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# FOUNDATION TRAINING

## Information Summary for Educators: Managing Trainees in Difficulty

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**Developed and published by the Serious Concerns Review  
Group**

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for health and healthcare*

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## CONTEXT

All doctors have learning needs, and doctors in the training grades are specifically placed within the service environment to develop their knowledge and skills through experiential learning. It should not be expected therefore that doctors in training are prepared to deal with all the problems that they might face, hence the need for appropriate supervision and monitoring.

### Principles

1. **Patient safety** should always remain the first consideration
2. **Conduct issues** should be dealt with separately through appropriate disciplinary processes – Employer (Trust HR or Practice) or the General Medical Council (GMC)
3. **Training issues** should be dealt with through HEEM processes, outlined in this handbook.

**Concerns** about *training* may involve issues of:

- a. Clinical knowledge and skills
- b. Communication skills – written, verbal and non-verbal
- c. Professional behaviour and attitudes
- d. Health issues including stress related problems, alcohol or drugs
- e. Social factors – isolation, integration, family issues

Heath Education East Midlands (HEEM) is able to provide a variety of support for trainees experiencing performance concerns and for those educators who are responsible for their supervision.

### Reference documents

Detailed advice for managing conduct issues and performance issues is found in

The Foundation Programme Reference Guide (2012)

[http://www.foundationprogramme.nhs.uk/download.asp?file=Reference\\_Guide\\_2012\\_WEB\\_final\\_August\\_2012.PDF](http://www.foundationprogramme.nhs.uk/download.asp?file=Reference_Guide_2012_WEB_final_August_2012.PDF)

Maintaining High Professional Standards in the NHS - Department of Health. 2005

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4103586](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103586)

Good Medical Practice - General Medical Council. 2013

[http://www.gmc-uk.org/static/documents/content/GMP\\_2013.pdf\\_51447599.pdf](http://www.gmc-uk.org/static/documents/content/GMP_2013.pdf_51447599.pdf)

## WARNING SIGNS AND EARLY INTERVENTION

Training performance problems can often be dealt with effectively within a doctor's current post. **The key is usually early intervention**, identifying specific learning needs and setting clear objectives with the doctor concerned. Progress against the objectives should then be monitored.

The Clinical Supervisor report should give an indication of any concerns. Paice (2006) identified seven key early warning signs of a trainee in difficulty.

The seven key early warning signs:

1. The disappearing act – lateness, unexplained absence from work, just not being reliable.
2. Slow work rate – apart from the obvious this relates particularly to trainees who fail to engage with the e-Portfolio, make few log entries, do not complete the minimum number of WPBA etc.
3. Ward rage – i.e. outbursts of temper.
4. Rigidity – poor tolerance of ambiguity, inability to compromise.
5. Bypass syndrome – nurses and others avoid seeking opinions from trainees.
6. Career problems – difficulty with exams, uncertainty about career choice.
7. Lack of self-awareness – rejection of constructive criticism, defensiveness, counter-challenge

Documentary evidence should be kept and signed by the doctor and the Educational Supervisor

For significant concerns Educational Supervisors or Clinical Supervisors should seek informal advice from the Training Programme Director

Usually the training placement can be completed satisfactorily and an appropriate report as to the doctor's progress included in their e-portfolio.

If a health issue is suspected, advice regarding an Occupational Health assessment should be sought. This can be arranged through local Trust Occupational Health Services or via HEEM, which has good working relationships with Occupational Health Consultants in both Nottingham and Leicester, who have a good understanding of the specific issues regarding doctors in training. Such an assessment would normally review the impact an individual's health problem on their employment and ability to undertake training. An occupational health physician may give advice to the employer regarding reasonable adjustments or suggest modifications to training e.g. less than full-time training.

**It is important that a record is maintained of a trainee's absence from training whether this is because of a health issue or other reason.**

A doctor's progress through training is assessed by the Annual Review of Competence Progression [ARCP] process as described in the Foundation Programme Reference Guide; however addressing significant concerns should not be deferred to await a panel review, but should be raised at an early stage with the FTPD or Educational Supervisor.

Training difficulties should be discussed with the trainee, by the Clinical Supervisor (CS) or Educational Supervisor (ES), as soon as it is apparent that a difficulty exists. It should therefore, never come as a surprise to trainees that formal action is under consideration or that there may be an effect on their training progression. All decisions should be recorded in writing and the trainee should always be allowed to put their views in full before any decisions are made.

