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Australian College of Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE

RACGP
Royal Australian College of General Practitioners

RGA Trainee Support: a practical guide for supervisors

December 2023

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Acronyms and terms used

ARST	Additional Rural Skills Training (RACGP)
AST	Advanced Specialist Training (ACRRM)
CbD	Case based discussion
EPA	Entrustable professional activities
FTE	Full time equivalent
GPA	General practice anaesthetist/anaesthesia
MCQ	Multiple choice question examination
MSF	Multisource feedback
RGA	Rural Generalist Anaesthesia
RGA-SSSA	RGA Standardised Structure scenario-based assessment
SIG	Special Interest Group
TPS	Training Portfolio System
TSP	Training Support Process
WBA	Workplace based assessment

The term '**primary college'** refers to either ACRRM or RACGP or both, as the college with which the trainee is undertaking their primary fellowship training.

Development of this guide

This guide was developed by fellows and staff from ACRRM, ANZCA and the RACGP, using policies and resources from all three colleges. Our thanks also to the Wellbeing of Anaesthetists Special Interest Group (SIG) for their input to the section on substance use.

A list of references is at the end of the guide. The guide was developed in the context of the transition to college-led training for ACRRM and RACGP. The guide will be regularly updated to reference new policies, procedures and resources.

Questions about and feedback on the guide are welcomed to rga@anzca.edu.au

1. Using this guide

This guide assist supervisors[1] concerned about an RGA trainee[2] who may need additional support, including where another person has raised concerns about that trainee. It takes you through:

- Confirming whether there is a problem
- Raising the problem with the trainee
- Planning a course of action to assist the trainee get back on track and complete their RGA training or (rarely) to assist them to recognize that RGA practice is not for them.
- Section 3.3 illustrates how the processes of the three colleges integrate into a single advice, notification and management pathway to provide additional supports to the trainee.

At all stages in the process, **trainee wellbeing** is a crucial consideration. The trainee should be encouraged to access professional and personal support resources and offered relevant assistance, including an invitation to have a support person present at meetings.

Please note that if the issues raised relate to **professional misconduct** or **threaten safety of patients or the trainee**, you should contact your head of department as soon as possible as more urgent intervention is needed. Note also that **suspected or confirmed substance use** is a specific case that requires planned intervention and expert advice (see **section 6.3.1**).

All dealings with trainees needing additional support must be undertaken in accordance with **principles of natural justice/rules of procedural fairness**, including adequate notice, a fair hearing and, with those making the decisions, free of bias and conflicts of interest. This includes making the trainee aware of the concerns and the evidence that underpins them, providing opportunities to hear the trainee's perspectives, and the trainee being given notice and time to resolve the issues.

Early identification: importance and barriers

It is important to identify a struggling trainee early because:

- There are significant **time constraints** within the 12-month (FTE) RGA training program
- Addressing difficulties early **keeps options open** for resolution and ongoing training

[1] The term 'supervisor' is used throughout this document to refer to a range of supervisors and mentors who may be involved in supporting RGA trainees.

[2] The term 'trainee' (ANZCA) is used in this document, but other terms such as 'registrar' (ACRRM) or 'doctors in training' (RACGP) may also be used.

- Addressing difficulties early can **prevent maladaptive behaviour becoming entrenched**.

The issue(s) raised may not be well articulated or easy to define. What initially appears to be a clinical issue may be due to other underlying issues such as illness or personal issues.

Supervisors observing underperformance may be reluctant to have a difficult conversation with the trainee, especially if no critical incident or near-miss has occurred. Supervisors may also avoid addressing an issue in the hope the problem resolves itself. They may lack confidence, time or resources to engage in investigation and planning to provide the trainee with additional support.

When issues are raised, the trainee may be reluctant or unable to engage with addressing them or with additional supportive processes. They may not trust supervisors to engage in the support process due to communication issues, social or cultural differences, concerns about bullying, harassment, or their privacy.

Barriers to assisting struggling trainees, such as hesitation in commencing a formal process and difficulty accessing appropriate resources, create delays in initiating assistance for the trainee, whether this is simply providing additional support or more formal intervention. This has significant flow-on effects within the 12-month RGA program.

This guide includes practical ways to investigate and define the issue(s) and develop an action plan with specific resources to support trainees getting back on track.

