

## Visit Report on St George's UNic Foundation training programme

The St George's University of London and University of Nicosia Foundation year one programme was established in 2017. This was our first visit to quality-assure the postgraduate medical education and training programme, based at Limassol General Hospital, Cyprus.

Our visits check that organisations are complying with the standards and requirements as set out in [Promoting Excellence: Standards for medical education and training](#). This visit uses a risk-based approach. For more information on this approach see <http://www.gmc-uk.org/education/13707.asp>

<b>Education provider</b>	St George's University of London and the University of Nicosia Medical School
<b>Sites visited</b>	Limassol General Hospital
<b>Programmes</b>	Foundation - year one (F1)
<b>Date of visit</b>	26 February 2018
<b>Were any serious concerns identified?</b>	No serious concerns were identified on this visit.
<b>Key points to note:</b>	<p>The foundation year one programme was created in 2017 for twelve graduates from the St George's University of London medical degree programme delivered by the University of Nicosia. This programme was designed to allow them full registration with the GMC.</p> <p>This programme of training was approved for one academic year in July 2017. It is delivered at Limassol General Hospital, and is managed by the University of Nicosia (UNic) in conjunction with the Cyprus Ministry of Health. This is under the supervision of St George's University of London (SGUL) Medical School and the responsibility of the London and South East Local Education and Training Board</p>

via the Health Education England South London Local Office, which oversees foundation training in South London.

After starting in September 2017, the programme has developed quickly and the team have made significant efforts to put the programme together, to prepare teaching staff and to find ways to support graduates to complete their basic medical training through this programme.

The future progression of this cohort remains unclear; the trainees will have completed eleven months of this programme in August, when foundation year two (F2) programmes generally begin. This falls short of the twelve months required for full GMC registration and a licence to practise; both are necessary to progress to F2. It is likely that they will not be eligible to apply for F2 stand-alone posts in 2018.

There are plans to continue to deliver this programme, but we have identified a number of areas that require improvement if the programme is to be sustainable.

## Findings

The findings below reflect evidence gathered in advance of and during our visit, mapped to our standards.

Please note that not every requirement within *Promoting Excellence* is addressed. We report on 'exceptions', e.g. where things are working particularly well or where there is a risk that standards may not be met.

### Areas that are working well

We note areas where we have found that not only our standards are met, but they are well embedded.

Number	Theme	Areas that are working well
1	Theme 1 (S1.2)	There is significant support given to the foundation doctors. We observed a culture of learning embedded into the programme at all levels; there is well recognised protected teaching time, bedside teaching, and opportunities for foundation doctors to teach the undergraduate students.

2	Theme 5 (R5.9)	The value-added learning opportunities were possible because of a good balance of service delivery and education; such as experience in clinics, theatres, and following patients on their journey through the hospital.
3	Theme 1 (R1.8)	The clinical supervision and team structure; foundation doctors always know who to contact about their patient and can escalate accordingly and safely.

**Area working well 1: There is significant support given to the foundation doctors. We observed a culture of learning embedded into the programme at all levels; there is well recognised protected teaching time, bedside teaching, and opportunities for foundation doctors to teach the undergraduate students.**

- 1 We observed a positive work culture, with protected time for teaching, and spoke with foundation doctors who felt well supported in their role. The foundation programme is in its first year. As the first programme of its kind in Cyprus, it is evident that both the staff involved in delivery of the programme and the foundation doctors are committed to its successful implementation.
- 2 Our visit occurred at the end of the foundation doctors' first six month rotation; we heard that they had been given clinical duties in a stepwise approach, with the first week spent attached to a resident to understand what they would take on. Foundation doctors are well supervised, either by a resident or a consultant. There are twelve doctors on the foundation programme, based at the public Limassol General Hospital which has 410 beds and provides care for local populations. Due to the relatively small size of the group, the foundation doctors communicate with their clinical supervisors on a daily basis, which allows for regular informal feedback on their progress. All educational supervisors have met with their trainees and are in regular contact with them.
- 3 Despite the uncertainty regarding their immediate future progression, foundation doctors told us that they feel well supported with career advice and pastoral support. Trainees are able to access occupational health and counselling services and also utilise the University's student support facilities. We heard that the director of postgraduate clinical training and the associate director of the South Thames Foundation School have offered careers advice sessions for the trainees to take up, offering guidance on entry to F2 specifically. Trainees also receive informal careers advice from their clinical supervisors and those involved with their training, and more formally they receive emails from the university with case studies of clinicians and their career paths.
- 4 In clinical practice, trainees are always able to access more senior doctors for clinical advice. No trainees had been asked to work beyond their competence level, or had been asked to consent patients. The trainers are experienced educators and

supervisors and have been teaching Penultimate and Final year (P&F) medical students on placement from UNic for a number of years, and supervise Cyprus pre-registration doctors. These supervisors have received training sessions on the UK foundation programme, have been introduced to UK platforms such as the e-portfolio, had teaching skills training, and have been able to access continued support and training sessions throughout the year. Teaching time is included in the clinical rota, there is bedside teaching, and there are opportunities for trainees to hold discussions with supervisors after their ward rounds. All trainees are able to access the weekly foundation bleep-free teaching time.

- 5 Because of the close working relationship between supervisors and trainees, we heard that concerns can be dealt with quickly and efficiently. For example, there were some initial tensions between the nursing staff and the trainees around responsibility for clinical duties. We heard that this was dealt with by the clinical supervisors and that as the trainees' new role within the hospital has matured, the trainees have developed very good working relationships with all staff as the staff have become more familiar with the role of the foundation trainees. The improved working relationship was noted by HEE South London in their most recent quality review visit.
- 6 In our meeting with the clinical supervisors, we heard that the foundation doctors are a welcome addition to the hospital. Supervisors value their enthusiasm and their contribution to the clinical team, particularly in teaching the P&F year medical students on placement at Limassol General.

