



## Guidelines on Remediation of Doctors in the Intern Year

### 1. Context of Guidance

This guidance is produced under Section 88(3)(b) of the Medical Practitioners Act 2007 and is aimed primarily at Intern Network Co-ordinators but also at others involved in the teaching and training of interns.

While concerns arising in relation to interns are uncommon, those that do arise vary with regard to the risk to patient safety from minor to more serious. This guidance is intended to address concerns with an intern which, if not addressed at an early stage, could potentially develop into more serious concerns affecting current and/or future patient safety and/or undermine the effectiveness of an intern's training.

Management of concerns using these guidelines should **not** be used as an alternative to making a complaint to the Medical Council about a doctor.

### 2. Challenges in the Intern Year

The Intern Year is an important formative year which may present some unique challenges to doctors. These challenges may include having to adapt quickly to a busy working environment in a relatively short period of time, working as part of a multi-disciplinary clinical team, often under pressure, and dealing in a professional and empathetic way with patients who may have complex clinical and personal issues. Some of these challenges can be addressed through a comprehensive induction programme at the start of rotations and at each new training site. Close supervisory arrangements and encouragement to raise concerns with their trainers at the earliest opportunity will also play a key role in ensuring a smooth transition throughout intern training.

In general, most interns cope well with these challenges and exit the intern year well prepared for the next stage in professional development. However, each year a small number of interns may experience behavioural, performance or educational difficulties; remediation is the process of addressing such difficulties after the difficulties have been assessed. To date, it has been custom and practice to address remediation locally using various tools and this has, in many instances, been effective. The establishment of the Intern Training Networks provides an opportunity to harmonise and promote the effectiveness of activities in this area.

### **3. The role of the Medical Council**

The Medical Council's statutory role is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners. Council has a number of specific responsibilities in relation to the education and training of interns. These include setting the standards<sup>i</sup> and guidelines<sup>ii</sup> which provide the framework within which intern training is delivered in the State.

As part of its remit, the Medical Council is the statutory body for receiving complaints against registered medical practitioners; these complaints can be made by members of the public, patients, other health professionals or employers.

The Medical Council recognises that effective systems of clinical governance at a local concern set out roles, responsibilities and procedures for the handling of concerns. Any concern arising locally must be risk assessed in terms of the current or potential future risk to patient safety and a management plan devised, implemented and monitored in line with this risk assessment. Risk assessment must be ongoing, and progress in managing a concern at a local level should also be taken into account in determining risk.

Depending on the nature of the initial concern which brings a doctor into the remediation process, the issue may be referred to the Medical Council as a complaint under Section 57 of the MPA 2007. Likewise, the failure of a doctor to actively engage in the remediation process or to demonstrate the necessary improvement as a result of increasing levels of remediation may also lead to a complaint to the Medical Council.

Interns who are engaged in the remediation process continue to be subject to the provisions of the Medical Practitioners Act 2007 and to any rules, criteria or guidance issued by the Medical Council's arising from Council's obligations under the Act. This guidance includes the 'Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 8<sup>th</sup> Edition 2016'.

### **4. The Role of the Employer**

Employers have a responsibility to ensure that their clinical governance arrangements support the prevention, early identification, and management of the behavioural, performance or educational difficulties through the remediation process. Remediation at an early stage of an identified issue allows for the timely escalation and/or resolution of remedial activities, as necessary and within the prescribed intern training period. Council encourages the assessment of interns at three-monthly intervals.

Interns are subject to the disciplinary procedures in place in their employing authority. In the case of Health Services Executive (HSE) hospitals and services, details are provided in the "HSE Employee Handbook" and "Disciplinary Procedures for the Employees of the Health Service Executive", which is available online and from the employing hospital<sup>iii,iv</sup>. These documents should be explicitly introduced at training site inductions and interns should be asked to confirm receipt of such material by their signature.

Interns employed in voluntary hospitals/services and private hospitals will be subject to the disciplinary procedures in place in that hospital/service, a copy of which should be sought from the HR department in the hospital/service.

