

FOUNDATION PROGRAMME

**SUPPORTING PROFESSIONAL
PERFORMANCE**

**A GUIDE FOR LOCAL EDUCATION
PROVIDERS**

MAY 2011

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INTRODUCTION

This guide relates to the management of Foundation trainees and aims to encapsulate the requirements of the General Medical Council, the Foundation Programme Reference Guide and Foundation Programme Curriculum and should be read in conjunction with the London Deanery [Trainees in Difficulty Management Framework \(2010\)](#). Section A contains guidance on the overall performance management of trainees and Section B deals with the performance management of an individual trainee who requires support.

Patient safety is a key touchstone in managing performance.

The majority of trainees achieve satisfactory achievement of foundation competences. The flow chart (page 9) outlines the process to follow when concerns about professional performance are identified.

SECTION A

The following general principles under-pin the performance management of trainees:

- a) close supervision, with effective and fair procedures for identifying and supporting a trainee with enhanced needs or performance issues;
- b) documentation of evidence, with clear advice to trainees about performance concerns and comprehensive record keeping of all informal and formal exchanges;
- c) prompt reporting of difficulties to the trainee's Foundation Training Programme Director and **mandatory requirement** to notify the relevant Foundation School Director (FSD) about absence for 2 weeks without approval or advance explanation;
- d) transfer of information between placements and between F1/F2 (Appendix A)

Foundation trainees have a contractual relationship with their employer and are subject to local and national terms and conditions of employment, including compliance with clinical accountability and governance frameworks in addition to Trust disciplinary procedures.

The employer has responsibility to ensure that guidance on employment issues, including performance and potential disciplinary matters, are issued during induction and dealt with appropriately.

The Deanery provides targeted training where an extension of training is likely to provide a positive outcome and completion of foundation competences. The 2010 Reference Guide (page 55) states

“A remedial training placement will be arranged for a fixed period, usually for 3, 4 or 6 months (full-time equivalent). In exceptional circumstances, a further fixed-term placement may be agreed. However, the total period of remedial training should not exceed 12 months (full-time equivalent) in total.”

Supervisory Structure of Professional Performance

The London Deanery Foundation policy documents “Foundation Doctor Role in the Local Education Provider and Minimum Requirements for Clinical Supervision” and “Minimum Requirements for Assessments and Assessors of Foundation Doctors” (Appendix A) contain guidance for trainees and Local Education Providers (LEP). Further professional performance guidance is as follows:

Trainees

- a) As a provisionally registered (F1) or fully registered (F2) medical practitioner, the trainee has a responsibility to practise and abide by the principles enshrined in “Good Medical Practice” and all General Medical Council (GMC) guidance.
- b) The GMC highlights the duty all doctors have to protect patients including instances when a doctor’s own health, conduct or performance may pose a threat to patients.
“If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients”. (GMC Good Medical Practice, 2006, para 77)
- c) Prospective trainees with a pre-existing need/disability should have engaged with the national Transfer of Information process prior to commencing foundation training and **must** engage with the transfer between placements and F1/F2 (Appendix A).
- d) Trainees have a responsibility to engage fully with the educational process throughout their training and seek help and guidance from their LEP and/or their FSD if they realise they are having problems.
- e) Trainees are required to undertake all assessments and maintain their e-Portfolio to demonstrate achievement of foundation competences.

Supervisors

Trainees rotate through a series of clinical placements and are supervised by a senior clinician - the **Clinical Supervisor (CS)**.

Each trainee is also allocated an **Educational Supervisor (ES)**, responsible for ensuring the provision of appropriate training and experience, who decides - in consultation with the CS - whether each individual placement has been completed successfully.

The ES usually has a continuing role in the educational management of trainees for either F1 or F2 and may have responsibility for more than one trainee. The ES is required to maintain and share records of all meetings with their allocated trainees. (NB In some trusts the ES changes with each placement and the roles of the CS and ES are merged.)

The training required of ESs and CSs is defined by the London Deanery [Professional Development Framework for Supervisors](#).

Foundation Training Programme Director

Within each Local Education Provider (LEP) there will be one or more **FTPD** (see Appendix B) appointed by the Deanery and Trust to manage and lead foundation training.

The FTPD liaises closely with the CS and ES to identify trainees who may be experiencing difficulty – personal or academic – so that appropriate support can be provided. S/he is also alerted to a trainee with enhanced training needs via the national [Transfer of Information Process](#); the national [Inter Foundation School Transfer documentation](#) and via the transfer between placements and F1/F2 policy (Appendix A).

