

Managing Performance Concerns

in

Dental Foundation Training

A Practical Guide for Educational Supervisors

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1. Introduction

This manual is a practical guide for managing the concerns and challenges that can arise during Dental Foundation Training (DFT). It is intended for use by DF educational supervisors (ES). It should be used in conjunction with the full guidance for Managing Trainees in Difficulties (Health Education England (HEE) 2016) and associated practical training sessions in managing performance concerns (MPC).

The guidance is based on a literature review and research evidence from an online survey and focus group of DFT trainers in Health Education England, East of England, (HEE EoE) in 2014. It is not exhaustive. It is expected that ES will

- Use their experience, mentoring and educational skills in conjunction with the frameworks and
- Work closely with the Training Programme Directors (TPD), Regional Advisor (RA) and Dental Director, as required, to achieve the optimal outcome for all parties.

Raising concerns about Foundation Dentist (FD) performance can feel daunting for the ES.

The following pages will provide a step-by-step approach to identification, performance analysis, evidence collection, risk assessment and risk management.

An FD with performance concerns can be defined as *“a trainee whose professionalism, performance, capacity, insight or progression can be evidenced as being significantly poorer, in one or more areas, than that demonstrated by their peers at the same stage of training.”* (Japp 2015)

FDs can experience a wide range of challenges, both professional and personal during this transition phase from university to general practice. Problems may be intrinsic or extrinsic to the FD and evoke differing responses. They raise concern when manifested by

- Underperformance
- Changes in behaviour
- Failure to progress satisfactorily

As soon as you have concerns, you must

1. Engage openly and honestly with the trainee
2. Evidence, validate and document your concerns carefully
3. Share the information gained with the trainee.

The Review of Competence Progression (RCP) process provides 3 formal stages of review:

- Early Stage Review (ESR)
- Interim RCP
- Final RCP

However, issues may be identified at any point during the year. Do not wait until the formal review stages to address concerns. Early intervention can prevent escalation and reduce any negative impact on the training provision and progress.

Most issues can and will be dealt with at a local level with appropriate action plans, assessment and support. Advice should be sought from the Training Programme Directors (TPDs) as soon as possible. Any concerns related to patient safety must be reported to the TPD immediately.

For complex or high risk cases, external advice and support may be appropriate. This may be accessed via

- Performance Support Unit (PSU)
- General Medical Practitioner (GP)
- Occupational Health (OH)
- National Clinical Assessment Service (NCAS)
- Area Teams (AT)
- General Dental Council (GDC)
- Dental Health Support programme (DHSP)

With the introduction of Satisfactory Completion of DFT comes the possibility of extended training or failure to satisfactorily complete and exit from the programme.

FDs can expect that any concerns have been shared and that they have had the opportunity to address their learning needs and improve during the DFT year. FDs may resort to legal action if they feel that due process has not been followed.

Irrespective of the issues, FDs can and will expect to be treated fairly and consistently in a transparent, evidence-based and supportive process.

2. Identification

Many FDs will have good levels of insight and approach the ES if they have concerns about their own performance, health or personal issues. These may have transient or longer term implications for performance depending on the nature of the problem. However some trainees will lack insight, not feel able, not know how to approach the problem or be in denial. Then the onus will be with the ES to identify these individuals and provide appropriate support.

Early Warning signs

Trainees experiencing difficulties tend to display certain types of behaviours and attitudes, the most common of which are:

1. Lack of insight:
 - failure to accept constructive criticism
 - lack of flexibility
 - resistance to change
 - defensiveness
 - inappropriate requests for help

2. Reduced levels of professionalism:
 - poor behaviour and attitude
 - arrogance
 - disrespect towards patients, staff and professional regulatory frameworks and governance
 - misuse of internet or social media

3. Inability to take personal responsibility and ownership-'*blame thrower mentality*':
 - a significant number of minor incidents apparently outside the trainee's control, that cause persistent minor infringements, e.g. punctuality, missing deadlines, needing to finish the day early, delays in completing e-PDP
 - failure to confront issues
 - never ending excuses and empty apologies