## **THE CAUSES OF PERFORMANCE CONCERNS**

Evidence from cases referred to the National Clinical Assessment Service (NCAS) indicates that in many cases performance concerns are multi-factorial. A brief overview was given in the introduction, but this section provides more detailed information.

A sympathetic discussion between the trainee and the Clinical Supervisor, Educational Supervisor or Foundation Training Programme Director may elicit facets of the problem that have not been disclosed.

### **Clinical knowledge and skills**

All doctors entering a new placement will have learning needs. It is important that these are discussed at an early stage with the Clinical Supervisor in order that the trainee is not required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise.

The trainee's Personal Learning Plan should reflect these needs and the requirements of the foundation curriculum.

Whilst it is accepted that part of a doctor in training's role is to deliver service, it should be recognised that these placements are training posts which should provide appropriate induction and education. It is not expected that in a new post the doctor is immediately fully equipped to undertake all the duties of the post. The Clinical Supervisor must ensure that the trainee only performs tasks without direct supervision, when the supervisor is satisfied that they are competent so to do.

Usually knowledge and skills deficits can be overcome by appropriate educational interventions tailored to meet specific objectives documented in a learning plan.

### **Communication skills**

Some trainees are identified as having difficulties with verbal and non-verbal communication. Patients may have difficulty understanding a doctor's dialect and trainees may struggle with their patients' regional accents and colloquial phrases. Non-verbal communication, the trainee's body language and picking up non-verbal cues can be a challenge for some trainees. The HEEM can access language assessment and support in certain circumstances.

Another problem area may be consultation skills. Some doctors find difficulty in moving away from a doctor-centred medical model of consulting using a parent-child transactional format. Increasingly patients expect a participative approach to their care; this is a source of conflict

and complaints if a doctor works with a doctor-centred medical model of the consultation. Focussed teaching can overcome deficits in consultation skills.

### **Professional behaviour and attitudes**

Good Medical Practice provides the underpinning guidance on professional behaviour and attitudes and it is against these standards that a doctor should be assessed.

Inappropriate professional behaviour may be manifested either in the workplace or take place in other locations. At its extreme it may involve serious misconduct or criminal behaviour.

In the workplace failings are often manifested in team working which is at the heart of modern medicine. Guidance on working in teams emphasises working collaboratively with colleagues and treating them with respect (Good Medical Practice, paragraphs 35 – 37)

Multi-source feedback tools can enable doctors to reflect on their behaviour and can form the basis for interventions such as occupational psychology or specific coaching.

Serious misconduct e.g. theft or prescription abuse will trigger disciplinary procedures and usually General Medical Council referral. Doctors have a responsibility to ensure that any police convictions, cautions or charges are reported to the GMC. (Good Medical Practice paragraph 75).

### **Health**

Health issues including stress related problems, alcohol or drugs are not unusual as underlying causes of performance difficulties. NCAS suggests that in 20% of referrals health is an issue.

Good Medical Practice places an obligation on doctors to seek help from a qualified colleague and follow professional advice if they feel their judgement or performance is being adversely affected by a health problem. There is often reluctance amongst doctors to disclose health issues particularly psychological problems or alcohol / substance misuse issues and this should always be considered. (Good Medical Practice, paragraph 28)

Stress related problems may be related to both the professional and personal aspects of a trainee's life, for example, difficulties in decision making relate to a lack of confidence in an individual's ability or to personal issues such as a marital breakdown.

When identified, matters relating to ill-health should be dealt with through occupational health processes and outside disciplinary procedures where possible. In cases where substance abuse, including misuse of alcohol is identified discussion with the General Medical Council will be necessary. Referral to occupational health will usually be undertaken by the employer but this may also be arranged through HEEM if the trainee has been referred to HEEM because of performance concerns.

When a doctor's fitness to practise is impaired by a health condition, a report to the GMC must be made and the Postgraduate Dean should be informed in writing. The GMC should also be involved if the doctor fails to comply with any measures that have been put in place locally to address health issues.

