, local guidelines
- Investigate:
 - Define problem, clarify (multiple sources)
- Clear defined recorded interactions with trainee
- Organisational v personal issue
- Decisions:
 - level of significance, do they often have same issue?, change in behaviours

Interaction with trainee - guidance

- Alone or accompanied-them/you
- Clarity of purpose-contract
- Trainee and ICE(ideas concerns, expectations)
- Open/non judgemental-exploration
- Clarify facts
- Definite conclusion, plan and next steps
- RECORD ,SHARED SIGNED BY BOTH

Confidentiality - a caution

- Obligation to reveal
- Clear from beginning
- Duty of doctor
- Duty to trainee

Diagnosis

- Clinical / educational issue
- Personality / behaviour
- Health
- Environment: local / training



- **AM I ACTING AS THEIR DOCTOR?**
- OH?
- HR?

Treatment

- What is the appropriate treatment(solution)?
- Has it been defined? (SMART)
- Is it time limited?
- Who will check on progress?
- Is it clear what will happen if it fails?
- Are external agencies involved?
- Is everyone clear about what is happening?



Referral

- OH
- HR
- SPECIAL SUPPORT- Exams/Behaviours
- ROs
- GMC
- NCAS

Pitfalls – ALL EDUCATORS

- Doing it all
- Not referring or referring too late
- Not using HR or OH
- Acting Medically
- Getting too close to trainee
- Failing to record
- Information Governance

Support

- Local
- Speciality
- Deanery inc. website
- HR Occupational health
- Higher agencies
- Guidance Documents Nact 2012

Summary

- Fair and equitable at all times
- Ask questions
- Judgement based on facts
- Make Records
- Get support
- Have a check list

Case 1

- You have a clinically adequate trainee who has now failed their exam 3 times and is on extended training.
- They seem tired and unfocused and their decision making is being questioned by nurses and other medical staff - more because they are hesitant and lack confidence - the decisions are usually right.
- How are you going to move forward?

Case 2

- A number of nurses and colleagues have approached you over time about a trainee who is competent but unreliable - arrives late, disappears during the working day.
- Now one colleague has raised the possibility of them smelling of alcohol.
- How are you going to move forward?

Check list

- Is there a problem and is it educational?
- Is the right person investigating?
- Do they have all the information required?(MSFs, ARCPs, e-portfolio)?
- Is it all documented?
- Have any judgements been based on fact?
- Is the process fair and equitable?
- Do the right people know?
- Is the outcome clear?
- Who will review progress?

What do you do?

- Trainee keeps having single days off sick – now 4
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Conclusion

- All cases are different
- All principles for resolving are the same.
- Record everything
- Is the trainee supported?
- Is the trainer supported?

- IF IN DOUBT GET HELP

Helpful information

- NACT - 2012 on line document
- HEE (NW) PGMDE Website
- London Deanery e-learning package
- College Websites
- NHS Employers website
- GMC helpline

The Responsible Officer

The role of the RO

- Patient safety underpins all aspects of the role
- Establish, maintain and quality assure appraisal for all doctors on their GMC Connect List
- Oversee and take responsibility for the quality of local investigations into concerns about Drs
- Make recommendations to the GMC about revalidation
- Ensure that doctors comply with the conditions of their registration

The role of the Postgraduate Dean as specified in
MHPS

The role of the Postgraduate Dean as Responsible
Officer

Connecting the supervisor to the RO

- Routine information through annual processes
- Specific referral

The importance of the Form R in routine transfer of information

The form R is the documentation of the trainee's activity since the last ARCP/Appraisal

It is akin to the form 3 for appraisal

It must be checked (and if necessary modified) prior to ARCP

Trainees commonly don't record all activity which requires a license

Trainees commonly over document incidents

Trainees must declare all open investigations and all open GMC and employer conditions/warnings

When things go wrong

- Establish the basic facts of the case
- Discuss through the Trust governance processes
- Discuss with employer before acting
 - Who will appoint a case manager and case investigator if appropriate
 - and inform NCAS
 - and keep the associate dean informed

When things go wrong

- Exclusion or restriction
 - Discuss with employer before acting
 - Postgraduate Dean must be informed before exclusion
 - Alternatives include
 - increased supervision
 - restricting duties
 - sick leave for specific health problems

When things go wrong

- Potential criminal acts
 - Discuss with employer before acting
 - Usually referred to the police or NHS Protect

Some Bear Traps

- Employer v host trust
- Acting as the trainee's advocate or giving pastoral support when it may be necessary to give evidence
- Taking preliminary fact finding too far
- Not making adequate notes

Our duty to the GMC

We have a duty to alert the GMC if we think patients are being put at risk

It is wise to discuss any potential referral to the GMC with the Trainee's Employer and Postgraduate Dean before acting

Specific circumstances

- A trainee with a warning or sanctions where the supervisor is asked to make a specific report.
- Supervisor nominated as workplace reporter for a trainee with conditions.

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