



Royal Australasian College  
of Dental Surgeons  
*Let knowledge conquer disease*

# ORAL AND MAXILLOFACIAL SURGERY TRAINEES REQUIRING ASSISTANCE

FEB 2015

**Document Information**

<b>Nature of Document:</b>	Policy Document
<b>Document Number:</b>	1.0
<b>Version:</b>	1.0
<b>Policy Area:</b>	Education
<b>Author:</b>	Senior Education Officer, OMS
<b>Contact Officer:</b>	Senior Education Officer, OMS
<b>Authorised:</b>	Education Board and Board of Studies, OMS
<b>Approved:</b>	Council
<b>Date Effective:</b>	February 2015
<b>Date of Next Review:</b>	February 2018
<b>Policy Status:</b>	New Policy
<b>Related Policies:</b>	<ol style="list-style-type: none"> <li>1) Former trainees Seeking to Reapply to the Oral and Maxillofacial Surgical Training Program Guidelines</li> <li>2) Reconsideration, Review and Appeal Policy</li> <li>3) Handbook for Accredited Education and Training in OMS (The Handbook)</li> <li>4) Special Consideration in Assessment Policy</li> </ol>
<b>Policy Replaces:</b>	N/A

**Glossary:**

TRA (Trainee Requiring Assistance)

RACDS (Royal Australasian College of Dental Surgeons)

OMS (Oral and Maxillofacial Surgery)

DoT (Director of Training)

SoT (Supervisor of Training)

TAC (Trainee Advisory Committee)

RSC (Regional Surgical Committee)

HR (Human Resources)

## **1. INTRODUCTION**

### **1.1 Purpose**

This document is designed to assist in the identification, support and management of Oral and Maxillofacial Surgery (OMS) Trainees Requiring Assistance (TRA). This policy is designed to assist Directors of Training (DoTs) and Supervisors of Training (SoTs) who are dealing with TRA, to identify TRA early and to implement effective support systems for them. This policy applies to OMS trainees registered in accredited OMS training posts within Training Centres accredited by the College.

This policy identifies:

- a) the processes to be employed by the DoT and SoT at the local level to identify, support, manage and remediate TRA
- b) the processes to be employed by Regional Surgical Committees (RSC) to identify, support and manage TRA
- c) the stage(s) at which the College is to be notified by the RSC about TRA

The Medical Board of Australia and Dental Board of Australia have mandatory reporting requirements. The National Law requires practitioners, employers and education providers to report 'notifiable conduct' as defined in section 140 of the National Law, to Australian Health Practitioner Regulation Agency (AHPRA).

In New Zealand there are also mandatory reporting requirements under the Health Practitioners Competence Assurance Act 2003 – Part 3. Practice below the required standard of competence is notified through the Medical Council of New Zealand and the Dental Council (New Zealand).

This policy does not supersede mandatory reporting requirements and does not address the management of matters or behaviours that are defined as 'notifiable conduct' and that will be managed by AHPRA.

## **2. OBJECTIVE AND DEFINITION**

The objective of this policy is to identify and to manage TRA in a supportive, holistic and collaborative manner within a specified timeframe and to support the trainers managing these situations. TRA are those who are not making appropriate progress in training or who are experiencing difficulties with certain elements of training, such as passing examinations.

### **2.1 Background**

The College sets the standards of training and practice in OMS in Australia and New Zealand. The identification, support and management of TRA is necessary to maintain a high standard of training. This is done to ensure that the training program produces highly skilled, competent and safe Oral and Maxillofacial Surgeons. Supervision during the program includes the monitoring and guidance of a trainee's personal, professional and educational development. About one in ten trainees may experience some difficulties during their

prevocational years. Most problems, however, when appropriately identified and managed can be resolved by the DoT and/or the SoT working with the trainee.