4. Poor personal organisation and time management
 - failure to utilise clinical time and opportunities effectively
 - difficulties with project work, e-portfolio, audits and professional exams
5. Disengagement from, or disruption of, the educational process
6. Erratic or inappropriate behaviour:
 - outbursts
 - inappropriate behaviour with colleagues or patients
 - imagined slights, victim mentality
7. Low work rate:
 - difficulties in completing tasks within a reasonable timeframe-clinical or administrative
 - unusually long appointments/inappropriate number of appointments for courses of treatment
 - turning up early and leaving late without completing tasks
 - procrastination, avoidance of certain procedures
8. Patient complaints and negative feedback from peers and colleagues
9. Poor quality clinical work and/or failure to evidence progression through assessments
10. Disappearing act:
 - persistent failure to respond to requests via email, text and voicemail
 - frequent short term sickness absence without medical advice or confirmation

Important information may come from the FD dental nurse, dental colleagues, the practice team and patients via formal or informal routes.

3. Performance

FDs who experience difficulties which impact on performance will require appropriate support. However the underlying problems are usually multifactorial, interrelated and complex. Each situation will require careful analysis so that correct action can be taken. A practical method of thinking about and analysing factors which can affect expected performance is found and illustrated below.

Overall performance is dependent on, and the result of, complex interactions. Performance can be thought of as the synthesis of capability (the ability to do the task) and conduct (the quality of personal interaction and behaviour demonstrated by the practitioner).

Capability requires

1. **A suitable environment** demonstrating:
 - An ethos and culture which promotes learning involving all of the practice team
 - Understanding, recognition and acceptance of the limitations and fallibilities of the FD which are consistent with their stage of training
 - Provision of appropriate patient safeguards and trainee support
 - Effective administrative support and functional equipment, IT and referral systems
 - A wide range of patients whose requirements will facilitate learning and progression
 - A suitable workload in terms of quantity, variety and complexity of treatment to meet curricular requirements and optimise experience in DFT. This will vary with each FD.

2. **A competent practitioner** demonstrating:
 - Clinical competence appropriate to their stage of training and comparable to that of their peers
 - Safe, evidence based practice
 - An ability to identify theoretical knowledge relevant to the clinical need and how theory translates into practical application
 - Effective and justified decision making pathways
 - Good communication skills with patients and professional colleagues
 - Ability to deliver good patient experiences and patient outcomes

3. **Capacity—a healthy practitioner** demonstrating:
 - Good physical health
 - Good mental health
 - Resilience in adverse and challenging circumstances
 - Recognition of differing needs and acceptance of support required where appropriate

Conduct requires

1. **Appropriate and acceptable behaviours** demonstrating:
 - Respect for others
 - Adherence to professional standards, guidelines, educational agreements and practice policies

2. **Ethical and professional attitudes** demonstrating:
 - Honesty, authenticity and insight
 - Responsibility for and ownership of actions and outcomes

