Remediation for Trainees in the Auckland Programme

(interim for 2003 Regulations trainees until the College's Progression and Failure to Progress policies are in place for all trainees under the 2012 Regulations)
For 2012 Regulations trainees, see Regulations and Policies on Progress through Training

The College advice on failure to progress for trainees is that as soon as problems are recognised this should be brought to the attention of the local Training Facilitator (TF), Director of Training (DOT) and the trainee. The trainee needs to be counselled on factors that may be causing their failure to progress. A plan should be drawn up with clear goals and timeframes, reviewed at three months and at the end of the rotation.

A plan is often drawn up with the trainee, supervisor and Training Facilitator or DOT, with usually the supervisor providing the close supervision necessary to assist the trainee to progress.

In our system, whilst plans are drawn up with good will, they can fail because of systemic issues e.g. Privacy laws inhibiting the direct passing on of information to new supervisors if DHBs are changed, supervisors' workloads limiting ability to provide close supervision, lack of accountability of trainees for their own remediation plans, no external review or criteria for ending remediation.

The RTC has determined that a more structured remediation system is required, which will help trainees to take responsibility for their own remediation; reduce the time required by supervisors, while increasing the efficacy of the remediation; provide more scrutiny on the trainee's progress; and prevent trainees from failure to progress for long periods.

Proposed Remediation Plan

- The plan should be a formal document held on the trainee's file.
- Once a trainee enters a remediation programme they should only exit once they have achieved the stated goals. The plan should continue across DHBs until the issues are resolved, and progress is satisfactory.
- Copies of the plan are given to trainee, supervisor, Training Facilitator and the Director of Training, and are discussed at the Progress Sub-Committee of the Regional Training Committee.

Steps to be taken

- The supervisor of the trainee who requires remedial work discusses this with the TF and Trainee, and a meeting is set up with all three.
- At the meeting, the trainee's progress is reviewed and the factors that might be contributing discussed. The trainee is given feedback on the expectations, competencies and standards required for their performance to be satisfactory (see appendices at end).
- A plan is drawn up with the trainee, supervisor and TF with clear goals and desired outcomes to be achieved and a specific timeframe for these.
- The plan includes specifics of how the trainee will work on achieving their goals and how they will receive any extra training needed (such as observed interviews,

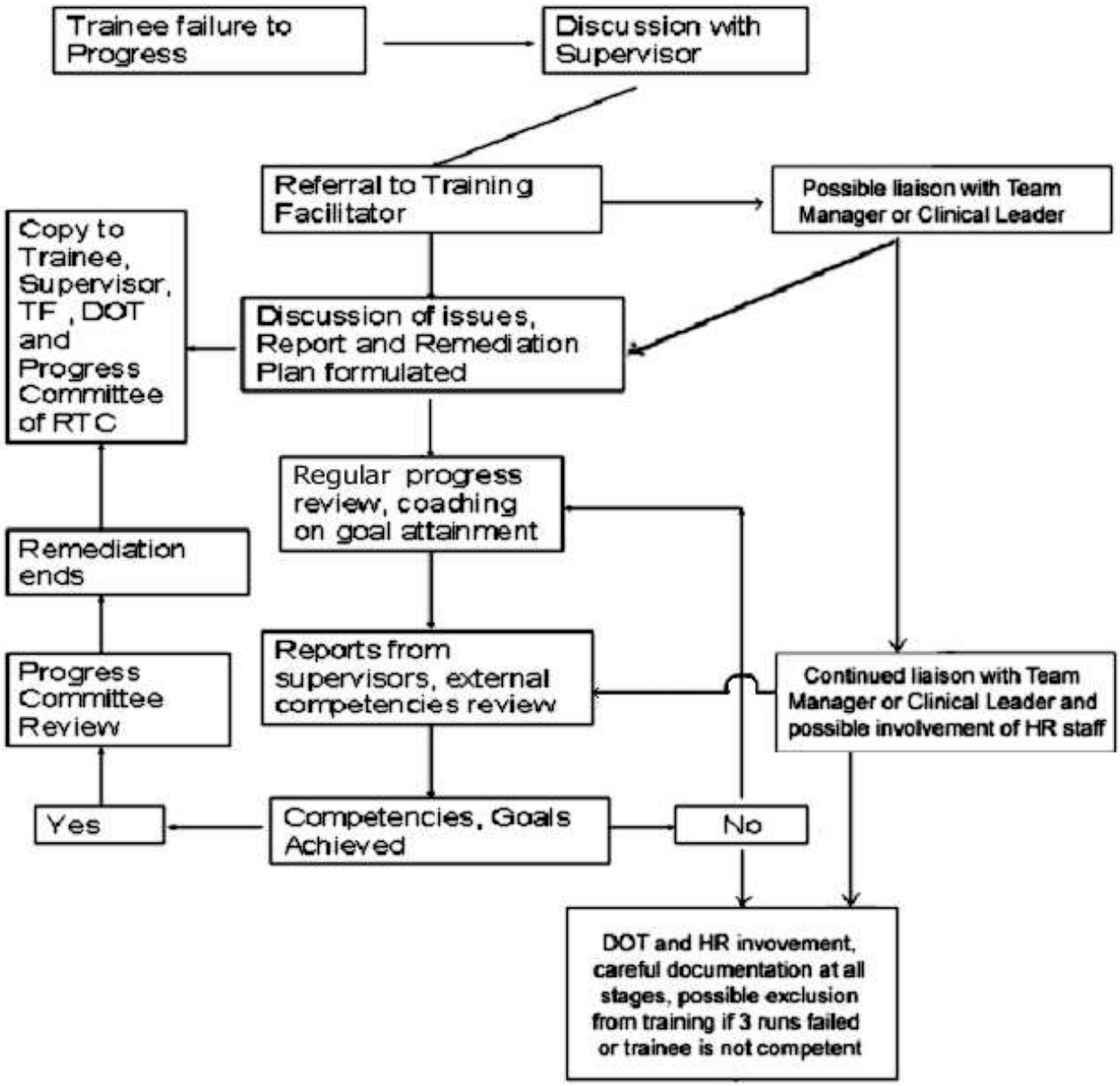
presentation skills practices, English language skills, personal psychotherapy etc.), and will specify who will be responsible for which aspects.