**Area working well 2: The value-added learning opportunities utilised in balance of service delivery and education; such as experience in clinics, theatres, and following patients on their journey through the hospital.**

- 7 The postgraduate clinical trainees' programme is split into two six-month blocks in general internal medicine and general surgery. The balance within the programme is more towards educational achievement than service delivery. Foundation doctors are encouraged to seek out opportunities to gain more clinical exposure. Trainees are able to follow patients on their journey from A&E to ward admission, and also gain experience in clinical skills that are unusual at foundation year one, such as lumbar punctures, ultrasound for breast and liver examination, abdominal and chest drain insertion, and long line insertion. Trainees in general surgery are regularly in surgery 2-3 times a week. The recent HEE quality review visit found that many trainees are developing plans to undertake 'taster' experiences in clinical specialties they have an interest in including orthopaedic surgery, cardiology and obstetrics and gynaecology.

**Area working well 3: The clinical supervision and team structure; foundation doctors know who to contact about their patient and can escalate accordingly and safely.**

- 8 Foundation doctors are well supervised. Foundation doctors, both on our visit and in the postgraduate training survey, noted that the residents and consultants are present at ward rounds every day and are always available; there is easy access to consultants (they have offices on the ward and are present 7-30am to 3pm, 10pm

when on call) and residents as well as other healthcare professionals. If trainees are on call, they are paired with a resident. The foundation doctors work closely with the specialty trainees, allowing for further clinical exposure. All trainees had a structured initial meeting with both their clinical and educational supervisor within their first month on rotation.

- 9 The foundation doctors are involved in the formal handover with staff in the morning and evening. The small cohort of trainees has brought with it informality and good working relationships; trainees told us they can easily raise issues and would feel comfortable raising concerns with residents or their supervisors, and receive informal feedback on anything raised. There are more formal protocols in place, some available online and others in hard copy form and easily accessible to all on the wards.

## Requirements

We set requirements where we have found that our standards are not being met. Each requirement is:

- targeted
- outlines which part of the standard is not being met
- mapped to evidence gathered during the visit.

We will monitor each organisation's response and will expect evidence that progress is being made.

Number	Theme	Requirements
1	Theme 2 (R2.1)	The responsibilities and contributions of the different bodies involved in the management of the programme must be formalised, in particular with HEE South London, and the responsibility for ARCP sign-off needs to be clarified.
2	Theme 3 (R3.14)	The programme must ensure there are routes for remediation for trainees who receive an ARCP outcome 3.
3	Theme 2 (S2.10)	The governance systems work well for the current scale of the programme but if the parameters of the programme change, all governance arrangements must be sufficiently resilient and sustainable.

4	Theme 5 (R5.9)	The balance of education and delivery of service available to the trainees must be closely monitored to ensure that they have adequate exposure to clinical decision making and working at an F1 level.
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**Requirement 1: The responsibilities and contributions of the different bodies involved in the management of the programme must be formalised, in particular with HEE South London, and the responsibility for ARCP sign-off needs to be clarified.**

- 10** Before our visit, we received a letter of correspondence from the University of Nicosia which set out the bodies involved in the management of the programme: The Cyprus Foundation Programme is managed by the University of Nicosia in conjunction with the Cyprus Ministry of Health. The programme is quality managed by the University of Nicosia. Externality for quality management and ARCPs is provided by the associate director who has undertaken two quality review visits this year on behalf of Health Education England South London (HEE SL). We heard that any recommendations are acted on by the Programme Board. The Postgraduate Dean for HEESL will be responsible for submitting the documents for completion of Foundation training to SGUL as part of SGUL's responsibility for recommendation for full registration.
- 11** These quality management relationships have been outlined and agreed by email, but there is no formal and binding agreement. For example, we heard there is no memorandum of understanding between HEE SL and UNic and responsibilities and relationships are largely delegated to named individuals. This lack of rigour does not consider what might happen when these individuals are no longer in post and the risk needs to be mitigated by creating relevant formal documentation.
- 12** In our correspondence to the school in July 2017, we noted that reliance on the leadership of a single experienced individual is a key risk for the programme and a contingency plan must be developed in the event that the director of postgraduate clinical training is unable to lead the programme within this academic year (or beyond if they wished to extend the approval). We also noted that, when it came to ARCP sign-off, it was not clear precisely which individuals will be involved in which steps. We did not see any formal outline of responsibilities of those involved in the management of the programme, in particular with HEE SL and those involved with ARCP signoff, nor did we see an updated risk register that includes measures for mitigation for the departure of key individuals.

**Requirement 2: The programme must ensure there are routes for remediation for trainees who receive an ARCP outcome 3.**

- 13** The Annual Review of Competence Progression (ARCP) is a process that provides a formal and structured review of evidence to monitor a doctor's progress throughout

each stage of medical training. Every F1 doctor's e-portfolio is subject to ARCP review by a panel which recommends an ARCP outcome. An ARCP outcome 3 is a judgment that the trainee has made inadequate progress and additional training time is required.

- 14 In our correspondence to the school in July 2017, we wrote that we would expect to see the safeguards the programme has in place are working to ensure that no doctor who has failed to meet the requirements of the curriculum and assessment system, including the outcomes for provisionally registered doctors is given an inappropriate ARCP outcome or a Certification of Experience.
- 15 In our meeting with the foundation programme team, we heard that at the time of the visit the programme only had limited plans for remedial training and for the extension of the programme for any trainees, if needed (but this was because at that stage approval had only been granted for 12 months). As the current programme would not be able to offer a rotation in another clinical area it must ensure there are routes for remediation for trainees who receive an ARCP outcome 3.

**Requirement 3: The governance systems work well for the current scale of the programme, but if the parameters of the programme change, any governance arrangements must be sufficiently resilient and sustainable.**

- 16 Trainees have constant access to the programme leads and due to the small cohort size issues can be picked up on quickly and acted upon. We heard that any concerns are passed to the associate director of the programme either directly from students, or from their clinical supervisors. For example, a concern was raised regarding the use of surgical scrubs outside of the theatre environment. HEE SL reported that this was resolved with all surgical trainees being issued with scrubs to wear in the ward environment, with laundry arrangements and fresh scrubs always available for use in the theatres.
- 17 The programme does have formal governance systems in place, such as trainee representatives, but given the current small scale of the programme we heard that they are almost unnecessary. However, we were concerned that there was no real formal governance in place for clinical supervisors if there is an issue with a trainee. If the programme continues and increases in scale, we are concerned that this direct link between trainees and programme leads will be lost. We are also concerned about the absence of clarity regarding the process for recording and escalating concerns. We feel strongly, therefore, that governance systems must be sufficiently resilient and sustainable to adapt to change.
- 18 The language barrier in communicating with patients and their families may be an issue and we were not assured that there are measures in place to deal with this. As proficiency in Greek is a requirement for registration with the Cyprus Medical Council, we would expect a programme to have a written policy in place that is communicated to doctors before the start of placements and demonstrably followed if a problem

arises. We heard from all groups interviewed that at the beginning of the course the language barrier was an issue, and that nurses had played a key role in helping the foundation doctors with translations. However, we did not see evidence of a formal policy on our visit and would encourage the school to review this to provide support for the trainees, trainers and to enhance patient safety.