Some of the trainees who have difficulties experience ongoing issues that will require external intervention or referral to the College. The following principles must be considered when applying this policy:

- a) confidentiality will be maintained at all levels. Access to information will be limited to those involved in management of the TRA and supporting administrative staff
- b) issues of patient and personal safety take precedence over all others
- c) trainee progression may be deferred until the issue is resolved
- d) there should be fair and equitable treatment of the trainee at all times
- e) patient (when applicable) and trainee confidentiality is to be respected at all stages
- f) trainee performance will be managed locally before escalation of the matter to the College

### **3. ROLES AND RESPONSIBILITIES**

#### **3.1 The College**

The College is responsible for:

- a) informing DoTs, SoTs, RSC and trainees of all assessment requirements and ensuring that any changes to assessment requirements are communicated in a timely manner
- b) Specifying at what point the College needs to become actively involved in dealing with TRA
- c) Developing requirements for local remediation of TRA and communicating these to all relevant DoTs, SoTs, RSCs, and the TRA in question
- d) Developing and communicating the College's decision making process regarding TRA
- e) Developing and communicating the College's decision making process regarding an appeal of a decision to remove a trainee from the training program
- f) Providing resources, training and support for DoTs and SoTs to manage TRA

#### **3.2 Trainees**

A trainee, as an employee, has a contractual relationship with their employer and as such is subject to local and national employment conditions. Trainees who have registered for training and are employed in a hospital or in a Training Centre also have an obligation to fulfil the requirements of the RACDS OMS Curriculum and Training Program.

These include:

- a) Contributing to the work of their training department
- b) Reaching work-related performance standards (appropriate to their stage of training)
- c) Making progress towards the necessary levels of responsibility and autonomy

- d) Meeting other training requirements, such as the successful completion of examinations and curriculum requirements

### **3.3 Employers/Training Sites**

Employers must ensure that employment laws are observed and adhered to. Employers are directly responsible for the management of performance and disciplinary matters of trainees. Employers may require that trainees meet the requirements of the training program in a specified period of time as a condition of continued employment. Training sites must ensure that they meet the College's accreditation requirements and therefore have the appropriate infrastructure and resources in place

### **3.4 Directors of Training and Supervisors of Training**

One of the fundamental roles of the DoT and SoT is to provide feedback to trainees regarding their performance. DoTs and SoTs should also have support at the local level from the Head of Department and the RSC, as well as support from the College.

SoTs are tasked with monitoring the quality of training and assisting in determining trainee suitability to sit the Final Examination. The DoTs confirm the completion of training. It is expected that SoTs will liaise closely with the DoT and/or RSC Chair (including attending RSC meetings when required) in order to discuss training issues and problems.

DoTs and SoTs must carry out remediation at the local level in accordance with the procedures set out in these guidelines. DoTs and SoTs will also be responsible for documenting issues and actions taken regarding TRA including dates and times.

### **3.5 Regional Surgical Committee's**

The RSC will:

- a) Inform the Chair of the Board of Studies and the Senior Education Officer OMS, in writing of any incident or event that impacts on trainee progression in the new training program.
- b) Inform the Chair of the Board of Studies and the Senior Education Officer OMS, in writing of any disciplinary action that has been taken against a trainee which impacts on their progression in the training program.

### **3.6 Trainee Advisory Committee of the Board of Studies, OMS**

The Trainee Advisory Committee (TAC) is responsible for considering remediation plans for trainees requiring assistance provided by the RSC. It is the responsibility of the RSC to inform the College of the remediation plan for TRA and it is the responsibility of the College to inform the TAC. It is recommended that remediation plans be prospectively approved by the TAC.

The TAC is also responsible for considering recommendations from the RSC about extension of probation/additional training or the removal of trainees who are not progressing satisfactorily from the training program. The TAC makes recommendations to the Board of Studies (OMS).

#### **4. IDENTIFICATION OF A TRAINEE REQUIRING ASSISTANCE**

It is the responsibility of the DoT and the SoT with whom the trainee is working to identify any concerns that could constitute a threat to patient safety, trainee safety and/or cause a significant delay in trainee progression.