- The trainee will meet with the TF (including their supervisor at the mid-run and end-of-run meetings), 2-4 times across a 6 month run, to discuss progress towards the attainment of goals. Where remediation is continuing across different runs, the new supervisor will be informed and the Plan discussed with them and the new TF, at run-change, by the DOT.
- Once the trainee has achieved the competencies required as assessed by supervisor reports, and/or Observed Clinical Interview and/or attainment of goals in the Remediation Plan, the trainee can exit from remediation. Exiting from remediation is decided by the Progress Sub-committee of the RTC and not by default or by changing DHBs or runs.
- A copy of the Progress Sub-committee decision is sent to the trainee, supervisor, TF and DOT.
- Care is needed to document every stage of the process, in case remediation is not successful and the trainee has to be counselled or managed out of the training programme.
- The only clear-cut College rule under the 2003 regulations, if remediation is unsuccessful, is that if three runs are failed at any stage across training, the registrar can be excluded from training. The process regarding failing a run must thus be managed especially carefully, involving the DOT and ratification by the Progress Sub-committee.

Involvement of Services in Remediation for Trainees

- Occasionally, issues requiring remediation are sufficiently serious so as to impinge on the registrar's general clinical competence, or are related to professionalism where service managers need to be involved. Such issues include punctuality/attendance, timely completion of documentation, problematical attitudes or behaviour, communication deficits, etc.
- Where the issues do not solely relate to College training, the Team Manager &/or Clinical Leader will be involved, either by being present at remediation meetings, or via close liaison with the supervisor.
- Particularly serious issues may require the involvement of HR staff, or HR staff may be able to provide additional resources to assist with a remediation plan.
- The relevant Team Manager or Service Leader will coordinate the involvement of HR and will coordinate the "performance management" aspects of any remediation plan, in close liaison with the supervisor, Training Facilitator and DOT.
- All "performance management" issues regarding competence or professionalism are relevant to training (e.g. regarding the "Skills" and "Attitudes" sections of the Curriculum), so a combined approach with close liaison between training and service personnel is required.
- Even if the issues are primarily related to training progress and there are no workplace performance concerns, HR will still need to be involved before the final six months, if a registrar is undertaking a final "make or break" run which will determine their retention in the registrar training programme. This is to ensure that all necessary procedures are followed.

Diagrammatic Representation of Remediation



Also see:

The RANZCP Remediation policy (Link 83) (2003 regulations)

The RANZCP Maintenance of Trainee Status Policy

(2003 Regulations trainees) Appendix I:
The standards required at every stage of training, for registrars in all the differing years of training and types of runs, cannot be set out in full. However, in summary:

By the end of 1st Year, registrars should have achieved the "Adult Training Objectives" (see over), although their ability to develop formulations is likely to be at a basic level. They should, however, be able to think through and present a basic Differential Diagnosis and Management Plan, especially as regards Risk Management, to a standard so as to be safe when working on call.

By the end of 2nd Year, registrars should have consolidated and developed their basic clinical skills as above, and learned to adapt these to a different subspecialty such as Child & Adolescent, Liaison or Old Age psychiatry. They should be able to present a reasonable Formulation by the end of 2nd Year. They should be becoming more independent in their ability to carry out assessment and management, but while adjusting to new subspecialty runs, closer supervision is likely to be required across the initial half of the run.