### **Social factors**

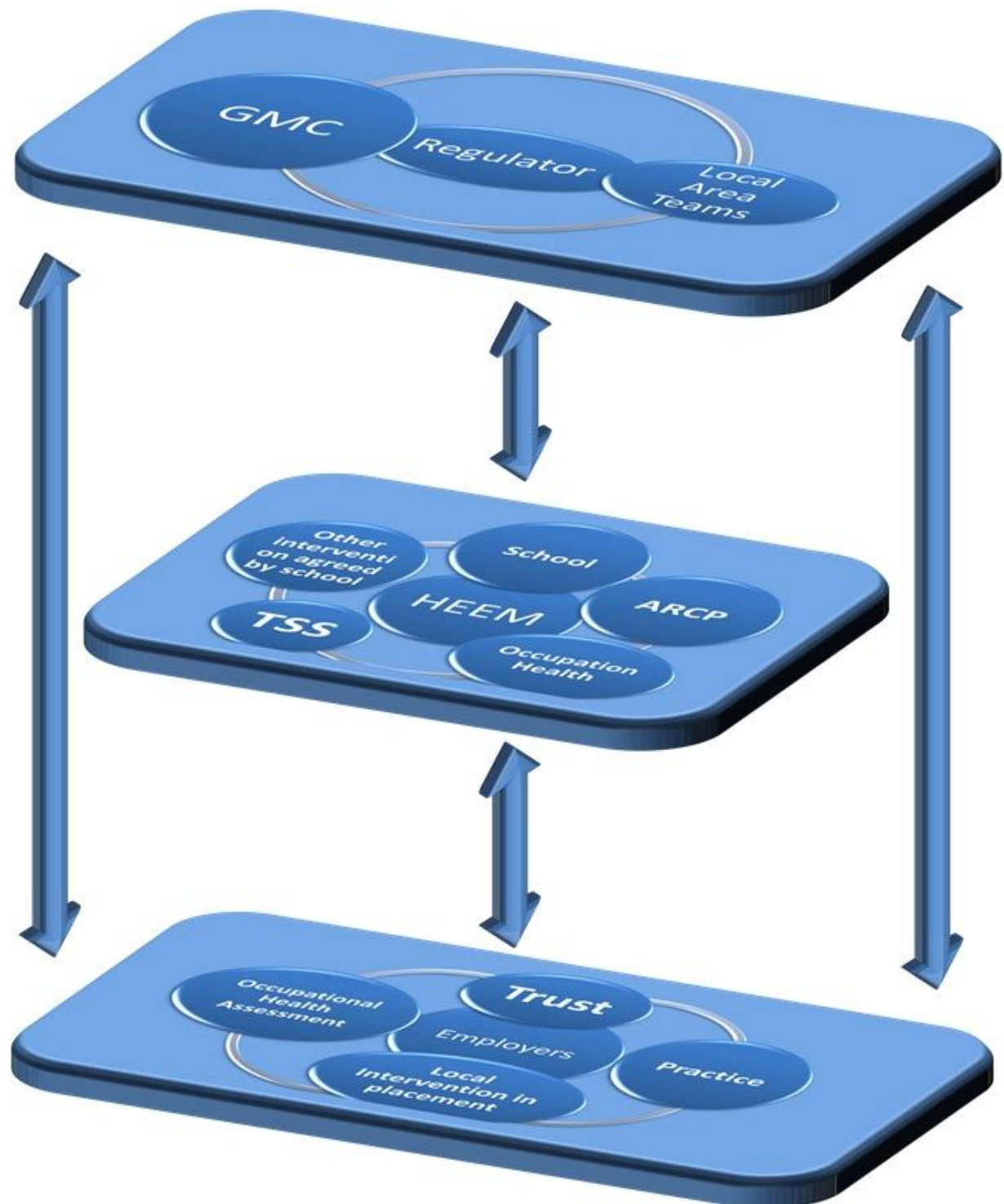
A number of social issues may impact adversely on performance. A doctor may have moved to take up a post leaving family in another location or may be travelling a significant distance to work. There may be difficulties in integrating into new environments. Family issues such as divorce, illness or financial problems may all be contributing to a doctor's performance.

HEEM can provide limited counselling support focussed on work issues, but other personal counselling should be accessed through the trainee's own GP.



## PERFORMANCE MANAGEMENT OVERVIEW

This diagram provides a visual representation of the flow of information between organisations that may be involved in managing trainee performance concerns





## INDIVIDUAL ROLES IN MANAGING PERFORMANCE

### All Medical Practitioners

All doctors have a duty as outlined in the GMC 'Good Medical Practice' that *'if you have concerns that a colleague may not be fit to practise and may be putting patients at risk, you must ask for advice ... you must report this in line with our guidance and your workplace policy, and make a record of the steps you have taken'*

(Good Medical Practice, paragraph 25c)

### Foundation Trainees

Foundation trainees have a duty to maintain a record of information and evidence drawn from their practice and reflect regularly on their standards of medical practice. Trainees also have an obligation to respond constructively to the outcomes of any appraisal or performance review.

