

GP Guidance

GP TRAINING PERFORMANCE CONCERNS

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GP Training Performance Concerns

This Guidance is intended as a supplement to the Health Education England working across Yorkshire and the Humber (HEE YH) policy for managing performance concerns and falls within that policy, however, it has been adapted to be more specific for the different challenges of the GP training programme. When in doubt the overall HEE YH policy is the policy that should be followed.

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Introduction

This guidance will start by looking at the overall approach to trainees in difficulty and then address the various ways in which they are identified before looking at the assessment process that should occur. Management and processes will follow from the earlier steps

Principles

1. As soon as concerns are identified steps should be taken to complete a full assessment of the potential areas of concern and their causes. The Assessment needs to be comprehensive to enable a full diagnosis of all issues and the diagnosis should be complete before the management is planned.
2. Patient safety is paramount therefore the first decision should be whether there is a risk to patient safety if the GPSTR continues in their normal/ planned work. This decision also determines the level the problem is managed at. Adaptations or significant changes to the trainee's work pattern may need to be considered and removal from work is a last resort. Decisions relating to changes or adaptations will need to involve the employer.
3. A clear learning plan is developed with review intervals defined at the end of, or shortly after each meeting.
4. Clear documentation of evidence and information should be kept as well as discussion of the purpose of the documentation with the GPSTR.
5. The process of identifying who is failing and acting on this is also an opportunity to reflect on what the Scheme, Trusts and HEE YH could do to prevent similar problems. e.g. to look at the provision of teaching and appropriate support by trainers, and other Clinical supervisors as well as that provided by schemes.

Identification

All possible steps should be taken to identify and act on early indicators of difficulty. This helps to prevent problems escalating to a more serious situation that may pose greater risks to the doctor, colleagues, patients and/or to the organisation in which the doctor works. This is particularly important in GP as the shorter training period means that earlier assessment and plans are likely to benefit trainees.

There are several different ways by which Trainees in difficulty are identified:

- opportunistically through the CS / ES and PDs. significant outliers at the scheme mock CSAs (especially when these are available from St1 onwards)
- through the ARCP process (which is separate from the performance process)
- ES concerns from midyear ESRs

- SUI
- GMC issues and other probity issues
- There is an important overlap between sickness and performance
- Identified through organisational and administrative concerns.
- Selection Centre and Transfers .

Opportunistic identification

There are a wide range of factors (singular or a combination) which may alert a CS or ES to the fact that a trainee could be experiencing problems including:

Anger, rigidity, emotionality, absenteeism, failure to answer bleeps, poor time keeping or personal organisation, poor record-keeping, change of physical appearance, lack of insight, lack of judgement, clinical mistakes, failing exams, discussing a career change, communication problems with patients, relatives, colleagues or staff. Bullying, arrogance, rudeness, lack of team working, isolation; unwilling to cover for colleagues; undermining other colleagues (e.g. criticising or arguing in public/in front of patients), defensive reactions to feedback, verbal or physical aggression, erratic or volatile behaviour

Scheme CSA outcomes

The mock CSAs that Schemes in all localities provide as part of their support and preparation for the CSA have been very important and often specific in early identification of those with difficulties. Different schemes manage this in different ways but despite this difference there is a common thread that poor performance which is out of line for those at the same stage of training is predictive of poor outcomes later.

The ARCP process; local and central School panels and identification of new concerns

Each GPSTR must submit evidence annually and at changes from one training year to the next, initially to their local panel, to demonstrate acquisition of competencies at an appropriate rate. If no concerns emerge, the local panel will confirm the GPSTR's move to the next post on the standard pathway. Local panels will normally only award an outcome 1 or an outcome 5 or defer the decision making to the central GP School panel. However, normally a GPSTR about whom concerns have been raised such that they are on level 2 or 3 will have the evidence of their performance examined by the central panel, who will call the GPSTR for interview after deciding the outcome. Any GPSTR whose performance causes concern will be made aware of the possibility of such an outcome (i.e. unsatisfactory progress), well in advance of the ARCP process. It is not however uncommon for the run up to the ARCP to identify concerns that had previously not been fully detailed. It is not the role of the ARCP panel to provide a detailed diagnosis and assessment of concerns identified at panels this will be passed back to ESs and TPDs following this guidance and with support from local Performance leads.

Panel opinion requested or unsatisfactory progress when not due a panel

Most people who are not progressing satisfactorily will be identified by or to the ES during the year and the concerns passed to the local scheme and PDs. The ES will then make an appropriate assessment. However, some issues may be identified only by the ESR process or may have deteriorated since they were last reviewed by the ES.

If the ES identifies a GPSTR as "Panel Opinion required" or "Unsatisfactory Progress" the ES should inform the local scheme as the situation should be discussed by the local PDs with the ES to ensure a full assessment of the situation is made and a decision agreed on which level the GPSTR should be managed at. If the concerns are greater than those normally managed at level 1, and / or the GPSTR is close to the end of their scheme and a locally defined plan may not be enough then it is appropriate to refer to the Locality GP Performance lead who may review the situation to see if there are other steps that need to

be taken, investigate further, interview the GPSTR or arrange an additional central School ARCP or senior review.

As a back-up after each main ARCP panel season there should be a review by each scheme admin team of all portfolios which were not reviewed at the panels to ensure that none have been identified as "Panel Opinion Requested" or "Unsatisfactory Progress" by the scheme administrative team and that an ES report has been done for the midpoint of the year for all of them.

Significant untoward incidents (SUI)

During any placement, events can occur which raise issues about how a specific and serious incident was managed by a trainee. The Gold Guide recommends in these situations that the next available ARCP panel reviews the case. Until fully assessed all trainees who are involved in a SUI will be assessed and reviewed under the performance guidance normally at level 3. For clarity the notes relating to SUI involvement and actions are under the level 3 management section.

GMC

Referral to GMC is a marker of significant concern.

These trainees will normally be managed as level 3 and for clarity the notes relating to GMC involvement and actions are under the level 3 management section.

Sickness and performance

Sickness is not a performance issue. However those people who have prolonged or recurrent sickness may have difficulties which need to be addressed and may need additional support to allow them to progress normally. For this reason sickness is covered within this guidance.

It is best practice for all doctors returning after more than a couple of weeks of sickness (i.e. when their absence is now affecting their ability to complete this post without an extension to training) to have a review to ensure that they are well enough to return.

For any absence between 2 weeks and 2 months long it is appropriate for this return to work review to be carried out by one of the scheme PDs. The aim of the meeting is to support the GPSTR, to check that there are no issues remaining, check whether the post that they are in is still eligible for approval as part of their training and to be clear how long an extension to training is needed and look at possible times for this to be fitted in. Normally this extension would be at the end of the scheme added to the final GP post.

The results of this review should be sent to the locality GP Performance lead and the School Performance management team

It may be appropriate for a review by Occupational Health to be sought in addition to meeting a GP educator. Further information is available on the GP school website under the Sickness Policy.

