

Special Measures guide for healthcare scientist training in NHS Scotland

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A.	Scope
A.01	These principles outline NES Healthcare Science approach to Special Measures in cases where either trainees, supervisors or training departments cannot demonstrate satisfactory attainment or maintenance of training standards.
A.02	<p>Two primary objectives of these principles are to:</p> <p style="padding-left: 40px;">A.2.1 ensure patient safety, both in the immediate practice placement and later likely performance of an individual whose training experience has been compromised.</p> <p style="padding-left: 40px;">A.2.2 ensure progression, both for the well-being of the individual trainee and the return on investment of public funds in NHS training.</p>
A.03	<p>These Special Measures principles cover, in Scotland,</p> <p style="padding-left: 40px;">A.2.1 postgraduate scientist trainees, their supervisors and host Departments in receipt of support from NES Healthcare Science</p> <p style="padding-left: 40px;">A.2.2 other HCS trainees, supervisors and host departments in receipt of support from NES Healthcare Science</p>

B.	Format
B.01	<p>Outlined in section C are the Special Measures principles applied when persistent below-threshold attainment of training standards occurs. The principles are arranged in order:</p> <p style="padding-left: 40px;">Trainees in difficulty, Supervisor performance / availability, Department-level concerns.</p> <p style="padding-left: 40px;">With each referencing</p> <p style="padding-left: 40px;">Adverse indicators, Root cause, Special measure: action / remediation / outcome</p>
B.02	<p>Outlined in Section D is the Fair-Process sequence underpinning these Special Measures.</p>

C.	Trainees in difficulty
C.01	Learning objectives not met / sub-standard scientific performance / gaps in knowledge
GUIDE	<p>Adverse indicators The trainee fails to understand or grasp concepts, cannot explain key principles, lacks confidence or familiarity with the subject / task / competences – all leading to errors, miscalculation and / or clinical hazard.</p> <p>Root cause Below threshold attainment may be related to teaching and learning styles, motivation or personal factors outside the immediate training programme all interfering the with trainee’s capacity to learn.</p> <p>Supervisors may wish to consider the performance of similar calibre trainees / cohorts as a proxy for whether there is a fundamental inability to understand key concepts by the trainee. Care should be taken in drawing this conclusion too early in the process and prior to eliminating other external causes.</p> <p>Special measure: Action / remediation / outcome Root cause should be identified at the earliest opportunity. A documented conversation – (perhaps an email record or formal letter) - should be agreed between the trainee and supervisor setting out clear actions and attainment targets. Failure to document properly can cause major difficulties should matters escalate.</p> <p>In cases of a very serious shortcoming, parties may agree an additional assessor / witness to participate in any review of progress.</p>

ACTION	<p>Consequence Persistent failure to meet learning outcomes will ultimately lead to an inability to satisfactorily complete the programme and practise beyond a minimum threshold to ensure safety. This must be made clear at the outset.</p> <p>NES-supported supernumerary trainees will be offered reasonable extensions to training, decided on a case-by-case basis, provided those concerned have an agreed training plan / course of remediation. Such extensions will not be indefinite and will cease where the evidence indicates little prospect of improvement.</p> <p>Persistent under-achievement in learning objectives will ultimately result in removal from the training programme.</p>
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C.	Trainees in difficulty
C.02	Conduct / attitude / social skills limit progression
GUIDE	<p>Adverse indicators Trainees may exhibit traits such as shyness, lack of confidence, be prone to panic or conversely be overly-confident, blind to risk, behave with insensitivity or have a hostile demeanour. Any of these can interfere with safe practise, irrespective of the attainment of learning outcomes. Such poor conduct, however manifest, can unsettle patients and colleagues - raising stress unnecessarily – and set up the potential for error and harm.</p> <p>A key indicator may be the nature and tenor of the trainee and supervisor relationship. Overt hostility between these parties is a serious matter and may reflect trainee interactions with others. Equally, a supervisor’s perspective may be limited to a one-to-one encounter and require opinion from colleagues with whom the trainee is working.</p> <p>Root cause Supervisors should reflect on how they appear to a trainee with poor conduct prior to embarking on a careful exploration of why the conduct is potentially jeopardising progression. Empathy is key: the trainee should be encouraged to consider how they appear to others. Parties should seek an honest and respectful conversation that acknowledges and then teases out the cause of poor conduct.</p> <p>Special measure: action / remediation / outcome It is not the purpose of a training programme to change or shape an individual’s character – the supervisor and employer is not entitled to do this, and such an attempt is likely to be counterproductive.</p>

