



THE AUSTRALASIAN
COLLEGE OF
PHLEBOLOGY

Candidate in Difficulty Policy

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Policy Author	ACP
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Related Policies	Mentoring Policy, Special Consideration, Unsatisfactory Performance by a Candidate Policy.

PURPOSE

The purpose of this policy is to outline the identification, management and support of any candidate enrolled in an ACP course, who is experiencing difficulty or a critical incident.

SCOPE

This policy applies to candidates of any ACP course who have been identified by a supervisor/s, Fellow/s and/or peer/s as deemed to be experiencing difficulty while undertaking their studies. This policy aims to help with the identification and resolution of those difficulties.

DEFINITIONS / KEY WORDS / ABBREVIATIONS

Candidate refers to any person who has accepted an offer of a position in any Education and Training Program run by the ACP and has paid fees where applicable.

DoT refers to the Director of Training

EAP refers to the Employee Assistance Program

MBA refers to the Medical Board of Australia

SITA refers to Summative in Training Assessment

PIF refers to Performance Improvement Form

THE POLICY

Principles

Candidates can experience difficulty during their studies and training for many reasons. In considering these difficulties, College follows the below principles:

- Patient or other person's safety takes precedence over any other issues
- Candidates need supervision and support
- Confidentiality is required at all stages of the process
- A candidate's progress can be delayed until issues are resolved.

Identification

Early identification of issues can increase the chance of issues being resolved at a local level, in a timely manner and thus improving the chances of candidates successfully completing their training. The following is a guide to some of the possible signs of a candidate in difficulty:

Work issues:

- Unexplained absences and/or disappearing from work
- Arriving late, overworking, staying late
- Not achieving a reasonable work output
- Difficulty prioritizing the workload
- Disputing decisions and contradicting senior staff
- Rigidity in their work
- Ward rage
- Avoiding contact with other staff
- Other staff avoiding contact and/or refusing to work with the candidate

Physical/mental presentation:

- Persistent tiredness
- Being withdrawn
- Sudden and unexplained weight loss
- Bullying manner
- Continuing unexplained illnesses
- Other mental health issues

Interpersonal skills:

- Inappropriate displays of anger
- Lack of tolerance, inability to compromise
- Defensiveness
- Inability to accept constructive feedback

Training and education issues:

- Inability to complete requisite online module assessments
- Inability to complete requisite work-based assessments
- Clinical performance below expectations
- SITA failure

Other incidents:

In some cases candidates may be exposed to a critical incident, which is defined as a traumatic event which causes or is likely to cause extreme physical and/or emotional distress to staff and/or trainees and may be regarded as outside the normal range of experience of the people affected. It is important to note that what is a critical incident for one person may not be a critical incident for another. It depends on one's perception of vulnerability and amount of control over a situation. The following events are defined as critical incidents:

- Serious injury, near fatality or death
- Physical or sexual assault and violence or threats of violence
- Hold up, attempted robbery, major theft or vandalism
- Natural disasters or serious accidents
- Fire, explosion, bomb threats
- Acute illness (physical or mental)

Roles and reporting requirements

All supervisors, instructors, DoTs, Examiners and Faculty Chairs are responsible for identifying candidates in difficulty. It is important, initially, to ensure the safety of people and adequate support/medical attention is available if required and to contact relevant authorities as appropriate.

Once identified, all candidates in difficulty must be reported promptly to the DoT who will investigate and implement a support system where necessary.