In the case of interns in General Practice, they will ordinarily be contracted through the “base” hospital for the period of the GP rotation and will be subject to procedures in place in that hospital<sup>1,3,4</sup>.

Work schedules and rotas should reflect the time commitments on an intern arising from engagement in the remediation process. Doctors should be enabled to attend meetings with supervisors / tutors as necessary, to complete any recommended training etc.

The remediation process includes close liaison with, and referral to local occupational health services where appropriate in order that the intern is adequately and appropriately supported throughout the process.

## **5. Factors which may be adversely affecting an intern’s performance**

**The possibility of underlying personal health issues should always be considered when addressing concerns with an intern.** Interns should be supported to address these health issues and this should include close liaison with and referral to local occupational health services.

In addition, there may be environmental factors affecting an intern’s performance and hindering satisfactory progression through training. The Medical Council has defined standards for clinical sites where interns receive training<sup>1</sup> and sites must meet these standards in order to receive Council approval.

In situations where environmental factors have been identified as being a contributory factor affecting an intern’s performance, the Medical Council should be notified. This may lead to the Medical Council re-visiting the site to assess its suitability for training. In addition, the Medical Council should be notified where concerns have arisen in relation to a number of interns at a particular site.

## **6. Framework for understanding concerns**

Interns who are failing to meet the required standard in the development of their knowledge, skills, attitude and behaviour will be supported in the workplace by their Trainer.

Examples of issues where remediation may be necessary include, but are not limited to, the following<sup>vii</sup>:

- 1) Difficulties making progress
  - a. Poor organisation
  - b. Unable to prioritise

- c. Poor record keeping
- 2) Problems in clinical judgement
    - a. Lack of knowledge
    - b. Lack of skills
    - c. Poor clinical judgement
  - 3) Personal / interpersonal factors
    - a. Poor time keeping / persistent lateness
    - b. Communication problems
    - c. Poor self-management / inability to prioritise
    - d. Bullying
    - e. Harassment
    - f. Dishonesty
    - g. Teamwork / Collaborative shortfall
    - h. Working under the influence of medication, drugs or alcohol
    - i. Criminal behaviour
  - 4) Signs of not coping
    - a. Negative attitude
    - b. Failure to respond to bleeps
    - c. Lack of insight
    - d. Defensive reaction to feedback
    - e. Frequent or persistent uncertified sick leave

## **7. The Remediation Process**

The remediation process which is triggered following identification of a concern with an intern is an escalating, multi-level process, as necessary. The significance of the issues identified will determine which steps should be taken locally and whether or not other bodies such as the Medical Council or the Gardaí should be notified.

**Risk assessment and vigilance for health issues should be a constant throughout the process. Timeliness, monitoring of progress and gathering an evidence-base are key elements of the remediation process.**

All identified concerns with an intern should trigger an initial risk-assessment and the concern should be risk-rated in terms of the current and potential future impact and likelihood of patient safety being negatively impacted. Risk assessment is ongoing and should be kept under review and re-evaluated against the intern's progress throughout the remediation process.

At all times, all those involved in an intern's teaching and training should be vigilant for any health issues which may be impacting upon the intern's performance.

At all times, the person managing the concern should be mindful of timeliness. The concern must be resolved or escalated in a timely way to, wherever possible, allow the intern to exit

training safely without delay. A concern should not be allowed to persist unresolved into the next stage of the intern's professional development. It is recognised that in exceptional cases, this may require extension of intern training; however, this extension should not arise because management of the concern has not been timely. Every effort should be made to resolve the concern within the Network in which the concern was first identified.

The Employer and/or the Intern Training Network may impose specific requirements in relation to remediation, particularly in relation to a maximum period of remediation. Such details may be specified in the Service Level Agreement between the HSE and the university/medical school and/or in the Training Agreement between the Intern Training Network and the Intern.

Progress should be monitored throughout and the management plan should be adjusted constantly on the basis of progress. Monitoring progress includes defining points of exit and escalation, and monitoring constantly to determine if these points have been reached.

Gathering of evidence base means that the person managing the concern should ensure that there is clear evidence to support the concern, support the management of concern, and support the effectiveness of management. This may include assessment and verification of remedial action. Gathering evidence should include ensuring that management of the concern has been effective.