Organisational or administrative concerns

Doctors, who have significant performance problems, rarely have problems in just one area of competence or in just one context of their behaviour or their work. Not infrequently, such Doctors have **repeated** problems with self-management, particularly with meeting deadlines or completing "bureaucratic exercises". In the past, such misdemeanours have been overlooked as being 'irrelevant' to the doctor's overall performance, but we now recognise that they can be an important early warning of performance concerns. Scheme administrators are an invaluable resource, as they are often aware of such issues and they can answer such specific questions about doctors such as whether they:

1. Return forms/ paperwork within the requested or defined time frames
2. Reply within the requested time frame to e mails/ correspondence
3. Provide clear information to administrative staff when corresponding

Sometimes concerns arise from the administrative team and then other concerns are identified (e.g. with e-Portfolio) sometimes this is a useful source of information where concerns have been found first in other areas. If asking the administrative team to provide these answers it may be appropriate to ask for specific examples, CRB checks, OH arrangements, time to reply to emails sent to the whole peer group compared to peers etc.

Selection Centres and Transfers

The GP selection procedure is detailed and both in its totality and looking separately at several parts of it there is a high predictive value for success or failure. Schemes may therefore use the scores to ensure that those most at risk (statistically) of having difficulties are in the most suitable placements early in their rotations. This can enable early detailed assessment and support and prevent or identify those at risk of failure.

Those who transfer from other schemes have also been found to be at higher risk of having problems. There may be many reasons for this, again monitoring or allocation of more experienced ESs is commonly seen as good practice.

Assessment

Most performance concerns are likely to relate to the GPSTRs. It is however appropriate to remember that occasionally the department or the practice may be undergoing difficulties and the poor performance of the GPSTRs in that department has become a symptom of that difficulty (NB issues like harassment, bullying and over working) . If the concern is more broadly based and affects several GPSTRs in one department it may be appropriate to consider discussing the situation with Secondary Care APDs or the relevant college tutors etc. (for secondary care posts) or the patch APD for a GP practice and trying to triangulate the reported concerns. At the same time it is important to look at the steps that need to be considered concerning the GPSTRs.

Who assesses?

The lead person is defined by the Gold Guide as being the Educational Supervisor. The ES has the central responsibility to pick up on and identify concerns about progress which have been identified by the CS, from the log, the WPBA or from other sources (see above) as early as possible. The ES also has the responsibility to conduct further reviews if unsatisfactory progress has been identified. The PD and scheme will support the ES with this role, and will normally be involved in the planning and review process if a GPSTR has been given an unsatisfactory outcome by the ARCP panel.

When there are significant concerns or difficulties (i.e. level 2 or 3 on the School system) it may be appropriate to swap the person carrying out this role so that an experienced Educator (often a TPD) can take on the ES role for those in difficulties. Support for the ES and with assessment will normally come from the TPD team, for those being managed at scheme level (see below for details of levels) and from the Locality GP Performance lead for those who have more serious concerns. The locality GP Performance lead should be copied into the reports of review meetings or informed of the details being added to the e-portfolio and will offer support to the ES and PD, which may sometimes include participating in the review meetings. It is vital that thorough contemporaneous records are kept of all contacts relevant to this process, and that these are forwarded to Locality GP Performance lead and the Locality Performance administrative lead in HEE YH.

It is the responsibility of a GPSTR involved in the 'Doctors in Difficulty' process to document this involvement in their e-portfolio; a minimum expectation would be to attach any reports from PD or ES to the e-portfolio with appropriate learning reflections and a clear SMART plan incorporated into their PDP. ESs and PDs who are supervising GPSTRs involved in this process will be expected to have completed training on the assessment and management of GPSTRs in difficulty. Responsibilities and the role of the Locality GP Performance lead are defined in Appendix 4.

Clearly the assessments and progress reports generated by the involvement of the performance process will be considered at the annual ARCP panel – and in some cases may lead to an outcome which may confirm unsatisfactory progress. The Gold Guide (para 7.46 2010) also allows for the convening of an interim panel in exceptional circumstances when there is ‘a need to deal with a performance issue outside the annual review’. This intervention should be exceptional – for example when a ST1 trainee in a first post is found to lack foundation competences. It is important to emphasise that entry to or departure from the performance pathway does not require an ARCP panel.

What assessments need to be done?

There are a range of different ways to make assessments and the GP School does not have a fixed position about which tools must be used.

The priority however is to ensure that a holistic view has been taken, and recorded, so that factors which might be affecting performance are identified and so consideration can be made of what steps are necessary to address these issues.

PIE

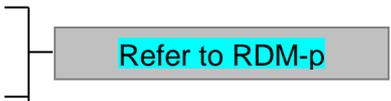
A logical way to address this is to look at **Past, Internal, and External** factors. (PIE).

The ‘PIE’ framework is suggested, because it ensures a full range of possible causes can be checked. It does not suggest an order to ask about things!

Past History

- Personal (e.g. upbringing, expectations from family and social group)
- Professional (e.g. Route into Medicine, and into GP)
- Major past influences (People or events)

Internal Factors (i.e. within the individual)

- Health & capacity (Physical and mental) and current and/or longstanding
 - Personality traits NB this would include learning styles particularly considering the possibility of Dyslexia
 - Knowledge
 - Skills
 - Attitudes
- 

External Factors (i.e. affecting the individual)

- Non work environment (home and social)
 1. relationships
 2. resources
 3. responsibilities
- work environment
 1. relationships
 2. resources
 3. workload (& role) ***

** when assessing workload it is appropriate to look at workload in other occupations e.g. as a locum outside the training post.

In summary, causes can be identified in this way:

1. An individual GPSTR’s current level of **Competence** (defined specifically by the quality of their **knowledge and skills**) is either being enhanced or undermined by the **other PIE factors**.
2. The positive or negative role played by these various factors then determines an individual’s **Current Frame of Mind** i.e. Motivation, Mood, Alertness etc.

3. Finally, the combined impact of **Competence** and **Current Frame of Mind** then determines the quality of an individual's performance or contribution at any given moment.

The above framework is derived entirely from a newly developed model by Tim Norfolk, which captures potential factors in medical 'underperformance' and the way they might interact. There is interplay between discovering what the issues are and why they are present. Different assessors will start from different questions; what is important is that the extent of the problems and the various elements that contribute to these are reviewed. There are various ways to assess where an individual's strengths and weaknesses lie, and this can be done at different levels of detail.

RDM-p

The RCGP is increasingly using the **RDM-p** framework (Relationship, Diagnostics, Management and Professionalism) to structure the e-portfolio.

This simple but comprehensive model¹ captures the core knowledge, skills and attitudes underpinning medical performance, and is being adopted because it can help the GPSTR and the teachers involved to assess current performance in a quick yet meaningful way, at the same time identifying patterns of strength or weakness which might be helping or hindering effective development. This then allows an appropriate plan to be established and support to be organised [see sections below].