**Requirement 4: The balance of education and delivery of service available to the trainees must be closely monitored to ensure that they have an adequate exposure to clinical decision making and working at an F1 level.**

- 19 On our visit, we asked about the trainees’ responsibilities for patient care with all groups interviewed. We heard details of the typical format for a trainee’s day in which the trainees work as part of the clinical team, under a consultant. Normally, when not on call, they have responsibility for eight beds. Trainees will be on call between five and six times a month. In general surgery, the foundation doctors told us that when on call, they will always see a patient together with a resident. Trainees are not necessarily the first point of call for emergency admissions. Once a week, they are able to attend three hours of teaching. All trainees are part of the cardiac arrest team and will have completed their Advanced Life Support training course by the end of their F1 year.
  
- 20 The foundation programme guide states that the outcome for F1 is to enable medical graduates to begin to take supervised responsibility for patient care and consolidate the skills that they have learned at medical school. Whilst we commend the education that the foundation doctors are receiving, the visit team expressed concern as to whether the trainees are receiving the equivalence of sufficient experience, particularly in making clinical decisions and responsibility for patient care, to F1 doctors training in the NHS in the UK. The programme must monitor the work of the trainees to ensure that they have the equivalent level of clinical decision making as trainees in the UK.

**Recommendations**

We set recommendations where we have found areas for improvement related to our standards. They highlight areas an organisation should address to improve, in line with best practice.

Number	Theme	Recommendations
1	Theme 5 (S5.2)	The PGDip is a significant workload and may be burdensome for trainees. The programme should closely monitor this and look for potential alternatives to address the identified problem that led to this being adopted as part of the Foundation Doctors’ training programme.

2	Theme 5 (R5.9)	The programme should consider opportunities for rotations of different length, in different specialties (e.g. T&O, O&G) in order to expand the clinical experience.
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**Recommendation 1: The PGDip is a significant workload and may be burdensome for trainees. The programme should closely monitor this and look for potential alternatives to address the identified problem that led to this being adopted as part of the Foundation Doctors' training programme.**

- 21 We are concerned about the potential lack of exposure to the same variety of specialties as in the UK as currently the F1 trainees only have exposure to medicine and surgery whereas most foundation programmes cover more than just these two specialties.
- 22 The foundation programme trainees must undertake a Postgraduate Diploma in Family Medicine which covers aspects of the UK foundation programme's syllabus in which those specific training outcomes will be met. This is delivered through a blended learning PGDip in Family Medicine. The foundation programme team estimates that this additional study takes up approximately eight hours each week but there is inevitably some cross-over between what is taught in the blended learning programme and in the clinical environment. For example, we heard that, currently, palliative care is not a specialty in Cyprus so the foundation programme team have had to work with the trainees on how they can demonstrate this through working with patients at end of life.
- 23 Trainees are also undertaking intensive Greek language lessons in order to converse with both patients and colleagues.
- 24 We found the PGDip to be burdensome to trainees in addition to their full-time workload on the F1 programme. The foundation programme team told us that the trainees do not seem to have a problem with the workload, and that all trainees have submitted the portfolio requirement. The trainees we spoke to told us that the course requires a lot of personal effort, that their afternoons are spent reviewing their work for the PGDip and they feel that the onus is on them to tell the school if they are struggling with their workload. Although the school told us that they work with those who are not meeting programme and assessment requirements and offer academic mentoring, we encourage the school to monitor workload and consider that if the programme continues, alternative ways should be identified to address the fundamental problem that led to this solution being adopted.

**Recommendation 2: The programme should consider opportunities for rotations of different length, in different specialties (e.g. T&O, O&G) in order to expand the clinical experience.**

- 25 The foundation programme curriculum advises that placements for trainees must last a minimum of four months. The programme aims to provide foundation doctors with

a variety of hospital, community and academic workplace experience during their foundation programme in order to inform career choice.

- 26** The trainees' programme based at Limassol General Hospital is split into two six-month blocks in in the broad specialties of general internal medicine and general surgery. This includes emergency medicine and intensive care.
- 27** The foundation doctors we spoke to have a desire to rotate more frequently in order to be exposed to more clinical environments. We heard that the clinical experience became less challenging and offered fewer opportunities for learning towards the end of the six-month rotation.
- 28** The programme should consider rotations in other specialties at the hospital to broaden the trainees' clinical experience.

<b>Team leader</b>	Professor Mairi Scott
<b>Visitors</b>	Dr Kim Walker, Dr George Smith
<b>GMC staff</b>	Jessica Lichtenstein, Lindsay Bradley
<b>Evidence base</b>	<p>F1 overseas - SGUL position - June2017</p> <p>UKFPO confirmation</p> <p>ARCP Operational Guidance UNic</p> <p>Student Training Agreement MoH UNic LGH 29052015</p> <p>Placement Details template 2017-18</p> <p>UKFPO Syllabus Mapping 2017-18 v2</p> <p>201707 - Letter to University of Nicosia on Basic Medical Education in the UK - legal review</p> <p>20170718 SGUL Cyprus Programme for Provisionally Registered Doctors</p> <p>20170719 - Letter to University of Nicosia on Basic Medical Education in the UK - Final</p> <p>Response to GMC 26 June 2017</p> <p>SGUL Cyprus Programme for Provisionally Registered Doctors Response 9 June 2017</p> <p>Sample Trainee Rotas</p> <p>Managing Trainees in Difficulty v1</p> <p>Training – Supervisors</p> <p>ARCP Operational Guidance UNic v2</p> <p>Training - Postgraduate Clinical Trainees</p> <p>Trainee expected roles</p> <p>Postgraduate Clinical Training Programme Handbook Trainees</p> <p>Placement Details</p> <p>PgCTP PE evidence update 130218</p> <p>PgCTP Trainee Feedback Sept Oct 2017</p> <p>Dr Cottee Pre visit questionnaire results January 2018</p> <p>Quality Review ONSITE VISIT REPORT_Cyprus_Oct 2017</p> <p>Quality Review ONSITE VISIT REPORT_Cyprus_Jan 2018</p>

## Acknowledgement

We would like to thank Limassol General Hospital, the University of Nicosia and all those we met during the visits for their cooperation and willingness to share their learning and experiences.