2. Confirming whether there is a problem

2.1 Triggers that raise concerns

A key issue is to identify the trainee at risk, struggling or requiring additional support. Within the RGA training program, specific triggers that raise concern include:

- Global concerns about performance
- Safety concerns raised on any WBA or where an EPA is not signed off due to safety concerns
- Issues with technical skills such as airway management
- Specific non-technical skill concerns such as poor situational awareness, teamwork and over- or under-confidence
- Inability to participate on the after-hours roster after six months (FTE) of training, for any reason
- Not engaging with WBAs and completing them at the frequency required to complete EPAs
- EPAs not being signed off at the recommended time intervals
- Negative multisource feedback (MSF) reports
- Examination failure (RGA MCQ or RGA-SSSA)
- Difficulty assimilating constructive feedback
- Negative interactions with a supervisor leading to a trainee displaying a lack of confidence in their supervisor
- A trainee raising concerns about the level and quality of supervision provided
- A trainee identifying that they are at risk, struggling or requiring additional support.

Note that the list above is not exhaustive and other issues may trigger concern(s). Issues may be identified during a planned formal review or outside such reviews. Given the short duration of the RGA training program, it is important that concerns are investigated and responded to promptly.

The 6-month progress assessment is particularly critical. If there is concern that the trainee is not progressing as expected at this review, then this should lead to a formal process to provide additional support to that trainee (with a formal meeting, support person/mentor, action plan, timeline review, documentation and escalation of concerns to the college, refer integrated pathway **section 3.3**).

2.2 Risk assessment: exclude immediate danger to the trainee or to patient safety

Risk assessment should first address situations requiring immediate intervention such as:

- Behaviours indicating immediate risk of harm to patients

  Critical error of judgement leading to a 'near miss'.[3]

  Evidence of substance use by the trainee[4] (see section 6.3)

- Behaviours that indicate immediate risk of harm to colleagues

  Aggressive or erratic behaviour

  Bullying, harassment, racist or sexist behaviour

  Evidence of mental illness

- Behaviours indicating immediate risk to the trainee

  Evidence of substance use (see section 6.3)

  Evidence of mental illness.

Attention should then be given to other issues that have the potential to harm patients if not addressed in a timely manner (see triggers section 2.1). Finally, other behaviours that impact the trainee's ability to practice as a rural generalist anaesthetist but do not appear likely to compromise patient safety should be addressed.

2.3 History and making a diagnosis: how might the issue be clarified

Supervisors should investigate concerns regarding trainee performance by seeking and documenting information from multiple sources whilst being mindful of protecting trainee confidentiality, where possible. A precise diagnostic approach will depend upon the concerns raised, but may include:

- Direct observation of performance
- Written or spoken comments from clinical supervisors, including feedback documented in WBAs
- Comments or formal complaints from team members such as nursing staff (e.g., in the MSF) (see **section 2.4**)
- Examination performance feedback
- Multiple fails in the RGA MCQ assessment

[3] In this circumstance, the trainee should be offered specific support. See ANZCA Critical incident debriefing toolkit at https://libguides.anzca.edu.au/criticalincident. Accessed 30 Mar 2022.

[4] See Wellbeing Special Interest Group resource document RD20 (2016) Suspected or proven substance abuse (misuse). Available at https://libguides.anzca.edu.au/wellbeing. Accessed 30 Mar 2022.

- Patient outcomes uncovered by critical incident reviews, morbidity and mortality meetings or department audits of complications or success rates
- Trainee self-assessment (e.g., at review meetings)
- Not meeting training plan expectations/agreement.

2.4 Other staff as sources of information

Consider making specific, confidential enquiries from a variety of sources, such as other senior members of the team (nurses or anaesthesia technicians). Ensure that any conversations are thoroughly documented as per the **appendix 1** template for the so-called 'corridor conversation'.[5]. This should include timing of the event, location and staff and patient(s) involved.

When another staff member raises specific concerns, the supervisor should encourage that staff member to discuss these directly with the trainee. It is vital that trainees receive direct feedback from those who observed the event as that observer is in the best position to discuss what the trainee was thinking and assess their insight and judgement at the time.

An alternative is to ask the trainee to present the case as a case-based discussion (CbD), as this provides an opportunity to assess the trainee's thinking and insight into the specific circumstances and their management. Multiple opinions may also be sought via a directed or general MSF.

2.5 Consider further descriptors

Anaesthesia supervisors may find the following descriptors, whilst generalisations, helpful.