The RDM-p screening form (developed by Amar Rughani) is available on the HEE YH website (http://www.yorksandhumberdeanery.nhs.uk/general_practice/documents/RDM-pscreeningtool.doc) and is a quick and simple way to look at clustering elements of performance. It has been found to be a very effective way to generate discussions with GPSTRs about their strengths and weaknesses, and therefore raise awareness of areas to address and work on. Experience in supporting GPSTRs with performance difficulties has been that it is useful to ask the trainee to complete the screening form on his or her own and for the GP educator who knows the trainee best to also fill it in separately. The 2 results can then be compared helping to give not only an understanding of the trainee's weaknesses that are agreed but raise awareness of areas about which the educator is concerned but which the trainee has not noted. This should then normally be followed up by an entry in the e-portfolio (under professional conversation) reflecting on the process and the plans derived from this

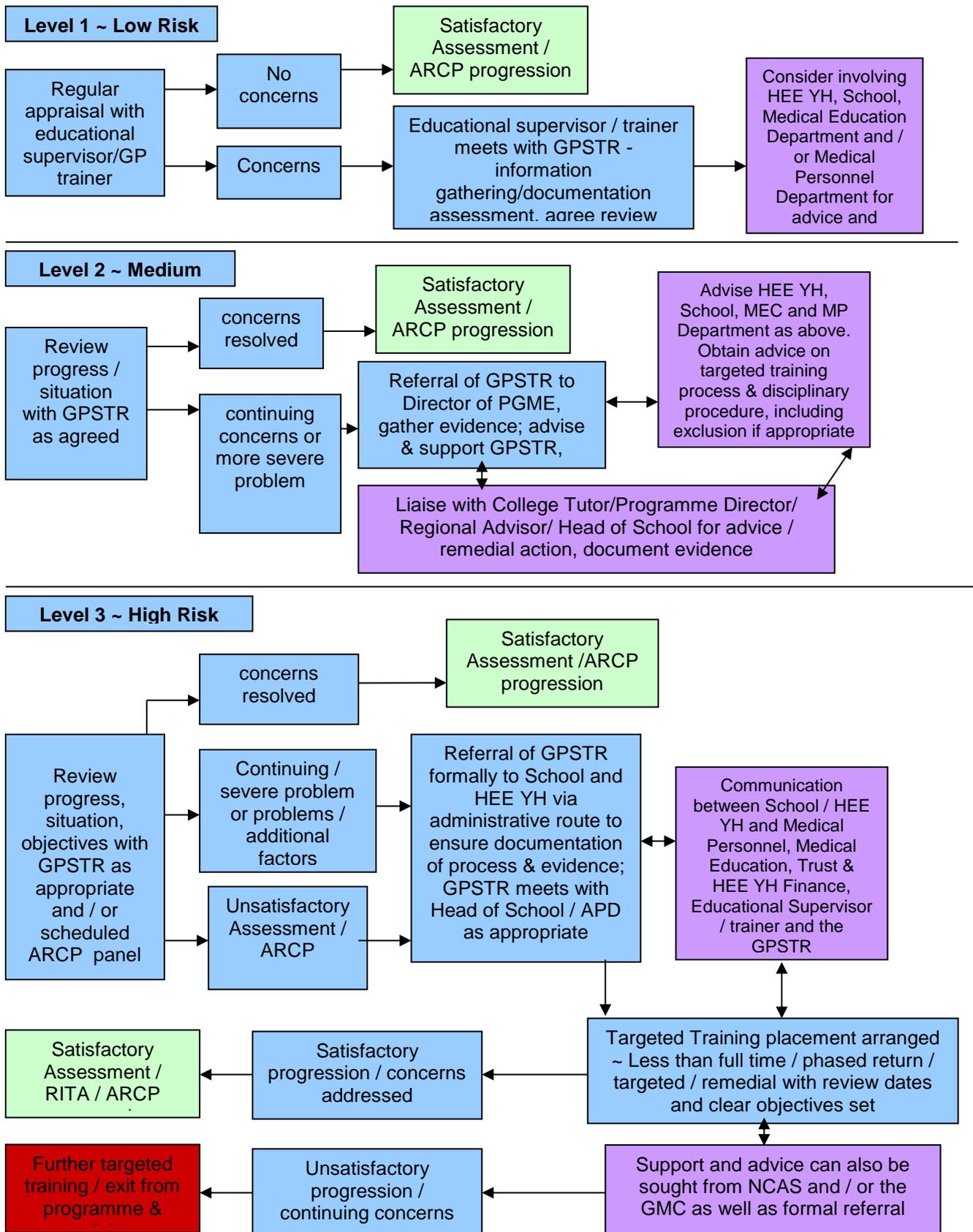
- 1 Norfolk T. D. & Siriwardena A. N. A unifying theory of clinical practice: Relationship, Diagnostics, Management and professionalism (RDM-p). *Quality in Primary Care*, 2009, 37–47.

Important tips for good assessment

- Enable discussion with the GPSTR to gain their perspective.
- Talk to staff and colleagues (ES, CS past and present etc.) to ascertain their views and perspectives.
- Look at documentary evidence. e.g. from earlier posts or Foundation programme, as well as selection centre data
- Discuss with senior programme director on the scheme, local APD or Locality GP Performance lead in your locality (Review the e-portfolio including the PSQ and the MSF)
- Gather information from other professionals involved like the GPSTRs' GP (if appropriate and only if permission is given).

Levels of monitoring

The GP guidance follows the HEE YH policy regarding levels of monitoring and consequent actions. For clarity the HEE YH description of levels of monitoring is copied here.



Because the GP training programme is shorter (3years with a planned move to 5 years) and much of the clinical supervision is carried out by other specialities with short clinical attachments it has been identified that it is important to have this GP guidance to ensure that identification and management starts as early as possible and takes account of the substantial amount of training carried out within the clinical supervision of other specialities.

Which level is the problem at?

The level of supervision and follow up should depend on the risk that the GPSTR poses to the public but also the risk of relapse and the risk to the GPSTR's career progress. The level of supervision should be realistic and proportionate respecting the defining principles (early identification, protecting patients' safety, ensuring clarity of process and clear recording.) Thus some problems will automatically be considered at level 3 from the start, e.g. where there are GMC Serious performance issues identified, or a doctor has been found intoxicated on the ward or in the practice, or there is exam failure close to the end of training, other softer concerns about poor progression may be followed up at level 1 until further input of evidence allows removal from the performance management process or more detailed observation at level 2

Examination failure

There are different situations in which GPSTRs may fail and for this reason it is appropriate to have a detailed policy about which fails are appropriately followed up more actively by the GP School and schemes and at what levels. This examination failure policy is therefore attached as Appendix 5. The standard School letters for this are attached as appendix 7.

What should be happening at the different monitoring levels?