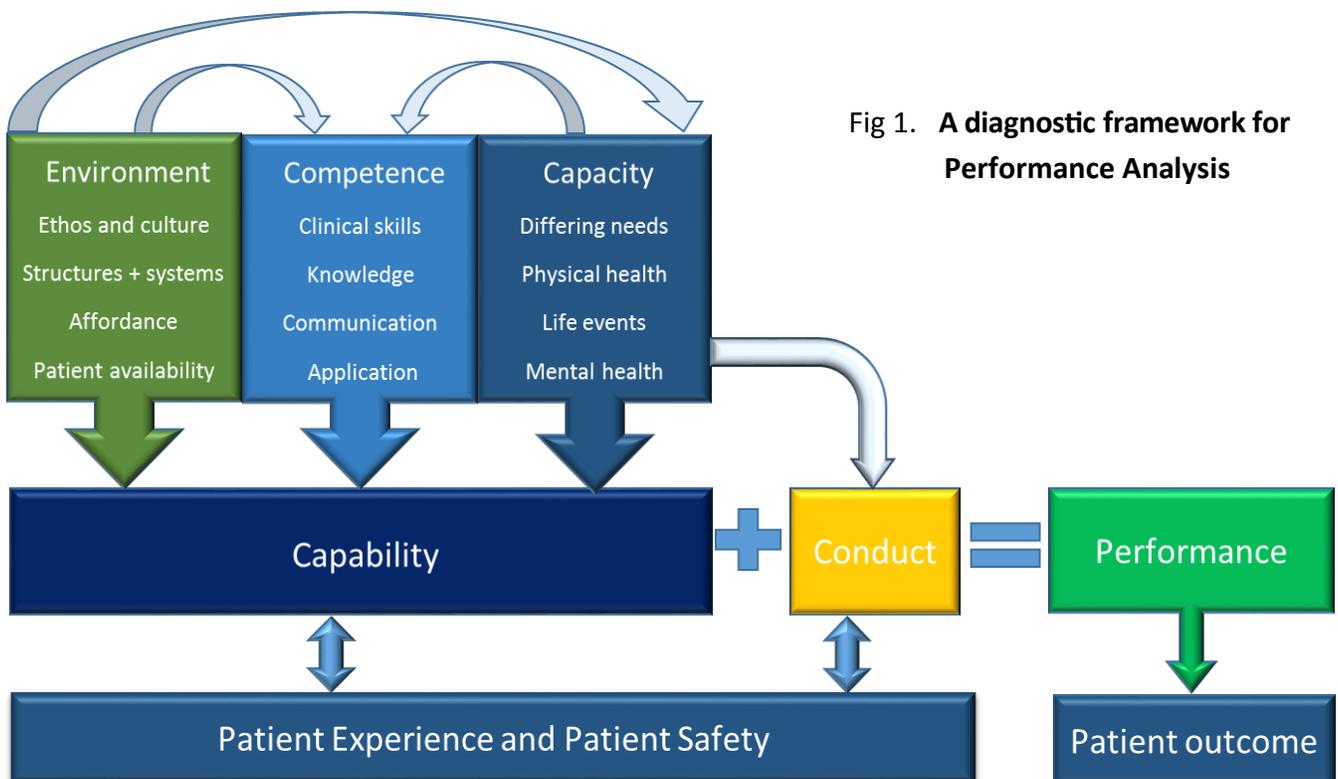


Fig 1. **A diagnostic framework for Performance Analysis**

4. Diagnostic Questions

1. What are the primary issues?
2. What are the contributing and /or mitigating factors?
3. Is there a patient safety issue?
4. Is the training environment fit for purpose?
5. Is the FD physically and mentally fit and well?
6. Can the FD demonstrate clinical competence?
 - Does the FD know
 - What to do?
 - Why they are doing it?
 - When to do it?
 - How to do it?
 - When to ask for help appropriately?
7. Is the conduct and behaviour of the trainee satisfactory?
8. Does the trainee have insight into their performance issues?
9. Is the trainee likely to engage with a support process?
10. What evidence do you have to substantiate your concerns?

5. Evidence

If you have concerns about your trainee, you must have evidence to support this.

Concrete examples of trainee actions, lack of action or behaviours are required.

How to use the E-portfolio

Entries in the E-portfolio should verify concerns and illustrate how these concerns have been identified and addressed.

- Clinical progress: learning needs, CbDs and ADEPTs, activity logs, record keeping audit
- Confidence, resilience and insight: reflective logs
- Engagement with the educational process : tutorial and study day logs
- Communication, teamwork and conduct: MSF and PSQ

Evidence can come informally or formally from the practice team or patient complaints. It is important that any team member or patient raising concerns is fully supported. All verbal concerns must be listened to carefully. Discussions must be documented, signed and dated by all parties to have validity.

Fig 2. **Types of evidence**

	Evidence	Recorded	Management
Assessments	DOPS, ESR, CBD, ADEPT, Clinical record keeping review	E-portfolio	ES,CS, TPD
Review of Competency Progression	ESR,IRCP,FRCP,	E-portfolio	ES,CS,TPD, Panel
MSF- formal	MSF, PSQ,	E-portfolio	ES,TPD
MSF-informal	Peers, work colleagues, patients, DRC speakers	Concerns sheet	ES, TPD
Patient complaints	Written complaints	Practice	ES,TPD,HR
Sickness record	GMP letters, self certification, E-portfolio log	E-portfolio , Practice	ES,TPD,HR

A full sickness record must be maintained and data entered on to the E-portfolio. Details of any return to work interviews, sickness self certification, hospital appointments or letters from general medical practitioners need to be recorded and stored appropriately.