6<sup>th</sup> June 2018

Jane MacPherson  
Education Quality Assurance Programme Manager  
General Medical Council  
Regents Place, 350 Euston Road  
London NW1 3JN

Dear Jane

**Re: GMC Quality Assurance of St George's UNic Foundation Programme – Response to Report**

We wish to thank the GMC review panel for the time spent during their visit to Cyprus on Monday 26<sup>th</sup> February 2018 and the subsequent report setting out the findings from the visit. We are pleased to note, in Mr Martin Hart's letter of 2<sup>nd</sup> May 2018, that approval to deliver the programme for a further year has been granted.

We were also pleased that the panel identified three areas that are working well: the levels of support given to the trainees; the additional learning opportunities that they can access; and the structures for supervision.

With regard to the four requirements and two recommendations set, please find on the following pages further details relating to these items. We have also included some comments on other areas of the report for clarification.

We will be happy to provide any supplementary information as required. In the meantime, we will submit a comprehensive update on our progress on the requirements and recommendations set out in the report in September 2018, as per Mr Hart's request.

Best wishes

Professor Peter McCrorie  
Postgraduate Clinical Training Programme  
Development Chair

Professor Jacky Hayden  
Postgraduate Clinical Training Programme  
Director

## **Response to GMC Report Requirements**

**1. The responsibilities and contributions of the different bodies involved in the management of the programme must be formalised, in particular with HEE South London, and the responsibility for ARCP sign-off needs to be clarified.**

And,

**3. The governance systems work well for the current scale of the programme but if the parameters of the programme change, all governance arrangements must be sufficiently resilient and sustainable.**

(Paragraphs 10-12 and 16-18 respectively)

The first and third requirements relate to the governance of the programme and the robust structures that need to be demonstrated. Since the review visit, meetings have taken place with colleagues at HEE South London to discuss any necessary revisions to the governance arrangements.

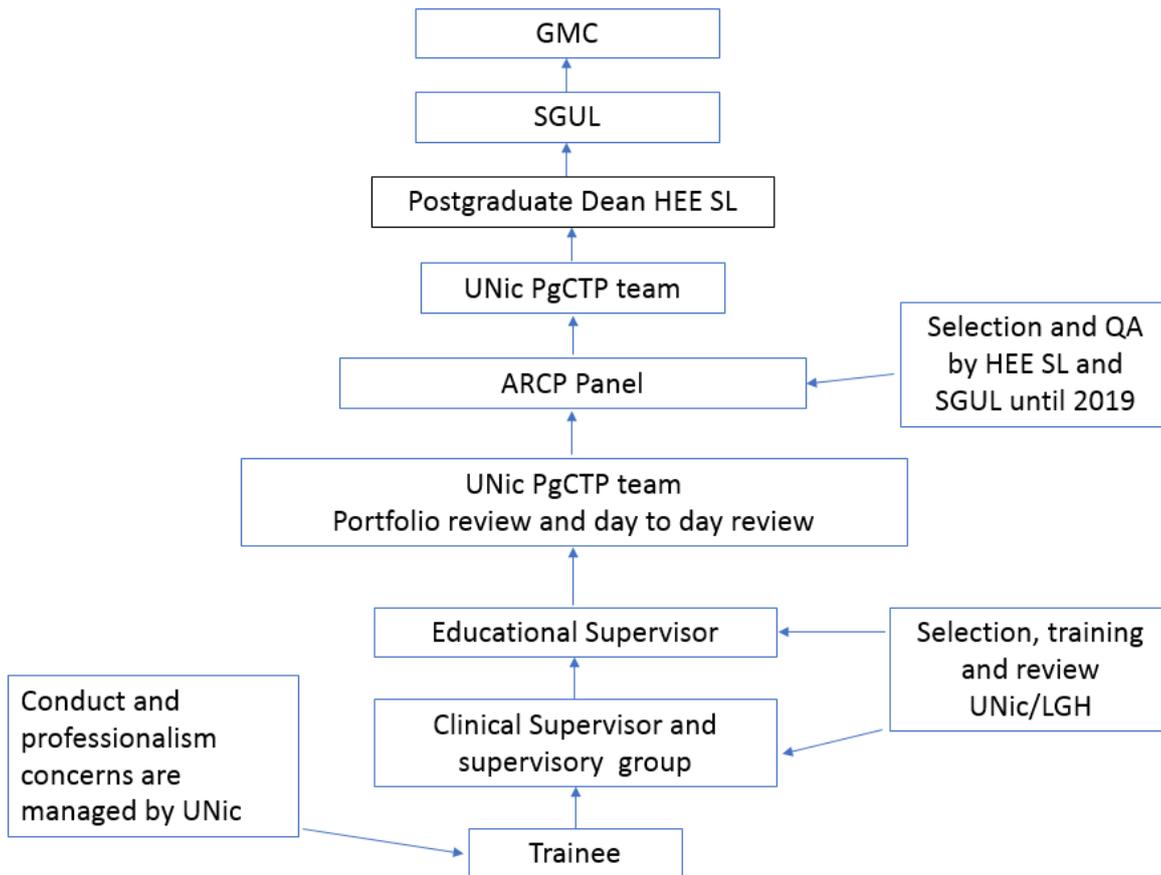
Whilst the discussions are ongoing, significant progress has been made to ensure that formal documentation will be in place prior to commencing the 2018-19 delivery of the training programme at the end of July.