The following sections start from identification, and describe both the assessment and management that will normally be appropriate. This is therefore to some extent a revision of the assessment covered above but aims to provide a how to do it guide to the different levels.

Level 1: Scheme level management (with School awareness of Issues)

Who does this apply to?

For GPSTRs where there are no major regulatory or patient safety issues, and those which have been identified but a full assessment has not yet been completed. Some GPSTRs who have had an outcome 2 at ARCP may be managed at level 1 especially if the GPSTR is making good progress after the assessment. If the clinical supervisor (CS) identifies concerns at any time then it is important that these are brought to the attention of the educational supervisor (ES). This discussion will help determine whether or when a visit is required. The ES will decide normally in discussion with a senior local Training Programme Director (TPD) who is the best person to take this forward. [In cases where the trainer has assumed both roles of clinical and educational supervisor, then the PD may undertake the visit or it may be (more commonly) appropriate to re-allocate the role of ES to a PD. The ES has the primary responsibility but may be supported by a senior PD, depending on the nature of the difficulties and the experience of the ES.

The aim of the meeting is to make an assessment which is appropriately holistic, to discuss this and after the assessment has been discussed to start to look at development of clear plans for the future.

a. Preparation for the meeting:

Educational Supervisor reviews the specialty GPSTR's e-portfolio – in particular any previous ESR and ARCP recommendations and any Educator's Notes. The ES may wish to get feedback on performance from the PD or previous clinical or educational supervisors and until all relevant details are on the e-portfolio to look at the scheme held records for information about earlier posts. Sometimes it is helpful to arrange for extra COT or CbD assessments to be done in preparation for the visit. Similarly arranging for an extra MSF can

be useful. More commonly these are done after the first visit in preparation for a follow up visit.

It is helpful, where possible, to ask the GPSTR to complete an RDM-p self-assessment (see section on Assessment and Appendix 1 and 2) and the CS complete the same assessment on the GPSTR, this allows the CS and ES to identify where their rating of the doctor is significantly different from the GPSTR's. Sometimes a recent detailed CSR will have facilitated a similar discussion. This can give a useful measure of the trainee's insight. Sometimes this more appropriately is done later in the assessment and review process.

The GPSTR should ensure that the records of training are up to date on e-portfolio and participate in assessments and progress reviews or meetings as requested.

The local TPD team and the Locality Performance team would be available for advice in preparation for this meeting if there are particular concerns or questions and would expect to be informed of level 1 concerns that the scheme is making progress with, but need not know details.

b. Structure of the meeting

Whilst commonly it is appropriate to see both the CS and the GPSTR separately and then together this is not always practical and may not be appropriate.

It is also important it is likely that significant proportion of the time will need to be allowed to enable the GPSTR to share the story as he or she understand it and to check that this has been heard clearly and accurately. The ES will facilitate a discussion, the purpose of which will be to clarify and where appropriate confirm the concerns identified by the Clinical Supervisor.

At this stage to explore whether there are factors other than the registrar's performance contributing to or causing the problem. (See PIE in assessment section). In particular it is important to assess the impact of health both physical and psychological on the current situation, depending on this assessment it may be appropriate to involve the GPSTR's own GP or Occupational Health or Workplace Wellbeing etc., as well as the level of social support or stress that is present.

It is also important to assess the work load and the expectations of work being made by the CS, and their appropriateness, as well as reviewing the possibility of bullying etc. These factors as well as distractions and possible alienation need to be addressed but are not further defined in this guidance. When assessing work load it is appropriate to ask about other work being carried out not in the training post (e.g. Locum work at other hospitals).

If following a full assessment the concerns are not confirmed, the GPSTR should return to the standard training pathway.

Where concerns have been confirmed, it is useful where possible to define these more specifically in terms of the RDM-p model and therefore relevant GP competency areas. New learning objectives can then be suggested and negotiated with the registrar and CS. The meeting will discuss how these learning objectives will be met, and what assessments should be done to demonstrate progress. A follow-up visit will normally be set for an appropriate interval.

The ES and GPSTR will agree a report which (a) summarises the visit and details the concerns [normally using the RDM-p format], (b) specifies new learning objectives using the insight from defining concerns related to RDM-p, and (c) outlines the plan for the next period of training. The ES may be assisted by the TPD with this task (i.e. some of the details of the objectives may be defined after the meeting using external input to help achieve SMART objectives). This report should be agreed by all parties. This report should be sent to the Locality GP Lead for Performance Issues and the Locality Performance Team.

The ES should record when there has been a review meeting in the Educators' notes section of the e-portfolio if the GPSTR has not made a suitable entry within 2 weeks of the meeting, or if preferred write an entry at the time of the meeting to identify that there will be an entry coming from the GPSTR. It is expected that the GPSTR will load the agreed report of the meeting onto the e-portfolio.

If it is not loaded the ES should forward the reports to the chair of the ARCP cc the GPSTR before any panels.

Follow-up

The ES will meet with the registrar to review progress against the learning objectives. It may be possible to have a joint meeting with the CS there but if this is not possible then alternatives to review the amount of progress as seen by the CS may be used.

If the concerns have been addressed in full and none remain, the registrar will return to the standard training pathway. Problems which are managed at this level and resolve are classified as Level 1 (low risk) in the School review system. Examples of issues which might be addressed at level 1 would be concerns about which there is not much evidence or failure to pass one of the college exams at the very first opportunity.

Some GPSTRs will need to have several follow up visits at intervals to support their progress.

Where the GPSTR is due to change a post the ES should be in contact with the new CS preferably before the start of the post so that the new team can make adjustments to ensure patient safety etc.

Entering and leaving Performance Monitoring Pathways

It is important that all parties involved in a GPSTRs' training are aware when the trainee's performance is causing significant concern. If this is the case then the trainee should be entered into the Performance Monitoring Pathway at level 1, 2 or 3 – depending on the level of concern. The ES, after consultation with the local TPD and the Locality Performance Lead, should have a full discussion with the trainee about the reasons for this action and its implications. There should be a clear trail of emails confirming that the trainee has been added to the list by the locality performance lead administrator.

All those involved in monitoring the trainee's progress i.e. trainee, CS, ES, TPD and Locality Performance Lead should be made aware when the trainee enters or leaves the Performance Monitoring Pathway. This may be appropriately done by making an entry in the Educator Notes in the e-portfolio and sending a message to those who should be notified.

ARCP and Doctors with Performance concerns: Does an outcome 1 mean there are no concerns?

The ARCP process looks at evidence of progression along the normal training pathway. The Performance Issues pathways look at risk of recurrence of problems and patient safety. It may include judgements on "softer" evidence than are addressed by the ARCP Panels. It is possible that there can be progression through an ARCP panel with an outcome 1 but still persisting concerns. This will happen if the concerns are present but there is no evidence at the level which would justify a formal statement that there is a problem. This outcome 1 progression but level 1 monitoring can occur when there is a lack of evidence for the concerns but no firm evidence that the concerns are unwarranted.