In all cases the FTPD should formulate an appropriate management plan and agree this with the trainee.

Trust/LEP HR medical staffing

HR managers, normally working closely with Education Centre staff, play an important role in supporting trainees with differing needs and should ensure that

- a) trainees are aware of/know how to access Trust policies
- b) trainees receive support during each placement
- c) reasonable adjustments for disabled trainees are in place
- d) staff know about and have obtained FTPD guidance on trainee-specific restrictions on practice to protect patient safety
- e) a supportive environment, conducive to the resolution of issues, exists so that trainees feel safe to raise concerns
- f) meeting notes, signed by both the trainee and supervisor, are generated which record the discussion, action agreed and timeline for completion
- g) staff continue to develop an environment which promotes equality and eliminates discrimination

Local Faculty Groups

These provide a structure and mechanism for the regular review of foundation training and trainees (Appendix C). Meetings should be held at least three times a year and the Minutes forwarded to the FS Director.

SECTION B

PROFESSIONAL PERFORMANCE REVIEW PROCESS

All Trust and Community based staff may become involved with the trainee when problems arise and performance issues usually fall into the following categories:

1. Personal conduct issues

Examples include theft, fraud, bullying, harassment, rudeness and attitude problems related to staff or patients, late attendance at work and failure to notify sickness absence.

2. Professional conduct issues

Examples include breach of confidentiality, research fraud, failure to obtain adequate consent and improper relationships with patients.

3. Competence and performance issues

Examples include poor clinical skills, failure to attend education or teaching programmes, failure to address deficiencies identified at appraisal and failure to complete assessments to the required standards.

4. Health issues

These may include both physical and mental health issues and care should be taken to consider the requirements of the Equalities Act 2010.

It is important to ensure that a full understanding of the underlying reasons for the poor performance is sought at an early stage. Personal conduct, professional conduct or competence issues may be the result of a number of factors so it is important to identify the underlying reasons including a full occupational health assessment if appropriate.

It is the responsibility of the employer to investigate and manage all concerns and it is imperative that the FSD is fully informed of all investigations and their outcomes.

GUIDE FOR MANAGING PERFORMANCE CONCERNS

1. General Principles

1.1 Even minor problems need to be considered and managed in a systematic and appropriate manner. More complex concerns will usually require a multi-disciplinary approach (e.g. HR/other health professionals) to achieve a fair and appropriate resolution.

1.2 From an educational perspective, the Deanery encourages a supportive and developmental approach while recognising that in some cases a formal disciplinary procedure is appropriate. It is the responsibility of the employer to investigate and manage concerns and trainees should be managed in the same way as other NHS employees.

1.3 If a trainee is undergoing a disciplinary process the FSD must be informed early in the process.

1.4 Meeting notes are generated, which the supervisor and trainee sign to confirm accuracy of discussion/action agreed.

GUIDE FOR MANAGING PERFORMANCE CONCERNS

2. Minor concerns

Examples: not passing on messages, timekeeping, not answering bleep

Minor concerns should be managed on a day-to-day basis by the trainee's CS or ES and be resolved on a face-to-face basis unless there is no agreed resolution in which case the issue should be escalated to the FTPD.

The supervisor should:

- identify the problem and obtain all available data;
- seek advice from the FTPD, Director of Medical Education (DME) or Clinical Tutor (CT) for a 'second opinion' on the seriousness of the problem if unsure how to proceed;
- act on recurrent small concerns, clinical incidents and concerns of trainers;
- triangulate information with others;
- agree a plan to remedy deficiencies within an identified timeframe and agree on a date to review progress with both the supervisor and trainee signing the record of agreed actions to confirm accuracy.

If a trainee wishes to talk over the issue with the FTPD or Director of Medical Education following discussion with their ES, this should always be facilitated.

Early intervention is crucial and trainees and supervisors should follow the meetings timeline contained in the [e-Portfolio](#) and arrange additional meetings if necessary.

3. More Serious Concerns (See Flow Chart p9)

More serious problems and concerns are those where there is a risk to patients, other staff or the individual trainee.

All meetings should be documented (see above) and the trainee must be kept fully informed about concerns and the action to be taken. All documentation must comply with the requirements of the Data Protection Act. *Store information securely and advise Trainees who their information will be shared with. If they object, consider their objections seriously but balance this against patient safety.* The FTPD and Director of Medical Education should be informed at an early stage as should the Trust HR department in cases where health or disciplinary measures require consideration (with referral to the Medical Director if there are governance issues), e.g. Serious Untoward Incidents. If the FTPD is concerned about a foundation doctor's health and an occupational health assessment is not immediately available, s/he should contact the HR department and FSD for urgent advice.