##### **4.1 Early Warning Signs**

- a) Absenteeism: not answering pager, excessive amounts of sick leave, frequent lateness, avoiding commitments or changing on-call arrangements
- b) Low work rate: slowness at work, poor time management, staying back late but not getting the work done
- c) Anger and rage: anger when being questioned, frequent outbursts, shouting at colleagues or patients, aggressive tone when dealing with patient or colleagues or hospital staff, disrespect to colleagues or patients
- d) Lack of insight: disregard for constructive criticism, defensive or challenging behaviour
- e) Career concerns: Difficulty with exams, disillusionment with choice of career, failure to progress through training assessments
- f) Atypical behaviour, particularly behaviour that is out of character
- g) Inflexibility: poor tolerance of ambiguity, inability to compromise, difficulty prioritising, inappropriate or vexatious complaints
- h) Avoidance behaviour: junior colleagues or nurses finding ways to avoid seeking the opinion or help of the trainee

##### **4.2 Identification of a TRA may occur through:**

- a) An untoward incident
- b) A complaint or litigation
- c) A report from other health professionals
- d) An appraisal
- e) An assessment – formative or summative
- f) From performance data or clinical outcomes
- g) From a clinical audit

Many people are potential sources of information about a TRA. The initial information received and the direction of initial assessment will depend to some degree on the source of the information.

Information sources include:

- 1) SoT or other trainers

- 2) A Resident
- 3) A Nurse Manager
- 4) Self-reporting (The trainee)
- 5) A colleague
- 6) A patient or patient's relatives

Confidentiality should always be maintained. This applies to anybody who is managing a TRA. Where possible, information should be directly gathered from the source and not indirectly.

## **5. UNDERLYING CAUSES OF A TRA**

Poor trainee performance is a symptom of an underlying problem and it is important to explore the potential causes. These include:

- 1) Extrinsic factors (relationship issues, accommodation/transport difficulties, pregnancy and parenting, financial issues, visa and migration issues, language and cultural barriers)
- 2) Lack of competence (deficient knowledge, poor communication, poor time management, poor record keeping or documentation)
- 3) Lifestyle issues (ill health, poor general health, fatigue, unhealthy lifestyle)
- 4) Psychological issues (stress/burnout, lack of self-confidence, perfectionist or obsessive tendencies, heightened distress/loss of empathy, lack of insight/motivation, mental illness, alcohol or drug abuse, difficult personality traits)
- 5) Work environment problems (transition into new job/role, interpersonal conflicts within the team, excessive workload, inadequate support/supervision/role definition, bullying or harassment)

TRA often have issues in more than one area.

## **6. SUMMATIVE ASSESSMENT TOOLS THAT CAN IDENTIFY A TRA**

### **6.1 SST Examination**

The Surgical Sciences and Training (SST) Examination must be completed during the first year of OMS training (OMS1).

### **6.2 Final Examination**

Final Examination, FRACDS(OMS), must be completed prior to eligibility for admission to Fellowship.

## **7. FORMATIVE ASSESSMENT TOOLS THAT CAN IDENTIFY A TRA**

### **7.1 Six-monthly Assessment (DoT/SoT Assessment)**

The Six-monthly Assessment is a meeting between the trainee and their SoT to review the trainee's performance and progress. The Six-Monthly Assessment report relates to the trainee's overall performance during that period. For further detail regarding six-monthly assessments, including the appropriate process relating to borderline or unsatisfactory six-monthly assessments, please refer to Part A – Section 4 of the Handbook for Accredited Education and Training in OMS.

### **7.2 Team Appraisal of Conduct**

A Team Appraisal of Conduct is a workplace-based assessment of trainee behaviour, skills and interactions with other staff and patients that is undertaken by a variety of observers who have direct interaction with the trainee in the workplace. Trainees are rated against a number of domains using a simple scale. Team Appraisal of Conduct assessments routinely occur in the third year of training (OMS 3). TRA may be required to complete a Team Appraisal of Conduct assessment regardless of their year of training.

## **8. PREVENTION & MENTORING**

Prevention, early recognition and intervention are crucial aspects of providing trainees with assistance. Training Centres are encouraged to nominate formal mentors or to develop informal mentoring programs with training sites. Mentors may also facilitate the identification of areas of concern in a trainee's performance early on in the training program to enable remediation plans to be developed and enacted. Further information about the OMS Mentor Scheme is available in the Handbook (Part E-Section 1).