The trainer and/or Intern Training Coordinator should bear in mind the importance of linking back with the University to ensure that the management of the concern can take into account any relevant information regarding the intern's previous progress at an undergraduate level.

The stages which are generally involved in a remediation process are as follows:

### **Stage 1 – local, trainer-led management**

Stage 1 is characterised by a strengthening of the usual educational supervisory arrangements which should be in place for the intern. The trainer gathers further details on the issues identified, through feedback with colleagues and discussion with the intern. The trainer will meet the intern to discuss the feedback, agree objectives and actions. The trainer will then meet with the intern on an ongoing basis to monitor progress. Initially, meetings should be organised on a weekly basis. The trainer may also decide that a work-based assessment is appropriate to validate the concerns.

The trainer shall identify appropriate measures that can be taken to assist the intern and agree actions for achieving the required improvements in a specified timeframe. The intern shall be given the chance to highlight any problems that they may have.

If the concern is not satisfactorily resolved at this stage, the matter will proceed to Stage 2 of the process.

## **Stage 2 – documented action plan and Intern Network Coordinator involvement**

Stage 2 is characterised by a documented action plan and involvement of the Intern Network Coordinator. If, in the trainer's opinion, the intern has not demonstrated an appropriate improvement in performance, the trainer will meet with the Intern to develop and document an action plan to address the identified issues. The Intern Network Coordinator will also be requested to attend this meeting.

The intern should be invited, in advance of the meeting, to provide evidence which may support their case.

A written record of the meeting should be agreed by both the intern and the trainer, and a copy kept by both parties.

At this stage of the process, there should be a formal, objective assessment of the intern. Possible assessment methods may include as appropriate:

- 1) Work-based assessments – i.e Mini-CEX (Clinical Evaluation Exercise), Record Review, Case based discussion, DOPS (Direct Observation of Procedural Skills), Multi Source Feedback
  - a. These provide an objective and reliable assessment of performance and supportive feedback
  - b. There is opportunity following assessment for the Intern to discuss their strengths and weaknesses with experienced consultant assessors
- 2) Reflective Log
  - a. Intern completes a reflective log of activity describing everyday clinical practice and intern's reflection on what happened, what they did, the outcome and what they would do differently in the future

Based on the findings of the assessment, an action plan for the intern will be drafted which will focus on the identified deficiencies and which will include all necessary supports for the intern. An action plan may include individualised training or any other specified training opportunities. It may be appropriate to adjust work schedules or supervisory arrangements to take account of concerns highlighted.

An action plan may impact upon an intern's ability to complete their training within the specified minimum 12-month period. This should be borne in mind when an Intern Network Co-ordinator submits their sign-off recommendations to the Medical Council at the end of a training year.

The intern should be given sufficient time to rectify the issue(s) concerned and to benefit from the action plan; if the intern fails to do this, the matter should be referred to the Intern Network Co-ordinator as part of Stage 3 of the remediation process.

It is important to recognise that development of the action plan should be followed with implementation and progress monitoring, which may include documented verification that agreed actions were implemented and were effective.

### **Stage 3 – escalation for management by the Intern Network Coordinator**

In cases where there is a persistent performance issue which is not resolved satisfactorily at an earlier stage, the case will be escalated to the Intern Network Co-ordinators. Throughout Stage 3, the action plan and remedial activities identified for the intern at earlier stages of the process should continue; this action plan is likely to be amended and place an increasing emphasis on progress monitoring including formal, objective assessment of the intern.

A formal meeting will be convened between the Co-ordinator within whose Network the issues have arisen and one or more Co-ordinators from the other Networks.

The intern and trainer will be invited to attend a meeting with the Network Co-ordinators.

As before, a written record of the meeting must be agreed and retained by both parties.

The Intern Network Co-ordinator will make a recommendation to the Medical Council regarding the issue or otherwise of a Certificate of Experience to the intern based on the outcome of the process. The Employer will also be notified of the outcome. Consideration will then be given to a further period of training or termination of intern training. Termination of the intern's training must be based on substantiated documented evidence. In the event of the intern's training being terminated, the Medical Council should be advised and provided with full details of the circumstances leading to this decision.