	<p>In cases where performance is limited by shyness, lack of confidence or panic, then reasonable accommodation should be explored. Confidence building measures – for example rehearsal in public speaking, in standard operating procedures or specific responsibility and support for achieving a goal as part of the team. The trainee should be made aware that managing their anxiety is essential to progression and should be interpreted as a training opportunity in fulfilment of professional conduct.</p> <p>In cases where performance is limited by hostile or abrupt interactions with others, over-confidence or risk-blindness then the supervisor is entitled to require standards of behaviour appropriate to safe professional practice that does not interfere with clear communication between patient, colleagues and the trainee. The trainee should acknowledge that their measured and careful behaviour instils in others confidence that the procedure being undertaken is in safe-hands. The supervisor should be alert to cultural differences that may have a bearing on the situation. The trainee should be made aware that managing their conduct is essential to progression.</p> <p>In all cases, a documented conversation – (perhaps an email record or formal letter) - should be agreed between the trainee and supervisor setting out clear actions and attainment targets. Failure to document properly can cause major difficulties should matters escalate.</p> <p>In cases where supervisor – trainee relations cannot be satisfactorily resolved, then internal resolution should sought with local peers and / or HR. NES-supported supernumerary trainees will be offered reasonable accommodation, for example facilitation of an alternative training supervisor decided on a case-by-case basis, provided those concerned have an agreed training plan / course of remediation. Such interventions are very rare and will not be explored where the evidence indicates little prospect of improvement.</p>
<p>ACTION</p>	<p>Consequence Persistent poor conduct that remains evident is a professional practice matter and will ultimately result in removal from the training programme.</p>

C.	Trainees in difficulty
C.03	Health / personal well-being limit progression
GUIDE	<p>Adverse indicators. Trainees may have overt or hidden mental and physical health issues. There may be worry and anxiety at the wellbeing of family and friends. A trainee may be isolated socially. These may be manifest by poor performance and attainment, behaviour at work with others, a detachment, attendance issues or general lack of motivation. Principal supervisors may observe first-hand problems and / or be alerted by colleagues / other trainees. In these circumstances, the trainee may pose a clinical risk.</p> <p>Root cause, All trainees should have a principal supervisor capable of offering pastoral support. In exploring why the trainee is in difficulty, the starting point should be the evidence of poor performance and safety of all concerned. Care should be taken in citing second-hand evidence. In asking “why” performance is poor, the trainee should volunteer private or sensitive matters – not feel obliged or under pressure to do so. Recourse to Occupational Health and HR should be offered if the supervisor suspects a deeper health / well-being issue. Great emphasis should be placed on confidentiality to reassure the trainee and assist with identifying cause and finding a way forward.</p> <p>Action / remediation / outcome Trainees affected by health and well-being matters may require a period of being Out-of-Programme. This catch-all measure is designed to satisfy a range of situations and goes beyond trainees-in-difficulty; for example, able-performing trainees who require maternity leave. Out-of-Programme should be the first line response where serious health and well-being matters have compromised training goals. An indicative time scale for return to training should be agreed. Such measures will involve local HR.</p> <p>NES-supported supernumerary trainees will be offered reasonable extensions to training, with review at the end of the period of Out-of-Programme.</p>
ACTION	<p>Consequence When local solutions, including Out-of-programme, do not resolve the underlying impact on training attainment, then – in the interests of safety – the trainee will be removed from the training programme.</p>

C.	Supervisor performance and/or availability
C.04	
GUIDE	<p>Adverse indicators, The level and effectiveness of supervision of a trainee will have a bearing on attainment of training goals. However, a supervisor’s attentiveness must be set in proportion to the grade of trainee, the relative expectation of a trainee’s self-directed learning and their ability to self-organise - particularly at postgraduate-level and beyond.</p> <p>A supervisor who appears unconcerned, insensitive, unprepared or unavailable to the trainee may result in complaint to others unconnected with the training or to line management. Colleagues and peers may also raise concerns. Unless the boundaries and purpose of supervision are clarified at the outset, then perceptions over supervisor involvement or capability can be cited by trainees for failing to meet training objectives.</p> <p>A trainee may feel adrift, undirected, unsure of the next step or purpose of the programme. Lack of attainment may fuel perceptions of indifference or insufficient supporting action by a supervisor. The impact on clinical safety must be emphasised: supervisor performance can cascade into error and harm.</p> <p>Root cause A supervisor’s capability, including personal demeanour, may be a limiting factor. Teaching, mentoring and supervision all require empathy, patience and flexibility of approach. Scientific skill in a particular speciality is not in itself qualification to supervise effectively.</p> <p>The availability of a supervisor is critical. Trainees will drift without the reassurance that concerned oversight of their progress is in place.</p> <p>Action / remediation / outcome Supervisor preparedness is essential. Supervisors should understand the components of training such as learning outcomes and stages of progression, and their contribution to it.</p> <p>Peer review of supervisor performance is a useful tool and can be instituted locally with colleagues. More broadly, supervisor training, such as train-the-trainer, can help build confidence in those non-scientific areas that underpin good supervision practice. Such preparation is highly recommended.</p> <p>For NES supported trainees, and where individual supervisor concerns cannot be readily addressed, then NES will facilitate alternative supervisory cover. Such interventions are very rare and will only be explored where the evidence indicates local circumstances have been unable to resolve matters.</p>