## **9. INTERVENTION FOR A TRA**

### **9.1 Is there a problem?**

Most of the information can be gathered from the trainee and the original information source without involving anyone else. All of the parties should be given the opportunity to provide information relevant to the issue to an impartial third party (this will usually be the DoT or SoT) to identify the facts and determine the specifics of the problem (see section 4). Information is gathered in a manner to ensure that confidentiality and objectivity is maintained. The issues and the actions should be clearly documented.

### **9.2 If a problem is identified**

The DoT must assess the severity of the situation and establish the facts as quickly as possible. Most situations with trainees will be of relatively low concern and may require

discussion with the team supervisor and the TRA. Situations that require immediate intervention include:

- 1) Risk to patient safety (actual incident or a near miss involving a trainee);
- 2) Risk to the trainee (suicide risk or significant impairment);
- 3) Allegations of criminal or professional misconduct.

If the situation is assessed as severe with regard to patient safety or conduct issues, a more formal process is required from the outset and the DoT should seek advice from the Director of Medical Services and the relevant Human Resources department.

It should be determined whether the problem is:

- 1) One of conduct (employment or jurisdiction) and should therefore be managed by the DoT with the support of the Head of Department in consultation with HR and the Medical Board. In this scenario, any action taken should be in relation to the trainee's hospital employment contract, or
- 2) One of training and managed by the DoT and SoT with the support of the RSC, TAC and the Chair of the Board of Studies, OMS. In this scenario, any action taken should be in relation to the trainee's accreditation with the College for OMS training.

### **9.3 Approaching the Trainee**

- 1) Appropriate timeframe: Speak with the trainee within a reasonable timeframe of a concern being raised to give the trainee the opportunity to respond to and resolve the issue before it progresses any further. In most cases, speaking with the trainee will be the most effective intervention that can be undertaken in resolving the problem.
- 2) Facts: The trainee needs to know all of the details of the concern, including the details of who raised the concern. The trainee has the right to replay their side of the story and at this point the DoT should listen and assess the situation. Unless patient or trainee safety is at risk, the DoT should consider all of the information before taking action.
- 3) Meeting: the DoT or an impartial third party should do this. In the event of an identified conflict of interest, HR should be involved.

### **9.4 Assessment and Judgement**

When deciding whether there is some concern regarding a trainee being in difficulty, it is vital to consider potential underlying causes and consider the need for further investigation (see section 4). A judgement should only be formed once all relevant information has been collected. Early discussion between the DoT, the Clinical Supervisor(s) and the trainee is imperative and should culminate in the development and agreement of a realistic learning plan.

If a trainee is dismissed or terminated from their hospital employment, they will be automatically terminated from their accredited training position and the training program.

## 9.5 Documentation

The documentation will be on one of three levels:

1) Low level concerns

These include the majority of issues dealt with on a day-to-day basis.

- Diary entry (always record date, time and individuals involved)
- Record discussion points
- Record agreed actions

2) Medium level concerns

These constitute a situation deemed more complex or if there is a chance the matter will proceed to a more formal pathway.

- Formal notes (file notes)
- Record of a balanced account of the facts
- Consider using an electronic recording
- Such documentation should be understood and acknowledged in writing by the trainee

3) High level concerns

These include serious allegations from the outset that may result in disciplinary or other formal action. Formal documentation guidelines are adopted as required by the Employer. . Such documentation should be understood and acknowledged in writing by the trainee. Seek advice early from Director of Medical Services or HR.

A failure to acknowledge or accept a warning should be considered grounds for disciplinary action.

## 10. FIRST STAGE MANAGEMENT

The DoT will be responsible, with the support of the SoT, for the development of an action plan to address identified issues. Such a plan should be developed in consultation and in agreement with the TRA:

- 1) Time: formal and adequate time should be set aside for adequate discussion. Trainees should be given adequate advance warning about the meeting
- 2) Support: the trainee should be given the opportunity to bring a support person
- 3) Shortcomings: in performance or progress should be clearly identified. The use of the assessment tools e.g. Six-monthly assessments, a Team Appraisal of Conduct
- 4) Self-assessment: The TRA should have the opportunity to provide an explanation
- 5) Actions: clear expectations should be established
- 6) Resources should be offered (see below 10.1)
- 7) Responsibilities: DoT and SoT
- 8) Expected outcome and review dates

If the matter is of low-level concern, such as chronic lateness or excessive leave taking, a decision as to whether the expected outcome has been reached should be determined within 6 months after the initial identification of the problem; this period will also include a formal 3-monthly review. A trainee who has not achieved adequate improvement after the initial 6-month intervention will have a remediation plan developed by the RSC. The Chair of the Board of Studies (OMS) and Chair of the TAC should be notified (see section 11).