### **8. Stage 3 Appeals Process**

If, on conclusion of Stage 3, there is a recommendation (a) to extend the period of internship or (b) that the intern has not / will not satisfactorily complete(d) their training, and subsequently should not be issued with a Certificate of Experience, the intern has a right to appeal the recommendation. There are no other valid grounds for appeal.

To make an appeal, the intern must submit a written application to their Intern Network Coordinator no later than **21 working days** after the date that he/she has been informed of the recommendation which is the subject of the appeal.

An Advisory Group should then be convened consisting of a minimum of two representatives from other Intern Networks and a representative from the Employer's HR Department. A nominee from the university or medical school which awarded the intern's Basic Medical Qualification may also be appropriate.

The intern may invite a union representative or another individual to attend during this meeting.

The Advisory Group will consider all the evidence available, and may ask for additional information to be presented. The outcome of the appeal will be reported in writing to the Intern Network Co-ordinator.

## **9. When should the Medical Council be alerted?**

Concerns with an intern may ultimately lead to a complaint being made to the Medical Council.

Consideration of complaints against registered medical practitioners is provided for under Part 7 of the Medical Practitioners Act 2007 (the Act). Pursuant to Section 57 of the Act, the Preliminary Proceedings Committee considers complaints against registered medical practitioners on one or more of the following grounds:-

- (a) professional misconduct;
- (b) poor professional performance;
- (c) relevant medical disability;
- (d) failure to comply with a relevant condition;
- (e) failure to comply with an undertaking or to take any action specified in a consent given in response to a request under section 67(1);
- (f) a contravention of a provision of this Act (including a provision of any regulations or rules made under this Act);
- (g) a conviction in the State for an offence triable or indictment or a conviction outside the state for an offence consisting of acts or omissions that, if done or made in the State, would constitute an offence triable on indictment

Definitions of (a), (b) and (c) above can be found at the end of this section.

## **11. Conclusion**

Early identification of issues affecting an intern's performance provides the greatest opportunity for remedial action to be effective and for an intern to be supported in addressing any difficulties. In addition, early identification can help to prevent a concern from developing into a more serious concern.

At every stage of the remediation process, patient safety must remain a primary concern for all parties concerned, including the intern who is the subject of remedial activity and those involved in formulating the action plan.



## Definitions

- *The Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 8<sup>th</sup> Edition 2016* defines **Professional Misconduct** as:
  - a) Conduct which doctors of experience, competence and good repute consider Disgraceful or dishonourable; and / or
  - b) Conduct connected with his or her profession in which the doctor concerned has seriously fallen short by omission or commission of the standards of conduct expected among doctors.
- Section 2 of the Medical Practitioners Act 2007 defines **Poor Professional Performance** as “a failure by the practitioner to meet the standards of competence (whether in knowledge and skills or the application of knowledge and skills or both) that can be reasonably be expected of medical practitioners practicing medicine of the kind practiced by the practitioner.”

This has been interpreted by the Supreme Court to mean a “serious failure”.
- Section 2 of the Medical Practitioners Act 2007 defines **Relevant Medical Disability** as "a physical or mental disability of the practitioner (including addiction to drugs or alcohol) which may impair the practitioner’s ability to practice medicine or a particular aspect thereof."

## Reference Material

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<sup>i</sup> [\*Standards for Training and Experience required for the granting of a Certificate of Experience to an Intern\*](#)

<sup>ii</sup> [\*Guidelines on Medical Education and Training for Interns\*](#)

<sup>iii</sup> [\*HSE Employee Handbook\*](#)

<sup>iv</sup> [\*Disciplinary Procedures for the Employees of the Health Service Executive, January 2007:\*](#)

<sup>v</sup> [\*NHS Education for Scotland \(NES\) “Postgraduate Medical Education in Scotland: Management of Trainee Doctors in Difficulty\*](#)

<sup>vi</sup> *School of Postgraduate Education - Wales Deanery “Performance Unit for Trainees”*

**Approved by the Medical Council**

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