The current governance arrangements are summarised on the next pages.

With regard to dealing with any trainee facing difficulty (paragraph 17), a formal process for escalating concerns is in place and has been communicated to all Educational and Clinical Supervisors. This is provided on pages 5 to 11.

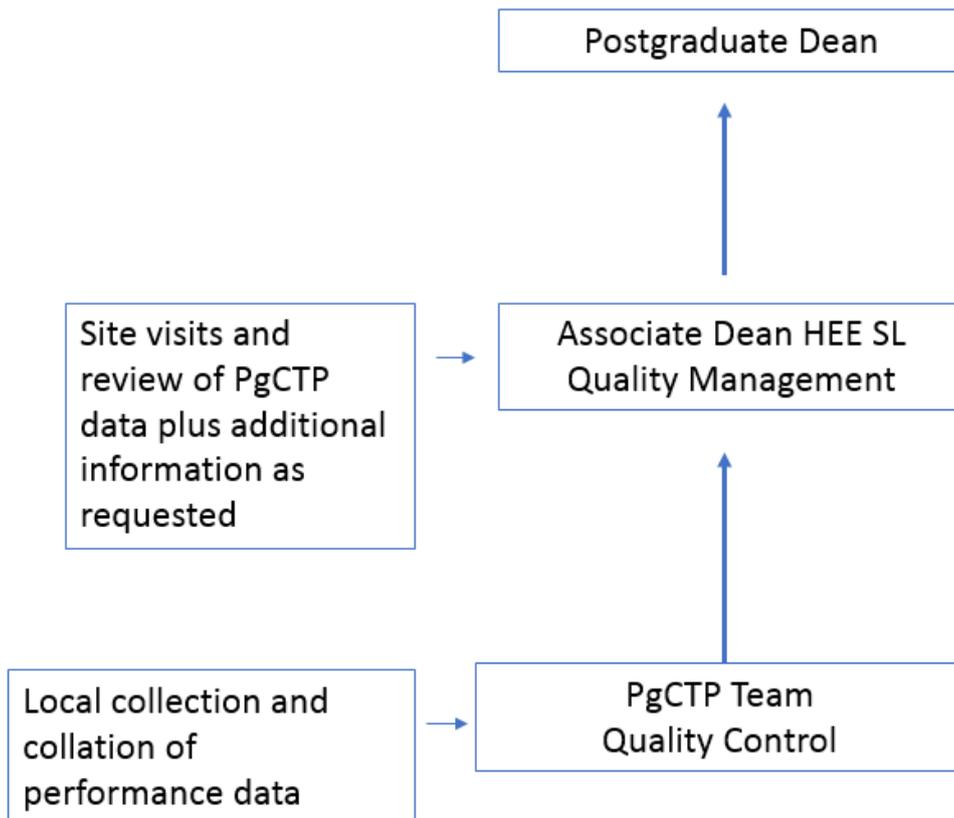
Whilst the programme scale remains small, we feel that this is appropriate. There are no plans at this stage to upscale the programme, with 12 applicants interested in commencing the programme in late July 2018.

## Governance of the assessment and recommendation for full registration



1. The clinical supervisor and the supervisory group make regular day to day assessments of the trainees' knowledge, skills, competence, confidence and behaviour. They feed back to the Deputy Programme Director on a regular basis, who in turn informs the UNic PgCTP team.
2. The clinical supervisor and supervisory team undertake workplace based assessments.
3. The trainee is responsible for organizing TAB.
4. The Clinical Supervisor writes a formal end of placement report.
5. The Educational Supervisor collects and collates all documented information about the trainee into end of post and end of year reports.
6. The CS and ES are selected by LGH and trained by UNic to the GMC standards for trainers.
7. The PgCTP Team maintains an overview of the assessments through the portfolio and responds to any concerns expressed by the trainers so a plan is established to resolve issues quickly.
8. The Director of PgCTP works with the HEE/SGUL lead (Dr Mark Cottee) to agree a date for the ARCP and determines the lock down of the portfolios in advance of the ARCP.
9. The ARCP panel is a panel convened under the auspices of UNic. For 2017/18 and 2018/19 the panels will be comprised of experienced trainers from the South London School.
10. The ARCP Panel makes a recommendation to the Director of Postgraduate Clinical Training UNic.
11. The Director submits the recommendation to the Postgraduate Dean SGUL who processes the recommendation through SGUL to the GMC for full registration.
12. Appeal Panels are convened under the auspices of PgCTP comprised of experienced panel members from South London.
13. An appeal for an outcome 4 will normally be heard by SGUL.
14. Conduct and professionalism concerns are managed by UNic.
15. UNic is responsible for maintaining health and well-being support.

## Governance of the Postgraduate Clinical Training Programme



1. PgCTP Team quality control the programme through:
  - I. Regular dialogue with the trainees and trainers
  - II. Collection of data, including attendance at outpatients and theatre, on call attendance at teaching
  - III. Review of portfolio entries (trainee and trainer)
  - IV. Evaluation of the taught programme
  - V. Trainee feedback through anonymized questionnaire
2. Associate Dean HEE SL (Dr Mark Cottee) quality manages the programme through:
  - I. Annual meetings with trainees, trainers and PgCTP Team (site visits)
  - II. Review of portfolios
  - III. Review of quality control data
3. In addition:
  - I. The PgCTP Team report to the UNic Programme Board
  - II. The UNic Programme Board includes representation from the UNic Quality Assurance Group which is responsible for ensuring a safe learning environment for students and trainees.

## **Managing Trainees in Difficulty**

### **Postgraduate Clinical Training Programme**

#### **Definition**

Any Trainee who has caused concern to his or her Clinical or Educational Supervisor about the ability to carry out their duties, and which has required unusual measures to be put into place. This would mean anything outside the normal trainer – Trainee processes where the Deputy Programme Director (DPD) has been called upon to take or recommend action. It also includes concerns about verbal or written communication in Greek which impede the Trainee undertaking his or her normal duties.

Early recognition of problems, appropriate intervention with effective feedback and support for both Trainee and trainer are most likely to be successful. In each case, thorough and careful gathering of information is essential to determine the nature of the problem and identify underlying factors before appropriate action can be taken.