It is critical to decide and follow the appropriate route at this stage according to employment legislation and NHS Trust procedures and imperative that the relevant FSD is notified, in writing, when a serious concern arises and that s/he receives regular updates on progress/outcome.

The note of concern form (Appendix D) should be used for this purpose.

For all serious concerns relating to a trainee there should be an agreed and identified “LEP Case Manager” (the ES, the FTPD) whose contact details should be forwarded to the trainee and the FSD. If the concern is deemed to be serious enough to be case managed by the FSD or at Deanery level, the management will be considered at meetings of the Foundation Programme Progression Review Committee (FPPRC - Appendix E).

In most instances trainees who require supernumerary placements will have been considered and their progression monitored by the FPPRC.

4. GMC Involvement

Where serious problems (for example of probity) have occurred, the trainee’s fitness to practise may be called into question. The primary obligation is on the employing NHS Trust to arrange referral to the GMC. An ‘alert letter’ may also need to be issued to other employing organisations after discussion with the SHA Director of Public Health. Such a decision should normally only be made after consultation with the relevant FSD and London Deanery.

5. Educational Interventions for competence issues

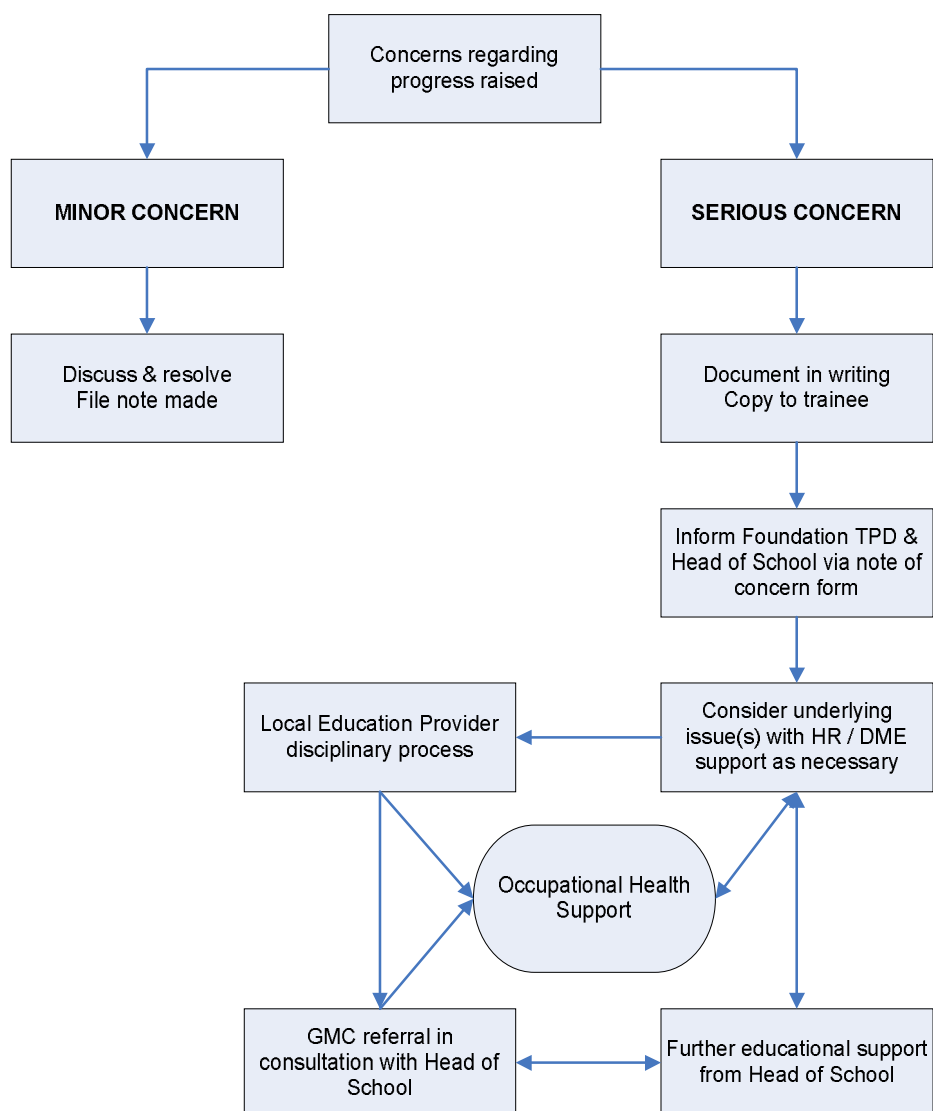
Appropriate interventions will depend on the type of problem diagnosed. The Deanery is the lead agency for educational interventions for all trainees in difficulty and may contact the National Clinical Assessment Service (NCAS) for advice. The DME/FTPD must be involved as should the relevant FSD where the problem/s seem serious or complex and careful documentation, as described above, is **vital**.