(Good Medical Practice, paragraph 22a)

### Clinical Supervisors

(Reference Guide, paragraph 5.36 -5.41)

The Clinical Supervisor for each placement is a licensed medical practitioner who is selected and appropriately trained, who is responsible for ensuring that appropriate clinical supervision of the trainee's day-to-day clinical performance occurs at all times, with regular feedback.

The Clinical Supervisor should offer a level of supervision necessary to the competences and experience of the trainee and tailored for the individual, ensuring that the trainee is not required to assume responsibility for or perform clinical, operative or other techniques in which they have insufficient experience and expertise. The Clinical Supervisor must also ensure that trainees only perform tasks without direct supervision, when the supervisor is satisfied that they are competent to do so; both trainee and supervisor should at all times be aware of their direct responsibilities for the safety of patients in their care.

The Clinical Supervisor is responsible for completion of the induction meeting with Clinical Supervisor form and the Clinical Supervisor's Report for the trainee's portfolio at the end of the placement.

Significant performance concerns identified by the Clinical Supervisor should be shared with the trainee's Educational Supervisor and Training Programme Director.

If appropriate, the Clinical Supervisor will also need to inform clinical governance officers and the employing / contracting Trust of significant clinical events.

### Educational Supervisors

(Reference Guide, paragraph 5.30 -5.35)

The Educational Supervisor is responsible for overseeing training to ensure that trainee is making the necessary clinical and educational progress.

The Educational Supervisor should develop a learning plan and educational objectives with the trainee which is mutually agreed and incorporates actions and timescales that may be required following feedback from Clinical Supervisors.

Educational Supervisors should ensure that trainees whom they supervise maintain and develop their learning portfolio and participate in the foundation assessment process. They should provide regular feedback to the trainee on their progress.

Educational Supervisors are responsible for ensuring that the structured report, which is a detailed review and synopsis of the trainee's learning portfolio is available for the annual review of competence progression (ARCP).

It is imperative that Educational Supervisors provide honest and objective feedback to their trainee to ensure that the trainee has a clear perspective on their progress and any concerns regarding their performance. It is not helpful if, with the best of intentions, a trainee is given a false impression of their level of performance.

(Good Medical Practice, paragraph 41)

Significant performance concerns identified by the Educational Supervisor should be reported to the Foundation Training Programme Director.

If appropriate, the Educational Supervisor will also need to inform clinical governance officers and the employing / contracting Trust of significant clinical events.

### **Foundation Training Programme Directors**

Foundation Training Programme Directors have responsibility for managing foundation training programmes in their locality. They provide support for clinical and educational supervisors within the programme.

Foundation Training Programme Directors are expected to help HEEM manage trainees who are running into difficulties by supporting educational supervisors in their assessments and in identifying targeted training placements where required. In most cases, the Foundation Training Programme Director will also act as the key link with HEEM and Director of Medical Education of the Local Education Provider following an Outcome 3 given by an ARCP panel (see below).

When planning adjustments to individual programmes as a result of poor performance Foundation Training Programme Directors must take into account the collective needs of the trainees in the programme.

In managing performance problems Foundation Training Programme Directors are expected to work closely with the Foundation School Director and Director of Foundation Training for the East Midlands.

### **Foundation School Directors (FSD)**

The FSD have management responsibility for the Foundation Schools within HEEM developing policy in line with HEEM and national UKFPO guidance.

In managing performance concerns, FSDs can assist in identifying targeted training placements. They also act for HEEM in overseeing the progress of trainees during targeted training.

FSDs are a source of advice for Educational Supervisors and Foundation Training Programme Directors.

### **Chair of Serious Concerns Review Group**

Dr Bridget Langham chairs the SCRG, a group of senior educators with lay and HR representation, who are able to provide advice on the management and support in more serious cases where GMC referral may be necessary or has already been initiated. The group works closely with the HEEM Training Support Service.

### **Postgraduate Dean**

The Postgraduate Dean has overall responsibility for all doctors in training and is the Responsible Officer for revalidation. Should a speciality trainee appeal against decisions made as a result of the Annual Review of Competence Progression or other adjudication then the Postgraduate Dean (or nominated deputy) would chair an appeal panel.

### **Employer (usually NHS Trust)**

The employer has responsibility to manage issues of conduct and capability in line with the Department of Health guidance 'Maintaining High Professional Standards in the NHS'. However in dealing with capability issues for doctors in training there is an expectation that they will liaise with the HEEM.