Difficulties usually present as **Performance Issues**, the range of which can be considerable. More often than not there is an inter-play between several factors including: **conduct, health, personal circumstances** and **the learning environment** that leads to poor performance.

#### **Potential initial triggers raising concern**

Initial concerns are as likely to be apparent to nursing and other clinical staff, other Trainees or senior grade doctors as they are to the Trainee's Clinical or Educational Supervisor. However, it may be difficult for peers or other colleagues to take any action if there is not a clear and confidential channel of communication available. Initial triggers raising concerns may include:

- Patterns and repetition rather than one – off incidents
- Sudden, 'out of character' behaviour with no obvious explanation
- Higher than expected levels of sickness
- One-offs that are more serious, but which the trainee feels able to easily rationalize. For example, "a small lie"; "only cheated that one time"; "some slight exaggeration on the CV".

#### **Behavioural markers which may indicate a Trainee requires extra supervision or support**

(Adapted from a report from an NCAS meeting on Doctors in Difficulty: Recognising Problems Early (J. Firth-Cozens, 2004)

##### **1. Work based:**

- Absence from duty / persistent lateness / Presenteeism (staying late, always there)
- Poor time management / backlog of work
- Failure to learn and change

##### **2. Clinical performance markers:**

- Over or under investigating
- Poor decision making
- Poor record keeping
- Complaints
- Failure to follow guidelines
- Missed diagnosis

**3. Cognitive:**

- Memory problems
- Poor problem solving / reasoning
- Decision-making difficulties
- Poor concentration / attention
- Learning problems

**4. Language / Cultural:**

- Poor verbal fluency
- Poor understanding

**5. Psychological / Personality:**

- Irritability
- Unpredictability
- Forgetfulness
- High self-criticism / perfectionist
- Arrogance
- Lack of insight / denial
- Risky / impulsive

**6. Social:**

- Isolation
- Withdrawal
- Poor personal interactions

*Do not minimise or underestimate the importance of early signs*

*Trust and act on your instincts – if something 'feels wrong' it probably is*

*Problems can arise at any time*

*Acting early when a problem arises could rescue rather than destroy a career*

## Levels of Concern

(Adapted from the UK Revalidation Support Team, 2011)

### LEVEL 1

A concern raised to an educator by any colleague, Clinical Supervisor or by the Educational supervisor themselves.

- No harm to patients, Trainee or staff
- No risk to patients, Trainee, staff or their reputations

Examples:

- Incidents
- Complaints
- Failure to attain expected training goals
- Self-limiting or well controlled chronic illness

Actions:

- Discussion with Trainee
- Consider pastoral support
- Minor investigation e.g. gather information which then can be fed back to the Trainee to give them the opportunity to respond
- Action plan with SMART\* educational outcomes
- Resolution over short period of time

### Management:

A level 1 concern should be dealt with locally, documented by the Educational Supervisor and the Deputy Programme Director (DPD) and Head of Medicine/Surgery informed. UNic Registrar (Anna Lazari) should normally be alerted, who may wish to seek the advice of UNic Occupational Health. Review of the undergraduate training record should occur to establish whether there were similar previous problems. This facilitates early identification of Trainees who may require extra support or training if problems persist.

If a level 1 type incident recurs the Educational Supervisor should then treat the concern as level 2 and refer formally to DPD.

\*SMART = Specific, Measurable, Achievable, Realistic, Timely

### LEVEL 2

A concern raised to an educator by any colleague, Clinical Supervisor or by the Educational Supervisor themselves.

- Potential or actual harm to patients, Trainee or staff
- Potential or actual risk to patients, Trainee, staff or their reputations

Examples: As level 1 plus:

- Recurrent or persistent behavioural issues
- Any issue requiring an extension of training e.g. health

Actions: As level 1 plus;

- Formal investigation – to be undertaken by the disciplinary lead at LGH
- UNic Registrar HR involvement
- UNic OH involvement
- Action plan with defined objectives
- Special interventions

**Management:**

A level 2 concern should be referred to DPD using the attached form:

The DPD will discuss with the Director for Postgraduate Clinical Training (DPCT), who must review the undergraduate records and work with LGH Head of Medicine/Head of Surgery and DPD to implement a more formal management plan.

**LEVEL 3**

A concern raised to an educator by any colleague, Clinical Supervisor or by the Educational Supervisor themselves.

- Harm has occurred to patients, Trainee or staff
- Reputations (personal / corporate) are at serious risk

Examples: As level 2 plus;

- Serious Untoward Incident
- Formal complaint
- Death
- Criminal act e.g. theft, assault
- Consideration of a GMC referral\*

Action: As level 2 plus:

- Formal investigation
- Situation dependent but including consideration of cessation, or restriction of, clinical practice and place on the PG Dip FM programme.

**Management:**

Immediate and direct referral to the Director for Postgraduate Clinical Training via the DPD. DPCT must see the full undergraduate record and must alert the Postgraduate Dean.

\*The Postgraduate Dean and Postgraduate Clinical Training Programme Director **must** be informed of the likely referral

**Recording information for all Levels**

Once a concern has been raised it is vital that detailed factual records are kept from the beginning of the process in order to support action which may need to be taken as the case progresses. This can take the form of:

- Trainee ePortfolio
- Own notes of meetings or discussion with colleagues relating to the Trainee
- Own notes of meetings or discussions with the Trainee
- Documents produced by other colleagues

An initial fact finding internal review should take place to gather all relevant information. This information should be documented as above. Meetings with the Trainee must be documented and signed off by the Trainee, allowing the Trainee to provide any additional comments as an addendum. If performance is normally good and past performance has been good, a change in health, personal circumstances or environmental factors should be considered. Consideration as to whether the problem is a health, conduct, performance, or language (or multiple issues) should be undertaken.

The DPD will work closely with the Clinical Supervisor, Educational Supervisor Occupational Health and Head of Medicine and Head of Surgery to ensure that all actions are implemented and follow up undertaken until the Trainee is back on track.