Performance monitoring is based on prevention when there are justifiable reasons for concern, whereas adverse outcomes at ARCP have to have clear evidence at that point. It is helpful if the ARCP chairs highlight the panel's reservations about the evidence offered in the additional comments section.

Level 2: Management at scheme level with clear School input and monitoring

Who does this apply to? Recurrent failure of exams or late failure, most ARCP outcome 2 and some outcome 5 GPSTRs, worrying patterns of sickness etc.

What is the difference between level 1 and level 2? Normally those who are on level 2 will have an ES who is a TPD or a well-established GP educator. The process for level 2 is likely to be similar to that for level 1. The main differences are likely to relate to:

- The frequency of visits and the number of defined assessments or other tasks that the GPSTR is expected to achieve
- The amount of discussion happening with the other senior TPDs in the scheme and with the Locality GP Lead for performance.
- The level of detail kept concerning all contacts (e mails / conversations etc.) will normally be greater.
- It is generally more appropriate and important to inform the Educational managers or the new CS (college tutors and senior educationalists in the trust etc.)
- More detailed Personal Development Plans are likely to be made both after ARCP and at other times and more regular review of these may be normal.
- Even greater level of detail than normal expected in the ESR to ensure that significant evidence is seen by the panel.
- For some of those on level 2 there will be periodic “supervision” discussions between the Locality GP lead for performance and the ES. This discussion may consider other options of assessment or support that might help.
- Those on level 2 will normally have their progress monitored by the Locality Performance administrative lead and Locality GP lead for Performance to check that appropriate steps are being taken to support the trainee and collect evidence on progress.

Some people on level 2 will be more formally interviewed by the Locality GP Performance lead or by senior TPDs where this is more appropriate (e.g. Exam failure)

ARCP Outcomes

If the ARCP panel awards an outcome which is other than satisfactory, a targeted personal development plan will need to be produced. The ARCP will define the competencies that need to be addressed but this is then further refined and developed by the ES (possibly with external support from the Locality GP Performance lead).

Clear targets should be set, linked to the WPBA competencies that the panel has identified. A timeframe for achievement of these competencies should be agreed with the registrar and CS. In addition, the assessments that will be used to measure achievement of these targets should be agreed.

As always it is important that a holistic assessment is made of the GPSTRs situation by the ES before the details of the management plan and PDP are defined. Where it is felt to be appropriate to continue to monitor a GPSTR through the performance process but the panel has given an outcome 1 then the panel chair should normally ensure that reasons for the continued concern will be added in the additional comments box on the ARCP outcome.

Level 3: Additional Training Post or concerns re patient safety etc.

Who does this apply to?

Outcome 3s (or other Additional Training), SUI involvement, GMC or other probity or disciplinary concerns

What is different about level 3 from levels 1 and 2

The main change at level 3 is that there is a greater frequency of review of the progress, and that this is likely to be reviewed at School level as well as at scheme level (often through supervision discussions)

There is more discussion between the educators involved to look for ways to support the GPSTR and to ensure that evidence is collected in a timely manner. As various specific types of issue are likely to be managed at level 3 the details concerning GMC and targeted training are detailed here.

GMC

If the concern, whether of performance, health or conduct, is so serious as to call into question the doctor or dentist's license to practice, then the regulator's (**GMC**) advice should be taken. This approach will therefore only be used in the most serious circumstances. However it is easy and good practice to phone the GMC when in doubt and ask to speak to one of the assessors, this can be done without naming the GPSTR about whom there are concerns.

All those who have been referred to the GMC will be managed at least initially as level 3 trainees

There may be occasions where the most appropriate action is through the employing organisation's **disciplinary process**. If this is the case (e.g. theft or arriving for work drunk etc.) then referral to the GMC may be necessary as well

Where there is a concern about the probity of certain actions in relation to workplace based assessments, but there is some doubt it may be appropriate to hold a **code of conduct panel**. Under the RCGP guidelines there are various sanctions available where conduct in exams or in relation to the WPBA has been below professional standards. See Appendix 6 re code of conduct.

Where there are immediate concerns that might require exclusion or suspension, general concern about a practitioner's performance, conduct or competence, and in any situation where the local organisation is unsure how to proceed, **NCAS** (National Clinical Assessment Service) may be contacted. In these circumstances it will normally be appropriate to work in conjunction with the **PCT or Hospital Trust**

Targeted training

Where the best solution to a GPSTR's problem is removal from their current post to a post for targeted training the following principles should normally apply:

- GPSTRs may require the help / support of the other individuals in the guidance group as well as additional training in an identified post. Selection of an appropriate Clinical Supervisor is a key requirement. Inevitably there will be implications for the individual supervisor in terms of time and ability to deal with their usual clinical commitments and these need to be considered and negotiated with the trust or practice.
- Consideration should be given as to whether a GPSTR should be supernumerary or in a substantive post and this will be decided after discussion between the Locality GP lead for Performance, local Deputy Director and trust representatives. There may be resource implications with regard to GPSTR and trainer which need to be resolved prior to approval of targeted training posts.

- Finally, stigmatising of the GPSTR as a “problem” should be avoided where possible and the process should ideally remain confidential
- The nature and purpose of the additional training should be clear and recorded by the Locality Performance Administrative lead.

All additional training will need to be recorded and monitored with clear indications of how progress is to be assessed. Such systems as are agreed and planned for implementation may need to be discussed with Chief Executives, Medical Directors and Directors of Postgraduate Medical Education. This is to ensure that the systems link into Trust based systems for clinical risk management and clinical governance.

It may be appropriate for additional training to occur in GP where there is the greatest possibility of detailed supervision, provided the required hospital exposure will be completed. Sometimes it is appropriate for the additional training to address targeted competencies and not attempt to provide a rounded GP experience (e.g. no emphasis on practice management and systems may be appropriate for some at specific points in their training).

Specific Management Notes

Monitoring at School level

There is a need to ensure that those with Performance Concerns and especially those on level 2 or 3 are monitored so that appropriate support and reviews can be carried out. This should be done using a spreadsheet which can be updated by the Locality GP Performance lead which tracks those who are identified and classifies appropriately e.g. to Trust issue; resolved since last report; added since last report; potential targeted GPSTR; for long term review and for immediate review. This spreadsheet should be reviewed and updated monthly by the Locality GP Performance lead and the Deputy Dean or Locality Business Manager (or deputy) though there may be different review dates for different GPSTRs reflecting the different severity and when further information is likely to be available, e.g. if the problem is failure to pass CSA then there may be few firm outcomes to review between diets of the CSA exam after an initial meeting with a senior educator. This spreadsheet when updated is presented to the Locality Deputy Dean and colleagues.

Support for the GPSTR

At all points in this process, consideration should be given as to whether any further input or assessments should be made (e.g. from occupational health or an occupational psychologist).