(Maintaining High Professional Standards in the NHS, section IV paragraph 7)

In the first instance where there are issues around poor performance and professional competence, employers should advise the Postgraduate Dean of any trainee who is experiencing difficulties and the action being taken to support and remedy any deficiencies. The Postgraduate Dean and employer must work closely together to identify the most effective means of helping the trainee, whilst ensuring that patient safety is maintained at all times.

**The employer has a role in monitoring and managing absence from training.**

## **GUIDANCE FOR EDUCATIONAL & CLINICAL SUPERVISORS**

### **Introduction**

Feedback to trainees on their progress is a key element in encouraging a reflective approach and promoting continuing development. Feedback may take place informally, for example on a ward round or at the end of a consultation debrief, and will occur more formally throughout the training programme.

Feedback from workplace based assessments including cased-based discussion, mini-CEX, direct observation of procedural skills and multisource feedback provide information on progress.

Clinical Supervisors provide reports at the end of each placement and the Educational Supervisor is responsible for providing summary reports for the trainee's e-portfolio.

Feedback should consider a trainee's strengths and identify issues which require attention and should be SMART (specific, measurable, achievable, realistic and timebound).

### **Clinical Supervisor Assessments and Reports**

Doctors completing assessments and reports have a professional responsibility to provide accurate and honest assessments as outlined in the General Medical Council's guidance 'Good Medical Practice'.

Paragraph 41. You must be honest and objective when writing references, and when appraising or assessing the performance of colleagues, including locums and students.

### **Educational Supervisor Reports**

The Educational Supervisor is responsible for completing a structured report which is a synthesis of the evidence in the trainee's learning portfolio, and for discussing the report with the trainee prior to submission. The report should be comprehensive, open and honest.

### **Multi-source Feedback**

Do encourage trainees to choose a mix of senior doctors, peers, nursing and administrative staff to provide a balanced view of their strengths and areas for development rather than choosing individuals who they feel might provide a positive opinion.

When feeding back to trainees you may need to 'moderate' negative comments in the MSF. Responses should be anonymous but occasionally trainees might be able to identify a respondent by their comments. It is important that the MSF summary is released to the trainee

Trainees should **not** approach a MSF respondent regarding their rating / comments.

### **Providing Feedback**

Delivering effective feedback in a constructive manner is a necessary skill for clinical and Educational Supervisors. Resource materials are available to support the development of this skill.

## **THE ANNUAL REVIEW OF COMPETENCE PROGRESSION PROCESS**

Whilst performance concerns should be addressed at an early stage, the Annual Review of Competence Progression (ARCP) is the formal process whereby a trainee's progress through the training programme is assessed. It is a formal review of the trainee's portfolio..

Full details of the ARCP process and possible outcomes can be found in sections 10 and 11 of the Foundation Programme Reference guide but a few key points are presented here

The panel reviews the portfolio of evidence submitted by the trainee and decides an appropriate outcome. Other evidence may be considered by the panel but the trainee must have had sight of the information.

If an outcome 4 is upheld on appeal then the trainee's training number will be withdrawn. There is a need for close working with employers and Human Resources departments to ensure that this takes place in parallel with contract provisions and employment legislation.

## EXTENSIONS TO TRAINING

The ARCP may grant a period of additional training not normally exceeding twelve months

The Foundation Training Programme Director has an important and central role when considering any additional training.

Additional training time can only be recommended by the ARCP panel. The details of how a remedial or targeted training programme will be determined by the FTPD and the Foundation School Director in consultation with the Director of Foundation Training/Postgraduate Dean.

### Evidence

**What are the concerns, and in which competence areas?**

**Educational plan for additional training.**

**What are the specific expectations of the proposed extension?**

**Has there been referral to Occupational Health, and / or the Training Support Service been considered? Has any action been taken?**

This should be considered for anyone requiring additional training time because of failure to progress satisfactorily.

**What is the mechanism for ongoing review of the progress in the additional training?**

It is important to check that the trainee has had access to all documentation submitted to the ARCP panel prior to submission.

### Employment issues

Where concerns have been raised regarding a trainee following an Outcome from the annual review process, the Postgraduate Dean (or named deputy) should liaise directly with the Medical Director and educational lead (Clinical Tutor or Director of Medical Education) where the trainee is employed / working to investigate and consider whether further action is required.

The employer will need to issue a new contract of employment for the extension period, which specifies the duration of the extension with defined start and end dates as recommended by the Foundation School.