*Document concerns raised in a factual and contemporaneous manner*

*This can help inform further intervention and act as an aide memoir for the future*

*Any written documents are disclosable*

### Doctors in Difficulty

*This form is to be completed by the Educational Supervisor following a trigger incident of Level 2 or 3 concern. A fact-finding exercise should initially take place to aid completion of the form. The completed form will then be shared with the DPD and DPCT.*

<b>Date of Initial Concern:</b>	
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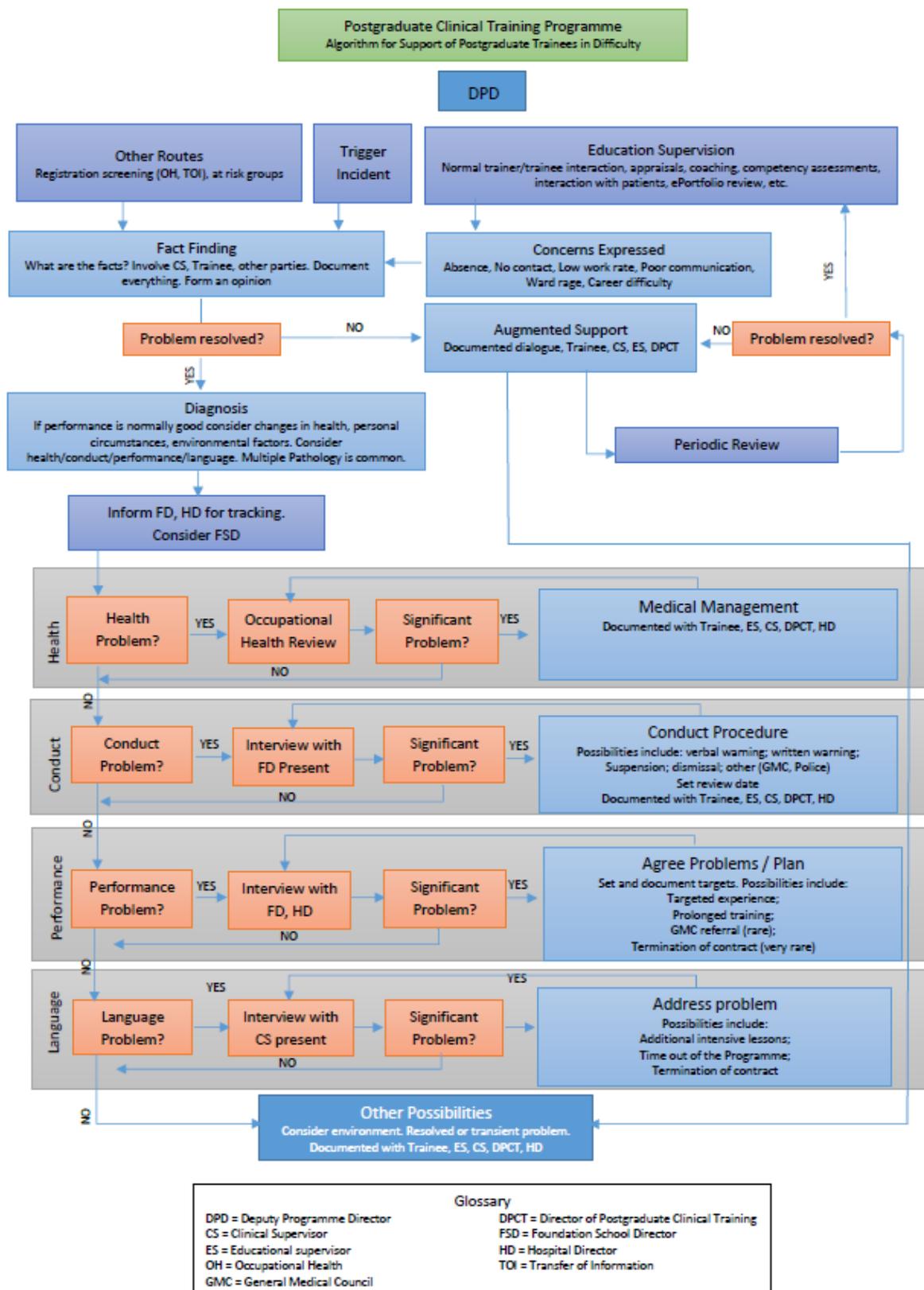
<b>Name of Trainee:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Ethnicity:</b>	
<b>GMC Number:</b>	
<b>Current Trust / Post:</b>	
<b>Trainee Training Level:</b>	
<b>Medical School:</b>	
<b>Date of Graduation:</b>	
<b>Transfer of Information:</b>	
<b>Start date of PgCTP:</b>	
<b>Outcome of previous ARCP/ FY Sign off:</b>	

<b>Description of Issues Identified and action taken:</b>	
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<b>Progress through training so far (ARCP outcomes, career support, significant time out of programme etc.):</b>	
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<b>Other departments / agencies involved (e.g. occupational health, human resources etc.):</b>	
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<b>Have these issues been discussed with the Trainee and are they aware of this referral?</b>	
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This document is based on the Doctors in Difficulty Policy Document as used by HEE NW

Jacky Hayden July 2017

**2. The programme must ensure there are routes for remediation for trainees who receive an ARCP outcome 3.**

(Paragraphs 13-15)

We are able to confirm that any trainee who received an ARCP outcome 3 would be able to remediate within the current Programme, probably changing to a different clinical and educational supervisor. They would undertake their remediation period alongside the cohort that will commence training in summer 2018. Should any extension to the programme be required for any trainee at the end of 2018-19, they would be permitted to remediate at Limassol General Hospital.

**4. The balance of education and delivery of service available to the trainees must be closely monitored to ensure that they have adequate exposure to clinical decision making and working at an F1 level.**

(Paragraphs 19-20)

The trainees are receiving a well-rounded experience within the programme, which has allowed them to make clinical decisions and demonstrate responsibility for patient care. This is equivalent to that which the F1 doctors training in the NHS in the UK are exposed. In order to assure ourselves of this, regular monitoring of the trainees' experience has taken place throughout the year – from the weekly visits by the Deputy Director of the programme to the on-going review of the trainees' e-portfolio submissions by the programme team. As we approach the submission date for the ARCP we have paid particular attention to ensuring that trainees have encountered the necessary 'stretch' in their responsibilities so that they are ready to enter the second year of foundation training. We anticipate that the greater supervision in the early months has built confidence and competence. This is demonstrated through the documentation of practical procedures, which we believe exceed those gained in the UK. We have taken special care to ensure that trainees are able to document experience, such as end of life care. We are also confident that the close working relationship in a consistent team has encouraged clinical decision making. We will continue to monitor the trainees' perceptions as they move to their first post-registration year.