DoTs will:

- Notify the National Director of Training and the Honorary Secretary
- Carry out any investigation required unless the incident requires external investigators (allocated by college)
- Determine if the situation is:

- o **non-critical** (e.g. failed a single assessment, temporary personal or health problem interfering with work/study, sub-optimal learning environment);
- o **major** (e.g. continuing failed assessments of the same type, persistent personal or health problem interfering with work/study; being at risk of being unable to complete the training in the requisite timeframe; a previously non-critical issue remains unresolved);
- o **critical** (e.g. uncontrolled mental health issues that place the candidate, peers and patients at risk, serious professional misconduct, a previously major issue remains unresolved)
- Carry out remediation as discussed and planned with the candidate, the Supervisor and any other relevant person and pertinent to the situation
- Keep accurate written notes of any outcomes or meetings that take place
- Escalate non-critical issues to major status if unresolved in six months
- Notify the employing institution once aware of serious mental health or other issues potentially affecting the safety of the candidate, peers and/or patients
- Mandatory reporting where necessary in accordance with the MBA.

The college has a duty of care to its trainees and its supervisors. In the event of a candidate in difficulty it will:

- Respond to any person who expresses concern for a candidate
- Ensure that support structures are in place for both candidates and supervisors
- Communicate all decisions to DoTs and the candidate
- Advise DoTs of college policies, appeals and other related material related to the candidate identified
- Keep all supervisors informed of any changes to the training course, assessments or policies related to trainees.

Areas of immediate action and notification to College include:

- Patient safety is jeopardized – actual or near miss
- Trainee safety – actual or near miss (eg suicide, significant impairment)
- Allegations of criminal conduct or professional misconduct

Investigation of potential issues

In general the following is a list of possible areas to investigate:

- Competency (knowledge, time management, communication)
- Lifestyle issues (unhealthy lifestyle, fatigue)
- Psychological issues (lack of insight, motivation, stress, critical incident with a patient)
- Work environment (team work, workload, inadequate support)
- Physical or mental illness
- Extrinsic (family issues, relocation, language/culture issues)

Investigation

- Speak with the person who raised the candidate as being in difficulty and obtain all the specific, factual and substantiated information possible
- Set aside a specific time for discussion with the candidate having given them advanced notice
- Encourage them to bring a support person with them
- Keep to the issue/s and don't get sidetracked
- Listen, and avoid jumping to conclusions about the actual issue/s
- All information gained must be handled with due regard to confidentiality, fairness, and natural justice.

Action Plan for Trainees in the Clinical Training Program

Any action plan should involve the candidate in the decision-making process. Depending on the situation the course of action can involve several interventions. A mentor will almost always be allocated.

Action plans can include the following (but are not limited to)

- Allocation of a non-clinical mentor or clinical mentor or both as required
- Weekly meeting between the candidate and supervisor following an agreed structured program
- Development of short term and long term goals
- Development of an additional rotation learning plan

- Additional workplace assessments
- Referral to outside assistance eg counselling
- Time out of the training program

No matter what the action taken there should be regular follow-up by the National Director of Training and the Honorary Secretary should be notified. Where appropriate, the DoT must also refer to the SITA forms, the implementation of a PIF, and follow the College Probation Policy, the Interrupted Training Policy, the Unsatisfactory Performance Policy and the Mentoring Policy.

Action Plan for Students in the MPhleb Program

Any action plan should involve the candidate in the decision-making process. Depending on the situation the course of action can involve several interventions.

Action plans can include the following (but are not limited to)

- Allocation of a mentor as required
- Referral to outside assistance eg counselling
- Time out of the program of study

FURTHER READING / RESOURCES

Commonwealth Ombudsman

Converge International

GMC: Managing trainees in difficulty

HETI: Trainee in difficulty

IMET Trainee in Difficulty Handbook

NHS: Managing the Trainee in Difficulty

Long, A. 2009, Trainees in Difficulty, *Archives of Disease in Childhood* Vol 94, 7 pp492-496

NSW Health: Complaint or Concern about a Clinician — Principles for Action

Managing trainee performance management checklist

NHS: Helping a Trainee in Difficulty: a five point plan for medical educators

Health and wellbeing of junior doctors

State Health services

ACT Health website

NSW Health website

NT Health website

QLD Health website

SA Health website

TAS Health website

VIC Health website

WA Health website