It must be recognised that registrars in difficulty are likely to find these processes stressful, and support may be offered in the form of a mentor if this is required. The registrar should be made aware of the opportunity to attend Workplace Well Being (SYLO) or Take Time (WYLO and NEYNL) if he or she think this would be helpful. The PD is responsible for discussing this with the registrar and finding a mentor if required. The registrar’s ES will often be best placed to provide this support, but it may sometimes be more appropriate to find another mentor.

In addition to the local specialist support available within Yorkshire and the Humber, NCAS has produced a national Directory of Resources (see Appendix 3) for doctors who may require specific forms of support – including behavioural coaching, cognitive behaviour therapy, communication skills training, career counselling, coping with change, etc.

Record keeping

GPSTRs need to have confidence that any documentation is intended to support and help them to address their difficulties rather than as a punitive or legalistic activity. Transparency is paramount to retain the doctor's trust and cooperation. The following may help to ensure openness as well as rigour:

- As much as possible it is advised that all documents should be on e-portfolio and it is appropriate for the ES and TPDs involved in performance work to write an Educator's note to identify that a meeting has happened and that the GPSTR is expected to share the summary notes of this meeting on e-portfolio in a timely manner.
- Educators should ensure GPSTRs are aware that records are being kept throughout discussions
- Records of conversations should be held confidentially with a copy in the GPSTR's Locality file, with the doctor's knowledge and consent, by the person who has conducted the assessment of the problem with the doctor in difficulty
- It will normally be appropriate for a member of HEE YH (or scheme) staff to take notes of meetings with the GPSTR at least at the level of meetings involving the locality GP Performance lead.
- The doctor should be given a copy of any documentation concerning his or her performance and encouraged to keep such copies in his or her portfolio for discussion at appraisals
- Should the doctor move to a different job, or in the event that the problem escalates or others become involved, it may become necessary to pass the records on to other parties, again with the consent of the doctor where possible. If requests are made to remove some details from reports or summaries these should be considered and responded to in order to see if an agreed new wording can be found. The GP School data form should keep a record of concerns from the time of appointment.
- It is the responsibility of a GPSTR involved in the 'Doctors in Difficulty' process to document this involvement in their e-portfolio; a minimum expectation would be to attach any reports from PD or ES to the e-portfolio with appropriate learning reflections and a clear SMART plan incorporated into their PDP
- All documentation must comply with the requirements of the Data Protection Act and the Freedom of Information Act (FOIA)

In summary the School policy can be described as one of encouraging an open and transparent process. Trainees' involvement in decisions about sharing information with other parties is important but patient safety is a greater priority, therefore the trainee will not have the right to refuse consent on necessary information sharing.

Significant event review

It may be appropriate to initiate a significant event review in situations where difficulties arise for GPSTRs. The purpose of this would be to review what happened and identify what can be learnt. On some occasions it will be appropriate for this to be carried out at locality level but on other occasions this may best be carried out across HEE YH, possibly through using the Performance team as the core membership of the SEA meeting. This decision should be made through consultation with the Deputy Director and Deputy Dean.

Confidentiality

The details of GPSTRs in difficulty should be shared on a need to know basis. Normally the details of the concerns will be known in some detail by the patch APD and the Locality GP Performance lead who may need to discuss their different understandings of the situation. There may be a need for the APD team within each locality to discuss GPSTRs in difficulty as a team as they are likely to have different angles on the problem, this process is also designed to ensure that the processes used continue to adhere to both School and HEE YH policy and are consistently applied.

Appendix 1 RDM-p: A diagnostic map of general practice (& beyond)

http://www.yorksandhumberdeanery.nhs.uk/general_practice/documents/RDMpmodelsummarised.doc

Appendix 2 RDM-p screening tool

http://www.yorksandhumberdeanery.nhs.uk/general_practice/educators_trainers/documents/PerformingScreeningFormrevised2011.doc

Appendix 3 Resources for support and assessment

Take Time is a confidential counselling service specifically for junior doctors and dentists working within the West and North & East Yorkshire regions.

The service is funded directly by HEE YH and provided by collaboration between the University of Leeds Student Counselling Centre and the Specialist Psychotherapy Service, Leeds Partnerships Foundation NHS Trust.

Medical work is inherently stressful and you may find you need help with work-related and/or personal difficulties which can often cause anxiety, stress, depression and unhappiness.

Telephone: 0113 343 4642
Email: taketime@leeds.ac.uk

Or at:

Take Time
19 Clarendon Place
Leeds LS2 9JY

Workplace Wellbeing is a professional counselling and consultancy service to help doctors in difficulty deal with personal or work-related stress and psychological trauma relating to work roles. The service aims to help doctors improve psychological health and stay psychologically healthy. One-to-one counselling is provided on a confidential self-referral basis. The counselling is short-term and up to eight sessions are usually offered.

This service is also funded directly by HEE YH and is available to a doctors and dentists working in the South Yorkshire region.

Telephone: 0114 226 1810
Email: workplace.wellbeing@sct.nhs.uk

Or at:

Workplace Wellbeing
30 Wilkinson Street
Sheffield
S10 2GB

For more details of these services, please contact either service or visit the HEE YH websites:-

<http://www.yorksandhumberdeanery.nhs.uk/>

For further sources of information and advice please refer to:

- The National Clinical Assessment Service (NCAS) www.ncas.npsa.nhs.uk
- The General Medical Council (GMC) <http://www.gmc-uk.org>
- The General Dental Council (GDC) <http://www.gdc-uk.org>
- The British Medical Association (BMA) www.bma.org
- The British Dental Association (BDA) <http://www.bda.org>
- The Medical Defence Union (MDU) <http://www.the-mdu.com>
- The Medical Protection Society (MPS) <http://www.medicalprotection.org>

National Clinical Assessment Service (NCAS)

NCAS, formerly National Clinical Assessment Authority (NCAA), was established as a special health authority in April 2001. It became a division of the National Patient Safety Agency (NPSA) in April 2005.

NCAS provides confidential advice and support to health services on how to deal with the situation where the performance of doctors or dentists gives cause for concern. If a difficulty becomes apparent, the employer, contracting body or the practitioner can contact NCAS for help. The aim of NCAS is to work with all parties to clarify the concerns, understand what is leading to them and make recommendations for how they may be resolved.

The expert support which NCAS provides is wide ranging and includes not only advice over the telephone but also more detailed and ongoing support. This support includes specific responsibilities for NCAS to advise the NHS on the use of disciplinary procedures in doctors and dentists, in particular where suspension or exclusion of the practitioner from their work is being considered, and also where disciplinary action on the grounds of capability is being considered.

Where the performance problem is sufficiently serious or repetitious and attempts to resolve the problem at local level have failed, a doctor may be asked to undergo a full NCAS assessment. This comprises three main components: an occupational health assessment (by an occupational health doctor), a behavioural assessment (by an occupational psychologist) and a clinical assessment (by a team of clinical assessors). A report is produced by a panel of assessors (including a lay assessor) containing the findings, conclusions, and recommendations. NCAS will then work with the doctor and the Referring Body to agree an action plan to resolve the concerns.