6. Risk Assessment

The level of concern and risk needs to be established from hard evidence and thorough, objective analysis. This will determine the level and type of support that will be required.

This process and decision making should be shared with the TPD to avoid challenge from the FD on the grounds of bullying or harassment.

Where there are no patient safety issues, there are three levels of concern:

- Level 1 (Low) starting as isolated incidents and/or lack of self efficacy
- Level 2 (Medium) increased level of incidents and patterns of behaviour developing
- Level 3 (High) inability to resolve concerns despite support

Level 4 concerns relate to incidences or behaviours which pose a risk to patient safety.

Issues relating to conduct should always be treated with higher levels of concern as these frequently prove to be the most difficult to manage.

Fig 3. Risk assessment: scale of concern

Level 1 Low Level Concerns	Level 2 Medium Level Concerns	Level 3 High Level Concerns
Failure to maintain E-pdp Lack of confidence Borderline assessments Punctuality issues Lack of availability	Disengagement from or disruption of the educational process Serious untoward incidents Lack of insight, performance notably below peer group Behaviour or issues around bullying and harassment Poor performance clinically, managerially or interpersonally Low levels of motivation and individual agency Complaints from patients, relatives or healthcare professionals Absence from the workplace	

7. Risk management

Risk Management requires

1. Full FD and ES engagement with the process
2. Agreement as to the nature and level of concern with mediation or negotiation as required
3. Collaborative working towards the shared goal of Satisfactory Completion of DFT within the normal time frame if possible
4. Use of local procedures as far as possible and engagement with external bodies as advised by HEE EoE
5. Information gathering to be open, supportive, documented carefully and shared with the trainee.
6. That if formal disciplinary procedures are being considered
 - Advice from an employment law specialist should be sought
 - HEE EoE must be consulted prior to any action being taken against the FD

Risk Management Pathways

Fig 4. Level 1 : Low Level Concerns

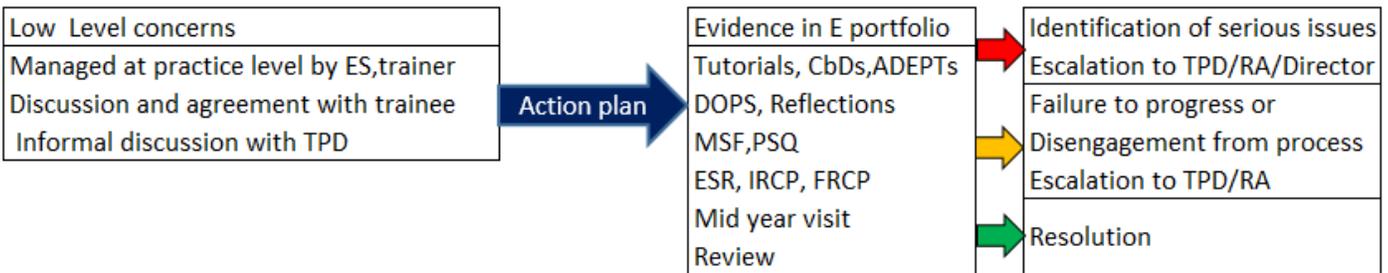
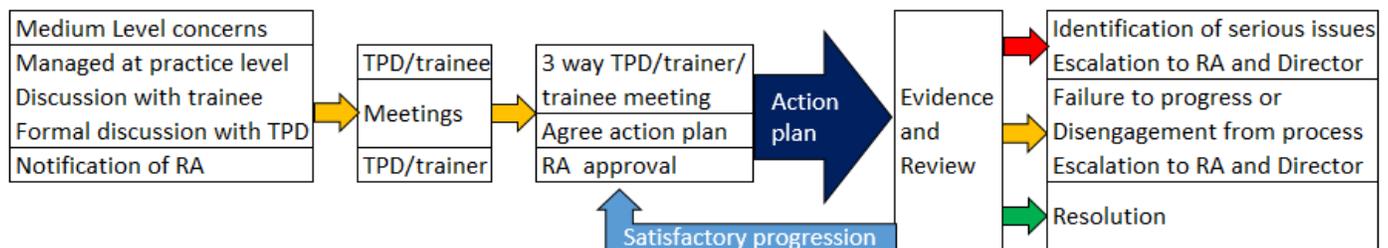