## TRAINING SUPPORT SERVICE

The Training Support Service (TSS) is a resource for trainees and trainers to support a trainee with performance issues ***in matters related directly to their training***. The TSS assesses the needs of a trainee, refers the trainee to outside providers for support, and provides case management services for trainees in difficulty. The aim is to work together with training programmes to address performance and progress problems.

Referrals can be made by:

- the training programme, a supervisor, or the ARCP panel
- self-referral by the trainee (although information is still gathered from the training programme)

When the TSS receives a referral, the case will be assigned to a case manager who will make contact with the trainee to schedule an initial assessment. Based on this meeting as well as any evidence provided by the training programme, a bespoke action plan will be developed and put into place with clear objectives and ways of monitoring progress. Referrals are made to external providers for support and TSS has access to profiling tools if necessary. The TSS then provides regular updates to the training programme as well as reports for ARCP panels upon request.

Examples of support options:

- Counselling
- Coaching
- Support with communication skills
- Occupational Health
- Career guidance
- Occupational and/or educational psychology assessments
- Clinical Psychology
- 360 degree feedback assessments
- Specific learning disability support

For more information and the referral form, please see the TSS website:  
[https://www.eastmidlandsdeanery.nhs.uk/page.php?area\\_id=8](https://www.eastmidlandsdeanery.nhs.uk/page.php?area_id=8)



## **SERIOUS UNTOWARD INCIDENT - NOTIFICATION TO THE DEANERY**

Although uncommon, should a major clinical event occur in which a trainee is involved, Health Education East Midlands (HEEM) must be involved at an early stage.

Similarly should a conduct issue become the subject of police investigation, HEEM must be informed promptly.

### **Addresses**

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## CONDUCT ISSUES

Conduct issues should initially be dealt with by the employer under disciplinary procedures. HEEM should be kept informed of the issues and any disciplinary action taken. It may be necessary for the employer or HEEM refer the case to the GMC.

### The General Medical Council (GMC)

The General Medical Council has ultimate responsibility for the registration of all medical practitioners. The GMC consider referral an appropriate action if there is evidence of:

- *misconduct*
- *deficient performance*
- *criminal conviction or caution*
- *physical or mental ill-health problems*
- *a determination (decision) by a regulatory body either in the British Isles or overseas*

On occasion, the performance of a doctor may be poor enough to warrant referral to the GMC. Significant fitness to practice concerns might include serious misconduct, health concerns or sustained poor performance, all of which may threaten patient safety

Depending on the circumstances of the case the General Medical Council may instigate health assessments or detailed assessments of performance.

Interim Orders Panels or Fitness to Practice panels may apply sanctions if a doctor's fitness to practice is deemed to be impaired. Such sanctions can include:

- *issuing a warning regarding future conduct*
- *agreed undertakings as to future performance*
- *conditions applied to registration*
- *suspension from the medical register for a set period*
- *erasure from the medical register*

### National Clinical Assessment Service (NCAS)

The National Clinical Assessment Service provides a range of services from advice over the telephone, through more detailed and ongoing support, to a full assessment of a practitioner's performance. NCAS does not take on the role of an employer, nor does it function as a regulator. It is established as an advisory body, and the referrer retains responsibility for handling the case throughout the process.

NCAS provides advice to employing and contracting Trusts in the management of performance concerns, particularly where exclusion is contemplated. Although NCAS do undertake assessment procedures, this is more usual for doctors who have already achieved their Certificate of Completion of Training (CCT).

## **HEEM Serious concerns Review Group (SCRG)**

When the difficulties being experienced are of a more fundamental nature and raise questions concerning compliance with Good Medical Practice, including ill-health impairing the doctor's capabilities, HEEM has mechanisms to provide support to the doctor, their employer and their trainers. This can include consideration of a referral to the GMC.

HEEM is in a position to directly consider aspects of performance and behaviour related to medical education. However we will also support employers in their consideration of other aspects of behaviours as they relate to delivering clinical care and patient safety.

The SCRG will review the circumstances around occasions of significant under performance of trainees which may have implications for licensing. The SCRG is available to offer advice and guidance to educators and trainees within HEEM. Where necessary the committee will liaise with the GMC, and will act as the referral panel to the regulator if required.

The Serious Concerns Review Group is chaired by the Director of Foundation Training, and its membership includes Foundation, Primary Care and Speciality training programmes, the Training Support Service, Human Resources and lay representatives.

## CONDUCT ORGANISATIONAL OVERVIEW

This diagram provides a visual representation of the flow of information between organisations that may be involved in managing trainee conduct issues