NCAS does not take on the role of an employer, nor does it function as a regulator. It is established as an advisory body, and the referrer retains responsibility for handling the case throughout the process.

NCAS presently covers the NHS in England, Wales and Northern Ireland, and also defence medical services and the prison medical and dental service.

NCAS has published a *Directory of Resources* which is intended to help with the implementation of recommendations following an NCAS assessment of a doctor.

In addition, it should also be useful in supporting educational programmes for doctors and dentists generally and for identifying further training / programmes following determinations made by the General Medical Council or General Dental Council. A directory of resources is available through its website - www.ncas-resource.npsa.nhs.uk

Appendix 4 Role of the Locality GP Performance lead in GP training

Definition of Performance Issues

The doctors covered are:

1. Those with health issues which has caused disruption to training (and may therefore need extensions of training usually paid for by HEE YH).
2. Those where concerns have been raised at level 2 of the School policy on dealing with Doctors in Difficulty (i.e. concerns have been raised, these have been reviewed and the concerns have been found to be persistent.) Those on level 3 are also clearly included, (this includes those who have multiple exam failures, or GMC referrals etc.)
3. Those where the problem that has been identified (e.g. failure of CSA / AKT) may mean that the GPSTR will not be able to complete training at the expected time.

Regular monitoring at School level

This role is set up to ensure that there is regular monitoring of all those who have been identified as having possible performance issues (PI).

For GPs this monitoring is carried out approximately monthly by the Locality GP Performance lead and the Locality Programme Support Team in preparation for the meeting that the Locality Business Manager (LBM) has with the Deputy Dean or his or her representative) monthly at which all hospital and GP GPSTRs with performance issues are reviewed.

All those on the Performance Issues spreadsheet are reviewed periodically, the interval decided on the basis of the significance of the identified problems.

Where there is not sufficient information available on the e-portfolio then the ES / TPD involved is contacted for an update. Due to the training time for GP being shorter than for other specialities it is essential that there is regular review of all on the list to ensure that progress is continued.

Intervention and support

The majority of the support and supervision for those with Performance Issues remains with the local scheme and is carried out following the GP guidance (which in turn is a reflection of HEE YH policy). The local ES is the key person in providing support and ensuring that the learning plan is Specific, Measurable Appropriate, Realistic and Time aware and for reviewing this periodically to ensure that progress is being made.

The role of the Locality GP Performance lead is normally to provide support and be a 'critical friend' to the TPD and or ES involved and to suggest resources or other approaches to support the GPSTR.

The Locality GP Performance lead and the LBM are the gatekeepers to HEE YH resources like specialist assessment and funding for additional training.

Sometimes it will be appropriate for the Locality GP Performance lead to meet with those with Performance Issues either to represent the significance of the problem or because the additional input is necessary to support the TPD and ES locally. This may however be a role for the patch APD depending on their discussions.

Return after absence

It is best practice for all doctors returning after more than a couple of weeks of sickness (i.e. when their absence is now affecting their ability to complete this post without an extension to training) to have a review to ensure that they are well enough to return.

For any absence between 2 weeks and 2 month long it is appropriate for this return to work review to be carried out by one of the scheme PDs. The aim of the meeting is to support the GPSTR, to check that there are no issues remaining, check whether the post that they are in is still eligible for approval as part of their training and to be clear how long an extension to training is needed and look at possible times for this to be fitted in.

Normally this extension would be at the end of the scheme added to the final GP post. Occasionally it may be appropriate for the Locality GP Performance lead to be involved in this Meeting. The results of this review should be shared with the Locality GP Performance lead and the School Performance management team

It may be appropriate for a review by Occupational Health to be sought in addition to meeting a GP educator.

Further information is available on the GP school website under the Sickness Policy.

Relationship between the Locality GP Performance lead and the patch APD

When there are problems or concerns it is appropriate to contact either the patch APD or just the Locality GP Performance lead. If the Locality GP Performance lead feels that this is best supported by the local APD then this will be negotiated between them. Clearly some APDs are extremely experienced and if this is so for the patch APD then using their wisdom is in everybody's interest. However to ensure that we have a monitoring approach that is consistent within GP and consistent with the rest of the doctors in training and that HEE YH knows in advance of possible expenditure on extension it is essential that the Locality GP Performance lead is kept informed of all those defined as having Performance Issues.

Data gathering

An important precondition to providing effective support and appropriate input to those with performance issues is to ensure that the current and the past situation have been assessed in detail. For this reason the GP Guidance suggests that where there are concerns it is appropriate to have used a format like PIE (Past Internal External) to structure an understanding of the problem in its full context and carried out a RDM-p self-assessment, where appropriate, and also a GP educators assessment. This will be carried out at scheme level where it should help focus the concerns and shared at locality level to help the Locality GP Performance lead to provide more useful suggestions on ways to manage issues.

Mike Tomson

GP Associate Postgraduate Dean

Appendix 5 Exam Failures

AKT 1st fail in early ST2

When there is a single fail in the first 2 years of a 3 year programme there is no immediate cause for major concern. This may be because the GPSTR has taken the examination too soon in the programme. However the following questions may usefully be considered:

- Are there other issues (consider external factors, health and RDM-p including consideration whether this is disorganisation rather than a knowledge gap)
- Is it appropriate to encourage the GPSTR to self-assess for dyslexia as this has been found to be overrepresented amongst AKT exam fails
- What preparation has there been for the exam (which books, membership of learning set, use of on line learning resources, specific courses etc.?)
- What level of fail is it...? “nearly there but not quite” or was this a fail that was a long way off target. If the latter, the fail needs to be reported to the Locality GP Performance lead and followed up (at level 2 probably).

The TPD (as ES) should review the overall situation with the ES and if appropriate the GPSTR to plan what interventions are being planned to prevent a second failure. For each person who fails a plan for interventions should be passed to the Locality GP Performance lead by the TPD (ES) and the GPSTR assigned a Doctor in Difficulty level and review intervals.

There is a guide to suitable resources for preparation for AKT on the GP section of the HEE YH website.

AKT second fail or fail in ST3

This is an issue that should always be reported to the Locality GP Performance lead. The questions for 1st AKT fail need to be addressed again.

There needs to be a clear plan for interventions that will improve performance at AKT, as well as an assessment against RDM-p of whether there are problems in other areas. Most of this work will need to be done at scheme level.

For each person who fails a plan for interventions should be passed to the Locality GP Performance lead by the TPD (ES) and these GPSTRs will automatically be level 2 on the Doctors in Difficulty School policy.