Fig 5. Level 2 : Medium Level Concerns



7. Risk management

Fig 6. Level 3 : High Level Concerns

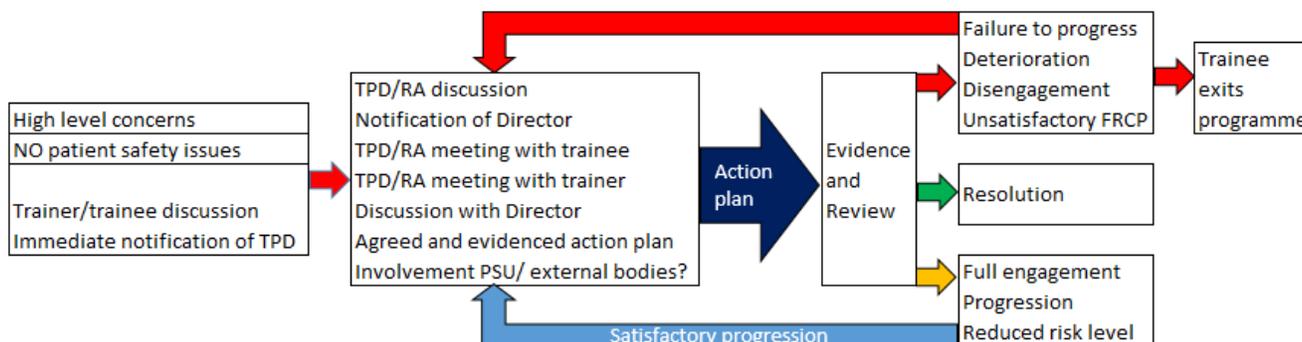
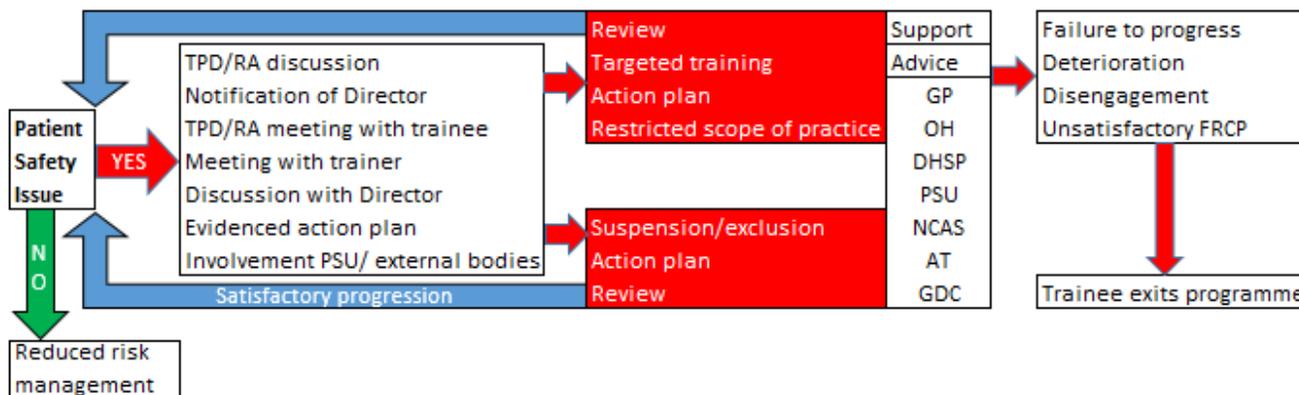


Fig 7. Level 4 : Patient Safety Issues



What should I do if my FD poses a risk to patients?