By the end of 3rd Year, registrars should be fully competent in all the Adult Psychiatry Training Objectives and should have developed basic competence in at least two subspecialty areas, as above. They should have a good grasp of psychological issues underpinning patient presentations and be able to discuss patient cases using a holistic bio-psycho-socio-cultural model. They should have good Formulation skills and be able to present and discuss an accurate Differential Diagnosis, and to develop a comprehensive and sensible Management Plan. They should be able to carry out assessments and to manage patients independently, with opportunities for supervision and discussion with their supervisor, but not requiring constant and close supervision so as to cope or to practise safely. Note that during all training stages, registrars are expected to maintain basic medical skills, i.e. to maintain CPR certification, to perform physical examinations and to manage medical issues in relation to psychiatry, as in the College Curriculum.

Please refer to the specific *Training Objectives* for each run, according to the subspecialty. The **Adult Psychiatry Training Objectives** (see Appendix II) remain the fundamental standard required for core clinical skills, with increasing psychological understanding and psychotherapy skills being evident in 2nd and especially 3rd Yrs.

Other problems which could lead to remediation and eventually to exclusion from training, if not improved:

- Significant problems in Attitudes and Behaviour, including problems working well in a team setting, or problematic attitudes to patients or families. See the College Curriculum for details.
- Significant Communication Skills problems, such that assessments are inaccurate and patients, families or staff tend to misunderstand the registrar. Clearly substandard written English in summaries, letters and reports, impeding communication.
- Significant Ethical issues – e.g. boundary breaches, abuse or dishonesty.
- Significant Professionalism deficits – such as repeated lateness or absenteeism, failure to keep adequate records and complete essential paperwork, excessive "moonlighting" across rosters leading to a poor quality of work due to tiredness.
- A prolonged time taken to complete College training requirements and assessments (see Appendix III) – where progress in achieving College requirements in a timely manner does not improve despite remediation.

NB: Whenever remediation is considered, the registrar's individual situation will be reviewed in detail, and any mitigating factors taken into account.

(2003 Regulations trainees) **Appendix II**

The Adult Psychiatry Training Objectives

These cover core skills and knowledge which can usefully be revisited throughout Basic Training, especially if there continue to be deficits in any of these areas.

Training Objectives (Regulation 8.5)

By the end of your first year of training you shall be able to:

(i) Conduct a competent clinical interview (both initial and follow-up) with a wide range of people with mental health problems and mental illness.
(ii) Perform a mental status examination and acquire a thorough understanding of the phenomenology of psychiatric illness.
(iii) Perform a risk assessment of self-harm/suicide and dangerousness to others.
(iv) Demonstrate an understanding of the importance of the maintenance of professional boundaries in the practice of psychiatry.
(v) Demonstrate an understanding of the locally relevant mental health act and its application.
(vi) Present a diagnostic formulation of a range of disorders taking into account biomedical, psychosocial and cultural factors in the person's presentation and illness.
(vii) Propose a management plan that demonstrates an awareness of the place of biomedical and psychosocial interventions in the investigation and treatment of the person's illness.
(viii) Implement a management plan under the supervision of a consultant psychiatrist.
(ix) Understand clinical practice guidelines for the more common psychiatric disorders and apply them where appropriate.
(x) Work as a member of a multidisciplinary mental health team, showing an awareness of the contribution of various members of that team.
(xi) Demonstrate an ability to involve and inform people with mental health problems and mental illness and their carers in the assessment, diagnosis and management process.
(xii) Demonstrate a basic understanding of critical appraisal in the evaluation of published psychiatric research.
(xiii) Demonstrate basic competence in psychopharmacology.

(2003 Regulations trainees) **Appendix III:**

Usual Timecourse for progress through RANZCP Training
(a very basic summary, acknowledging that different trainees will take slightly different trajectories through the required runs and experiences)

1st Year
Complete 2 Adult runs
Complete 10 Observed Interviews
Complete 1st Year Annual Experiences
Do ECT experience if possible

2nd Year
Complete 2 of: C&A, C-L, POA or Rural runs
Complete 2nd year Annual Experiences
Start long psychotherapy experience (40 sessions case)
Complete 1 or 2 short psychotherapy cases
Complete ECT experience if not done
Collect Addictions Cases
Draft the 1st Episode Case History

3rd Year
Complete rest of: C&A, C-L, POA or Rural runs
Complete 3rd year Annual Experiences
Complete the Maori mental health requirement
Complete the long psychotherapy experience
Complete rest of the short psychotherapy cases
Complete ECT experience if not done
Complete the Addictions Cases
Complete writing both the Case Histories
Attempt the Writtens exam

4th Year
Complete any tasks not finished in 3rd Year as above
Submit and pass the 2 Case Histories
Sit the Writtens exam if not yet passed
Sit the Clinicals exam

By 5th Year
Enter Advanced Training

By end of 7th year
Complete all Advanced Training tasks and requirements for Fellowship
Complete Continuity of Care and Rural requirements if not done in Basic Training
Achieve Fellowship.

NB: The government training subsidy is lost after max. 5 years in Basic Training, and after 7 years in training overall.