**Recommendations**

**1. The PGDip is a significant workload and may be burdensome for trainees. The programme should closely monitor this and look for potential alternatives to address the identified problem that led to this being adopted as part of the Foundation Doctors' training programme.**

(Paragraphs 21-24)

The PgDip FM was adopted as a resolution to immigration laws of Cyprus, requiring the trainees to be undertaking an academic qualification to remain in the country. Employment legislation prevents the trainees from taking up paid employment. The Postgraduate Diploma has the added benefit of enhancing the trainees' learning, particularly in the care of ambulatory patients and care of patients in a community setting. We are working with the Cyprus Medical Council and the Ministry to explore alternative solutions beyond August 2019.

We are mindful of the workload that is required of the trainees and are closely monitoring this with each of them. Furthermore, they are aware of all reporting structures in place that allow for them to express any concerns that they may have relating to workload, as well as any other issues. The PgDip in Family Medicine also provides a mentoring scheme, which serves for the trainees as an additional measure of support. Furthermore, following their formative assessments, any students who faced difficulties were invited to meetings with academic faculty to discuss their progress on the course.

**2. The programme should consider opportunities for rotations of different length, in different specialties (e.g. T&O, O&G) in order to expand the clinical experience.**

(Paragraphs 25-28)

For 2018-19, since the number of trainees will remain low, we plan to retain the two-rotation system of six-months of Surgery and six-months of Medicine. This arrangement provides the maximum opportunities for the trainees to gain a well-rounded experience. All trainees have an opportunity within the general medicine and general surgery posts to gain additional experience, such as attending clinical in Obstetrics and Gynaecology, Orthopaedics and Paediatrics. When the trainees are on call they all experience work in the Emergency Department. We will keep this under review. The trainees are taking up the option of taster periods during the year and have arranged experience in Obstetrics and Gynaecology, Cardiology, Paediatrics and Trauma and Orthopaedics.

**Supplementary information**

In the 'Key points to note' within the report, it states that there was a question around the eligibility of the trainees to apply for F2 stand-alone posts. We would like to confirm that they were deemed eligible to apply and indeed 11 trainees (of 12) received interviews.

Paragraph 12 of the report refers to the Clinical Training Programme's Risk Register. We are pleased to provide this on the following page.

Finally, paragraph 18 refers to the potential language barrier for the trainees. The School is maintaining its requirement for the trainees to enter the programme at B1 level (of the Common European Framework for Reference of Languages), with Greek classes provided throughout the duration of the training programme to support their further development. The first cohort are due to sit their latest Greek language examinations later this month.

**POSTGRADUATE CLINICAL TRAINING PROGRAMME RISK REGISTER**

Keys		
Likelihood (L)	Impact (I)	Overall Risk (R)
1 Remote	1 Insignificant	1–4 Low Risk (Green)
2 Unlikely	2 Minor - Small and restricted	5–9 Low to Medium Risk (Yellow)
3 Possible	3 Moderate - Will disrupt some activity	10–19 Medium to High Risk (Amber)
4 Likely	4 Major - Disruption to all activity / significant risk	20-30 High Risk (Red: Urgent Action Required)
5 Highly Likely	5 Critical - Serious and/or imminent crisis	
6 Certain		

Risk Matrix			Severity of Impact				
			Insignificant	Minor	Moderate	Major	Critical
			1	2	3	4	5
Probability	Remote	1	1	2	3	4	5
	Unlikely	2	2	4	6	8	10
	Possible	3	3	6	9	12	15
	Likely	4	4	8	12	16	20
	High Likely	5	5	10	15	20	25
	Certain	6	6	12	18	24	30

Postgraduate Clinical Training Programme Risk Register, Updated June 2018							
Code	Potential Risk	Mitigating Actions (i.e. currently in place to minimise risk)	L	I	R	Corrective Action (i.e. further action required)	Responsibility
Postgraduate Clinical Training Programme 2017/18 items							
T1	Trainees not meeting the required standard of Greek to enter the programme	Intensive Greek course provided (July).	2	3	6	For future MBBS cohorts, requirements for working knowledge of Greek has been brought forward, which will contribute to achievement of this.	II / AL
T2	Trainees level of Greek language is insufficient to communicate effectively	Listed as issue in 'Managing Trainees in Difficulty' document with guidance provided. Residents and consultants provide support	3	3	9	As above	II / AL
T3	Trainers level of English and/or IT skills insufficient to manage the e-portfolio	Training on use of Horus provided. On-going support where required.	2	2	4		JH / EN
T4	The learning environment does not provide the required level of trainee safety	Infection Control team work closely with trainees and programme team to minimise safety risk Infection Control training provided as part of induction. Have established and arranged delivery of fire safety training.	3	4	12		JH / EN
T5	The burden of the trainees is too great on the clinical team	Provided skills in education and training to the trainees so that they can contribute to the medical student teaching whilst on placements and at	2	3	6		JH / PMcC

		the Medical School. Strong evidence in portfolios that they are doing a significant number of teaching sessions releasing some of onus on the clinical team.					
T6	The trainers would not engage in trainer development programmes	Relationship building and encouragement to engage provided.	3	3	9		PMcC / EN
T7	The burden of the PgDip FM programme is too great on the trainees	Monitoring and regular meetings with the trainees to ensure they are coping, including one to one with each trainee to review progress.	3	2	6		EN / OK
T8	The trainers would be reticent/inexperienced in identifying a trainee in difficulty	Training provided and guidance through 'Managing Trainees in Difficulty' document. Strong relationship between Deputy Director and Trainers developed to provide further advice/support when issues arise.	2	3	6		JH / PMcC / EN
T9	The individuals completing the TAB would not understand the process/detail	Training provided and ongoing monitoring of the assessors.	2	3	6		JH / EN