In cases where there is concern about the trainee’s clinical performance, it is the responsibility of the LEP Case Manager to delineate the grade of assessor to be used for further assessments (i.e. a consultant with appropriate experience).

6. Resources available for supporting Foundation Doctors

- a. [Mednet](#)
- b. [Communications Unit](#)
- c. [Mentoring Services](#)
- d. [Careers Unit](#)

Foundation Training Administrative Process



London Deanery Trainees in Difficulty Framework (2010)

Appendix A

LONDON DEANERY

References

[Transfer of Information between placements](#)

The purpose of this document is to define the process for transferring information between placements to be followed by ES/CS within the London Deanery and East of England Deanery who supervise FDs from the NTFS.

[Foundation Doctor Role in the Local Education Provider and Minimum Requirements for Clinical Supervision](#)

This document has been produced to:

- a) define the role and responsibilities of FDs
- b) guide LEPs on appropriate and inappropriate duties for FDs
- c) define the minimum requirements of clinical supervision for all FDs working within the London and KSS Deaneries.

[Minimum Requirements for Assessments and Assessors of Foundation Doctors](#)

All FDs are assessed by trained Assessors and satisfactory completion of assessments is one criterion for F1 and F2 sign off.

This document has the following purposes:

- a) to define the minimum requirements for assessments and Assessors of FDs
- b) to ensure that all FDs are assessed to a common standard.

Appendix B



Job description for Foundation Training Programme Director

Job Title

Foundation Training Programme Director (FTPD)

Reports to

Local Education Provider (LEP) Director of Medical Education.

Role Overview

The FTPD is responsible for the overall management and quality control of a Foundation Programme. FTPDs should be allocated the equivalent of one session of programmed activity for every 20-40 posts. S/he will work with the local lead educators to ensure that each placement of the programme and the programme as a whole meets the Deanery standard for training and that each trainee is able to access a comprehensive range of experiences which will enable them to gain the competences necessary for full registration and completion of foundation training.

Key Responsibilities

1. To manage and quality control a specified foundation training programme:
 - to work with local educators (e.g. the Director of Medical Education, Clinical Tutors) to manage and quality control a specified foundation training programme;
 - to ensure that the training programme meets the requirements of the educational contracts or agreements for foundation training;
 - to ensure that each programme and its constituent rotations have a current job plan that meets the educational aims specified for the programme and map to the *Foundation Programme Curriculum*;
 - to ensure that each placement in the programme meets the educational aims specified for the placement. This should include a clear description that outlines how the competences including the general professional competences are covered in each placement.
2. To ensure that all foundation doctors in the programme have access to suitable training, which will allow them the opportunity to achieve the requirements for satisfactory completion of F1 and the Foundation Programme.

This includes:

- providing access to suitable induction, co-ordinated generic teaching and educational supervision;
 - providing access to clinical supervision and trained assessors;
 - monitoring the attendance and performance of each foundation doctor at regular intervals and initiating remedial support for any doctor in difficulty;
 - collecting evidence about attendance and performance to corroborate the content of individual foundation doctor's e-portfolios and enable decisions about recommendations for registration and certification;
 - evaluating induction, generic teaching and supervision and to ensure it meets minimum standards.
3. To work with the LEP(s) for the effective development of a local faculty of educators capable of delivering foundation training:
- to ensure that all Educational and Clinical Supervisors have received appropriate training (including equality and diversity training) for their role as educators, supervisors and assessors;
 - to ensure that all Educational Supervisors are familiar with the require national documentation to be completed prior to full registration with the GMC, completion of foundation training and for revalidation;
 - to ensure that there is a sufficient number of trained staff able to assess foundation doctors;
 - to ensure that there is an effective method of selection and reselection of Educational and Clinical Supervisors in conjunction with the Director of Medical Education/Clinical Tutor, local HR departments and the Deanery;
 - to ensure there is a database of local educators (Educational Supervisors, Clinical Supervisors, trained assessors).
4. To work with the Foundation School Director (FSD) and faculty to ensure foundation training benefits from a co-ordinated approach:
- to liaise regularly with the FSD, Foundation School Manager (FSM) and other Foundation Training Programme Director/Tutor (FTPD/T) to ensure that best practices are shared and there is a co-ordinated approach to the development and management of foundation training programmes;
 - to attend foundation school management committee meetings (or equivalent).