If this matter is of a serious nature, with a moderate or high-level concern, or is an employment related behavioural issue, such as clinical judgment, bullying or inappropriate behaviour, then a remedial plan will be developed as a first-stage (see section 11) without the 6-month intervention phase outlined above.

## 10.1 Commonly used strategies

Strategies that can help address TRA situations:

- a) Targeted supervision e.g. help with time management, prioritising tasks, prompting, and review of assessment decisions
- b) Re-orientation to the team (team description and practical manual)/re-training: knowledge, technical skills and non- technical, professional skills
- c) Close review of training milestones
- d) Increasing level of support/supervision/mentoring
- e) Repeating clinical rotations
- f) Discussion between the TRA and a nominated Peer (e.g trainee representative) re: tips, efficient practices etc.
- g) Increasing frequency and thoroughness of feedback
- h) Correcting knowledge deficits – recommend specific texts and articles and direct to other helpful educational resources
- i) Altered work practices e.g. reduction in overtime, supernumerary position, allocation to specific teams with supportive supervisor
- j) External courses targeting the particular areas of concerns or gaps in knowledge.
- k) Communication and linguistic support
- l) Psychological support: Consider referral to the Employee assistance program (Australia wide) dial: 1300360364 or Doctors Health Advisory Service in New Zealand dial 0800 471 2654
- m) Suggested self-referral to a GP (or psychiatrist)
- n) Career counselling

## 11. REMEDIATION – REGIONAL SURGICAL COMMITTEE

If the above first stage management techniques are not working to deal with the TRA, the next step is for the DoT to notify either or both:

- 1) Medical administration and HR for employment issues. Medical administration and HR will work with the Head of the OMS Unit and DoT to formulate a remediation plan. Employment issues are left to the discretion of the employer.

- 2) RSC for training issues. The RSC will work with the DoT to formulate a remediation plan that will support and help re-establish the appropriate levels of performance. HR and medical administration should be informed if required.

NOTE: Removing a trainee from employment and removing a trainee from the OMS training program are separate processes. However, if a trainee is dismissed or terminated from their hospital employment, they will be automatically terminated from their accredited training position and the Training Program.

The remediation plan established by the RSC will:

- a) Identify the areas where the trainee has failed to progress or perform
- b) Document required performance / progression requirements
- c) Define the time-frame for a trainee to meet performance / progression requirements
- d) Identify assistance and support available to the trainee to assist them to meet the required performance / progression requirements
- e) Include a self-assessment from the trainee that provides an explanation about the difficulty that they are experiencing
- f) Include an action plan for carrying out the remediation plan including dates for meetings. The trainee, their DoT, the Head of Department and Training Centre Director should sign off on the Remediation Plan. The DoT should explain the remediation plan with the trainee, including deciding on the appropriate time frames for improvement.

A copy of the remediation plan is sent to the TAC and the Chair of the Board of Studies (OMS) for approval.

In addition to a formal 3 month review, the remediation plan should be reviewed against the performance of the trainee on a regular basis until the RSC agree that a trainee is no longer in difficulty. If no improvement is identified after 6-months, the matter should be referred to the TAC and Chair of the Board of Studies (OMS) for consideration of the removal of the trainee from the OMS Training Program. The recommendation to remove the TRA from the Training Program is then made to the Board of Studies and referred to the College Education Board for approval.

### **11.1 Recording and transferring of information to future training providers**

If a TRA is identified, the documented information should be given, in confidence, by the DoT to the next SoT for the trainees next rotation, and the trainee advised that the information has been provided to their next SoT.

All parties involved in the process (i.e. DoTs, the trainee and College) must keep a record of all of the related information. This should include reports on process and outcome(s). Factual accuracy in the transmission of such information must be ensured.

Confidentiality will be maintained at all levels. Access to information will be limited to those involved in management of the TRA and supporting administrative staff.