ACTION	<p>Consequence Where there is evidence of ongoing individual poor supervisory performance, despite attempts to remediate, then alternative supervisory arrangements must be made. The trainee must be given fair and reasonable support – consistent with their own peers in other centres.</p>
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C.	Departmental level concerns
C.05	
GUIDE	<p>Adverse indicators Training centres and departments are expected to be ready to receive trainees, and give reasonable support to those acting in a supervisory capacity. This applies to host departments (the trainee’s base) and those secondary units offering acquaintanceships / rotations. Authors of training posts must ready the system to provide all elements of the training.</p> <p>The risk of error and harm are raised where a department and its key staff offers neither the time nor space for a trainee, or where the presence of that trainee is construed as an imposition or irrelevance.</p> <p>Where training schemes are new or there has been no placement of a trainee in the setting previously, a department may be unsure of purpose or mutual benefit. These uncertainties may be manifest as abandonment of the trainee, boredom, feelings by the trainee of little or no useful feedback, unpreparedness of the training centre or resentment from key staff requested to support the training. These feelings may result in complaint to the principal supervisor, appeal to the head of service or to NES, lack of attainment and failure of specific modules.</p> <p>Root cause Fundamental is the willingness and understanding at a department-level of the purpose and capacity to support that element of training. An understanding as to why there is a failure in this respect is essential so as to establish better ways of communication and working.</p> <p>An understanding of the mutual benefit and a future quid pro quo in supporting trainees who are not from the department’s immediate specialty should be explored.</p> <p>Action / remediation / outcome In cases where a department simply does not have the capacity to support a trainee placement at that time, then an alternative timescale</p>

	<p>should be explored. Alternatively, consideration should be given to an attachment to an substitute base to acquire the necessary learning. This may be necessary for highly specialist units with perhaps only one or two trained staff who are temporarily unavailable. Clear understanding needs to be established as to why the placement could not proceed as planned.</p> <p>Resistance or obstruction of training is generally symptomatic of a key individual's disposition, but can it manifest itself as a Department's culture. For NES-supported trainees, an honest-broker approach is preferred, starting with supervisor, trainee, the department and – if required - NES acting as a facilitator of dialogue.</p>
ACTION	<p>Consequence For NES supported trainees, and where departmental concerns cannot be readily addressed, then NES and principal supervisor or scheme lead will facilitate alternatives. Such interventions are very rare and will only be explored where the evidence indicates local options have been unable to resolve matters.</p> <p>The trainee must be given fair and reasonable support – consistent with their own peers in other centres.</p>

D.	NES Healthcare Science Special Measures principles
D.01	Sequence of action
GUIDE	<p>Fair process Processes that are transparent, clearly communicated and adhered to are respected and effective.</p> <p>In managing situations causing poor training performance there should be a clear approach to, and record of,</p> <ul style="list-style-type: none"> • assessments; • documentation, • agreed actions with timescales and accountability, • any outcomes <p>In all cases, a documented conversation – (perhaps an email record or formal letter) - should be agreed between the trainee and supervisor setting out these clear actions and attainment targets. Failure to document properly can cause major difficulties should matters escalate.</p> <p>A trainee has reasonable right of appeal according to local HR rules. Similarly, a training commissioner such as NES has authority to intervene where practicable as an external authority to try and ameliorate a position.</p> <p>Only in extreme cases will training be terminated when, for whatever reason, there is no prospect of training targets being attained and a real risk to clinical safety is evident should the individual progress.</p> <p>Targeted training, remediation and timely reminders of supervisor / departmental liability in securing safe practice from their trainees form part of these Special Measures.</p>