Appendix C

Terms of Reference and Membership of LOCAL FACULTY GROUP (LFG)

Each NHS Trust should set up a Local Faculty Group with the following remit:

- To have mechanisms in place which allow trainees to attain the F1 competences (to satisfy GMC requirements for full registration) and the F2 competences (to achieve Foundation Programme Achievement of Competences – FACD).
- To be responsible for the delivery of foundation training, reconfiguration of programmes and quality control.
- To ensure that trainees who are failing to progress normally are managed in line with the Foundation Programme Supporting Professional Performance Guidance (2007, revised 2011) and the London Deanery Framework for the Management of Trainees in Difficulty [Trainees in Difficulty Management Framework \(2010\)](#).
- To approve sign off at the end F1 and F2. Decisions about progress should always be made by a minimum of two members of the LFG, one of whom would usually be the ES and the second the FTPD. If failure of sign up is being considered the trainee's performance must be considered by a performance review panel in line with the Reference Guide 2010.

The Local Faculty Group should meet a minimum of three times a year to coincide with the rotation dates.

The Minutes should reflect the need to maintain trainee confidentiality and all trainee-specific discussions should be recorded under Reserve Business with a copy sent only to the relevant FTPD and FS Director.

Membership

- Director of Medical Education/ Clinical Tutor (Chair)
- All FTPDs (including those based in primary care, psychiatry and the wider health care community)
- Postgraduate Education Manager/s
- Educational Supervisors who wish to attend (NB the ES should always attend if there are concerns about one of their trainees)
- A lay representative to represent patients. Appointment should be arranged by the LEP following consultation with the London Deanery.
- A Deanery representative at the discretion of the Deanery (NB The Deanery reserves the right to but would not normally attend.)

CONFIDENTIAL**NORTH THAMES FOUNDATION SCHOOLS
NOTE OF CONCERN (to be sent to the FSD)**

Trainee's Name	
GMC Number	
Foundation School	
NHS Trust	
F1/F2	
Placement	
Educational Supervisor	
Foundation Training Programme Director	
DME/Clinical Tutor	
Date of Faculty Meeting	
Faculty Present	
Nature of problem identified (include evidence) Please link to domains in GMC 'Good Medical Practice'	
Agreed Action	
Review Date	
Signed	Dated

[COPY TO BE SENT TO EDUCATIONAL SUPERVISOR FOR DISCUSSION WITH THE FD]**FSD Recommendation/s**

Deanery Action – Reported to FPPRC**Chair's recommendation**



Foundation Programme Progression Review Committee

Terms of Reference*

To ensure that trainee support processes are consistent with the Foundation Supporting Professional Guidance and London Deanery Trainee in Difficulty Framework

To ensure that the mechanisms established to monitor trainee performance are identifying trainees at risk in Trust and community settings

To share good practice in relation to trainee support

To review trainees

- training flexibly (for reasons of health)
- receiving exceptional training funding
- granted Time out of Training on academic, health or personal grounds
- admitted via the special circumstances route

To receive annual reports and usage data on Foundation Doctor use of the Deanery support mechanisms (MEDNeT, Careers, Communications Skills, Coaching and Mentoring)

To receive updates on Faculty Development Trainee in Difficulty Trust work.

Constitution and Membership

Interim Dean for Foundation
Head of Medical Workforce
Assistant Director of NWTFS
Director of NETFS
Director of NCTFS
Director of East Anglia FS
General Practice
Careers
Communications Support Unit/Mentoring*
HR/Medical Staffing representative
TiD Trust Trainer
NETFS Manager
NCTFS Manager
NWTFS Manager
Foundation Programme Manager
MWF Trainee in Difficulty Manager
Foundation Programme Officer

Frequency of Meetings

The Committee will normally meet a minimum of four times per year and report to the London Foundation Training Board

* Provisional and subject to review for 2011-12

** Appointment of a lay representative under consideration