1. You must alert your TPD immediately
2. Provide robust, fully documented evidence of all conversations and concerns with supporting examples
3. You must treat your FD strictly in accordance with HEE EoE guidance, employment law, practice governance, local and national guidelines at all times. This is irrespective of the trainee's behaviour or response to the process

What will happen?

1. Your TPD will escalate the concerns and evidence to HEE EoE for evaluation
2. It may be appropriate to limit scope of practice or suspend the trainee. This decision will be taken at Regional Advisor and Director Level with appropriate legal advice
3. Referral to the Performance Support Unit and liaison with external agencies is likely to be required

8. How to conduct a review meeting

Concerns need to be documented and objectively evidenced and ideally shared with the trainee before the meeting. Factors which should be considered and then discussed include:

1. Background information
2. Relevant issues identified during selection and allocation of placement
3. Evidence of pre-existing concerns e.g. from dental school or references, and
 - A. Evidence that these concerns have been recorded
 - B. Evidence that trainee has been made aware of these concerns
 - C. Evidence of attempts to address these concerns
 - D. Evidence of trainee's response to these attempts
4. Evidence of previous satisfactory performance (which has subsequently declined)
5. Mitigating circumstances
6. Remedial training time since start of all training
7. Details of the issues that have resulted in the event, meeting or concern:
 - a. Supporting evidence and results of further investigations
 - b. Learners' awareness of these concerns and transparency of the process
 - c. Attempts to address concerns, e.g. educational support
 - d. Progress to date
 - e. Evidence of an underlying cause e.g. health issues
 - f. Unresolved educational issues
 - g. Proposed attempts to address these – including an estimation of any extra time or resources that might be required.
 - h. Proposed methods to assess progress

The FD or ES may wish to have an additional person to support and observe the meeting. This must be agreed by all parties prior to the meeting. The issues should be discussed, formally documented and copies distributed to all parties for agreement and signature.

9. Support

		LOW			MEDIUM		HIGH		CONCERNS	
AREAS OF CONCERN	SPECIFIC AREAS	source of support								
Environment	system Affordance Ethos and culture Patient availability	Trainers ES CS +/- TPD RA	+			+		HR Trust	Organisation al psychologists	PSU NCAS GDC Area Team
+	OH DHSP			Occupational psychologists						
					+	Trust HR PSU triage NCAS advice	Careers advisers			
Conduct	Belief systems Behaviour Attitudes									

* If in the early stages of DFT, there were found to be patient safety issues, it may be appropriate to liaise with the dental school and seek support for remediation

KEY
 ES Educational supervisor
 CS Clinical supervisor
 TPD Training Programme Director
 RA Regional Advisor
 OH Occupational Health
 GMP General Medical Practitioner

KEY
 HR Human Resources
 HEEoE Health Education East of England
 DHSP Dental Health Support Programme
 PSU Performance Support Unit
 NCAS National Clinical Assessment Service
 GDC General Dental Council

The main source of support and first port of call should be your TPD.

You should expect to work closely with them in the assessment and management phases.

The nature of support required will be determined by the issues raised.

Primary Support Systems required:

- Environmental issues: Organisational, Practice team, trainer/ES and practice owner
- Clinical issues: Education, training and pastoral
- Capacity and additional needs : OH, GMP, pastoral
- Conduct issues: Education and training, pastoral, educational or organisational psychologists, careers advice

In cases Level 3 and 4, PSU and external bodies and support groups may be required.

This will be managed at TPD, RA and Director level.

10. Top Tips

If you identify an FD in difficulties who has performance concerns

1. Follow the guidance and frameworks
2. Do not deal with performance concerns on your own
3. Get robust objective evidence– concrete examples of trainee performance are ideal
4. Document all conversations making sure verbal information is recorded and signed
5. Talk to your TPD
6. Maintain confidentiality - do not discuss within the trainer group or on social media
7. Engage with the FD – be open and honest about your concerns
8. Reassure the FD that the common goal is to get them to Satisfactory Completion within the normal timeframe
9. Discuss the support process with the FD so they know what to expect
10. Work with the FD to come up with solutions rather than listing the problems
11. Use the E-portfolio to evidence your concerns and to identify and address the trainees learning needs
12. Use the tools within the E-portfolio as an integral part of your action plan and evidence base