Multiple AKT fails in one scheme

If there are more AKT fails proportionally in one scheme than the rest of the Locality it is expected that the senior PD and / or the PD team will discuss with their patch APD what might be the causes of this. Questions that need to be addressed include the following:

- Is this related to the level of competency achieved before entry to the scheme?
- Is this related to the teaching provided by the scheme? If so what changes can be made immediately and in the longer term
- Is it possible for the scheme to encourage more self-directed learning/ learning sets to support better performance at AKT?
- Is this related to the workload / or teaching input in any of the posts on the scheme (i.e. are people being worked so hard that they fail because there is no time for AKT preparation, and are the posts all fulfilling their expected provision of educational opportunities?

CSA fail with more than 9m of full time equivalent GP left

CSA fails should always trigger a response and a review by the ES and scheme TPDs.

Questions that need to be considered will include:

- Are there other issues (RDM-p may help here, as well as reviewing Past Internal and External factors)?
- What preparation has been carried out (in practice, on scheme, through formal courses, and home preparation including small group role playing etc.)?
- Why was CSA taken early?

Whether there is more to do will depend on the outcome of this review. There is a need for clear plans for what will be done to prevent recurrence to be agreed by the ES, with TPD involvement, and the GPSTR.

If there are concerns about whether the plan will be sufficient to prevent a further failure then the Locality GP Performance lead needs to be included in the discussions and deliberations. For each person who fails a plan for interventions should be passed to the Locality GP Performance lead by the TPD (ES) and the GPSTR will be assigned a Doctor in Difficulty level and review interval.

Support for those who have failed in CSA may include the School wide CSA feedback course with or without support from a CSA examiner or experienced educator working with the GPSTR and trainer to look at their preparation for the CSA.

CSA fail with less than 9m FTE in GP left or 2nd fail

This is a more significant problem as it is more likely that there may need to be an extension of training. A detailed review of their performance past and present will be appropriate to see if there are other factors feeding into the failure (this should include the questions above re preparation, PIE and RDM-p review) .An agreed plan needs to be put in place and sent to the Locality GP Performance lead.

A copy of the plan and review needs to be sent to the GPSTR and normally also to the chair of the local ARCP panel.

The steps outlined above need to be undertaken and always discussed with the Locality GP Performance lead.

These GPSTRs will be followed up using the Locality Doctors in Difficulty review system, they are automatically on level 2 of this system.

Support for those who have failed in CSA may include the School wide CSA feedback course with or without support from a CSA examiner or experienced educator working with the GPSTR and trainer to look at their preparation for the CSA.

Multiple CSA fails in one scheme

If there are more CSA fails proportionally in one scheme than the rest of the School it is expected that the senior TPD and/or the TPD team will discuss with their patch APD what might be the causes of this.

Questions that need to be addressed include the following:

- Is this related to the level of competency achieved before entry to the scheme?
- Is this related to the teaching provided by the scheme? If so what changes can be made immediately and in the longer term?
- How can the scheme encourage more self-directed learning/ learning sets to support better performance at CSA?
- Is this related to the workload / or teaching input in any of the posts on the scheme i.e. are people being worked so hard that they fail because there is no time for AKT preparation, and are the posts all fulfilling their expected provision of educational opportunities?

Appendix 6 Code of conduct panels

The college is required by GMC to manage the whole of the MRCGP. The college has produced guidance on what should be done when there are concerns about the honesty or accuracy of entries made in any part of the e-portfolio. This guidance is set out below.

GP School advice on Code of Conduct panels has been that there should be a minimum of 3 members and that these should include at APD and that there should be at least one member of the panel who is external to the problem (e.g. from another locality or not from GP).

General Principles for All e-portfolio Users

The College expects all users to conform to acceptable and appropriate standards of behaviour when using the ePortfolio and undertaking Workplace Based Assessments.

This guidance is given in the expectation that users will exercise an approach consistent with standards expected by the General Medical Council, or the appropriate regulatory body, and/or your employing organisation.

Fraudulent misuse of the ePortfolio is an extremely serious offence. This would include any form of impersonation and also making entries that are deliberately misleading or malicious, particularly those that relate to assessments.

All allegations of misconduct and fraudulent misuse will be dealt with in accordance with the MRCGP Regulations.

Possible penalties for misconduct

Penalties for those failing to comply with the guidance given above, or behaving in an unprofessional or disruptive manner will depend on the nature of the offence and may include:

- Removing particular assessments and/or entries from the ePortfolio
- Being barred from taking an assessment or assessments for a specified or indefinite period
- Referral to the General Medical Council or appropriate regulatory body and/or employing organisation
- In certain circumstances it may be appropriate to inform the police

All cases of misconduct by a trainee will be referred to the Director of General Practice Education in the candidate's LETB. In all but the most minor cases, alleged misconduct will be considered by a misconduct panel. Penalties will also be determined by a misconduct panel.

Appendix 7 School letters re exam failures

Final versions pending 17.2.11

Appendix 8 Glossary

Glossary to accompany GP Training Performance Guidance

AD	See APD
AKT	Applied Knowledge Test (part of MRCGP)
APD	Associate Postgraduate Dean
ARCP	Annual Review of Competence Progression
CbD	Case Based Discussion (required in the e-portfolio as part of the Work Place Based Assessments)
COT	Consultation Observation Tool (required in the e-portfolio as part of the Work Place Based Assessments)
CS	Clinical Supervisor (can be either GP or Consultant)
CSA	Clinical Skills Assessment (part of MRCGP)
DPGME	Director of Post graduate Medical Education
ES	Educational supervisor (always a GP)
ESR	Educational Supervisors Report
GMC	General Medical Council
GPStR/GPSTR	GP Speciality Training Registrar
LBM	Locality Business Manager
MSF	Multi source Feedback (required in e-portfolio as part of the Work Place Based Assessments)
NACT	National Association of Clinical Tutors
NCAS	National Clinical Assessment Service
PD	See TPD
PDP	Personal Development Plan
PIE	Past, Internal, External
PSQ	Patient Satisfaction Questionnaire (required in the e-portfolio as part of the Work Place Based Assessments)
RDM-p	Relationship, Diagnostics, Management and Professionalism
RITA	Record of In Service Training Assessment
SMART	Specific, Measurable Attainable, Realistic Time based
TPD	Training Programme Director (sometimes referred to as PD programme director)
WPBA	Work Placed Based Assessments

ARCP Outcomes

Satisfactory progress

1. Achieving progress and competences at the expected rate (or Article 11 Final Review)

Unsatisfactory progress (Trainee required to meet with a panel for outcomes 2, 3 & 4)

2. Development of specific competences required - additional training time not required
3. Inadequate progress by the trainee - additional training time required
4. Released from training programme with or without specified competences
5. Incomplete evidence presented - additional training time may be required

Recommendation for completion of training

6. Has gained all the required competences for the completion of training (CCT - Final Review)

Outcomes for trainees out of programme

7. Outcome for Fixed-term Specialty Trainee (FTSTAs) competences achieved not in run through training
8. Out of programme experience for approved clinical experience, research or career break/maternity
9. Outcome for doctors undertaking top-up training in a training post