- **The 'overconfident' approach:** overconfident and potentially resistant to supervision. Proceeds with the management of complex cases without communicating with supervisors. It may be difficult to differentiate an appropriately confident, more experienced trainee with communication deficits from an unprofessional trainee resistant to supervision.
- **The 'minimiser/optimist':** underestimates clinical conditions or couches their discussion of patients using minimalist terms such as 'the patient's airway is fine' when referring to a Mallampatti IV airway with restricted neck movement. Often seen in a trainee who does not want to deliver bad news to supervisors.
- **Gets the 'textbook answer' but not the 'safe answer':** tends to gravitate towards the most likely

[5] A 'corridor conversation' is where a FANZCA, RGA or other staff member informs the supervisor, informally, of their concerns about a trainee. Although informal, it is important that such concerns are documented (appendix 1 is a template for this documentation).

diagnosis without considering the worst possible differential diagnosis, potentially causing patient safety issues. Often has a history of excelling in written examinations.

- **Attempts to anticipate supervisor preference** tends to develop patient care plans that please their supervisor(s) rather than one they would put into action if working without direct supervision. This may ultimately manifest as the trainee being unable to commit to a management plan for their patient(s). The underlying issue may be not thinking through the plan but rather following 'a recipe' for providing anaesthesia care. Note that this may be a **systems issue**, for example, if the trainee is exposed to a large number of supervisors, particularly early in RGA training. The latter may be overcome by rostering the trainee to a smaller number of supervisors and through repeated rehearsal of their plans prior to each case (to consider the issues and consolidate skills in developing management plans).
- **Overly conservative:** orders more investigations than deemed necessary by most clinicians. Afraid to miss a diagnosis and, as result, exposes patients to the risk of additional investigations and prolonged time to treatment.

Beware the **halo effect,** a cognitive bias, where positive or negative impressions of a trainee in one area (or globally) influence judgement of their performance in other areas.

2.6 Consider when to speak to the trainee

In line with the principles of natural justice, the trainee has a right to know that inquiries are being made about some aspect of their performance and to understand the evidence upon which performance assessments are being made. Concerns or issues should be raised with trainees during observation or as soon as possible. However, those who brought your concerns may not have raised them directly with the trainee. **Appendix 1** is a template to request written documentation where concerns are raised informally (i.e., a 'corridor conversation').

Be mindful that asking the trainee for an out-of-sequence meeting to discuss their performance may be very stressful for the trainee. A **support person** (e.g., their mentor) and support resources should be offered at this stage, as in other stages of the process.

2.7 Consider trainee wellbeing early and often

All stages of the process of supporting a trainee who is not meeting training program milestones and other expectations may be stressful for the trainee involved. At each stage, the trainee should be encouraged to access supportive resources and invited to bring their support person to meetings. **A support person** is someone the trainee nominates to support them through the process. This role may be undertaken by the trainee's mentor or a senior RGA. This person should not be involved in the trainee's assessments or in providing input to the TSP, apart from supporting the trainee.

3. Preparing for a meeting with the trainee

3.1 From definition to intervention: developing an action plan

Questions for the supervisor to ask themselves:

- What problem(s) do I need to address?
- How should I address these problem(s)?
- Who should be involved? Does this situation meet the threshold for escalation to ANZCA and the trainee's primary college (see **section 3.3**)?
- Who is the trainee's mentor? Who can act as a support person for the trainee during this process?
- What will be the timeframe for the intervention?
- Are there employment or contractual implications of any intervention? For example, can the trainee remain on the after-hours roster?
- How will I evaluate the intervention?
- How will the intervention be documented and where will records be held?
- How will due process be assured?
- Who can I reach out to for assistance if I am hitting a 'roadblock' and need additional support?

3.2 The Milton Keynes traffic light guide for trainees where concerns are raised

The level of concern about the trainee is categorized as green, amber or red using table 1.

- **The grade** is based on the supervisor's knowledge of trainee performance in the RGA roles in practice using a five-point scale. This knowledge may be based on WBAs or other information sources (see *History and making a diagnosis* section 2).

  1. Clearly failing
  2. Concerns, inconsistent practice
  3. Performance is at level expected
  4. Above expected for stage of training
  5. At level expected at end of RGA

- A plus or minus is added to the grade to indicate the trainee's insight into their assessed performance in each RGA role:

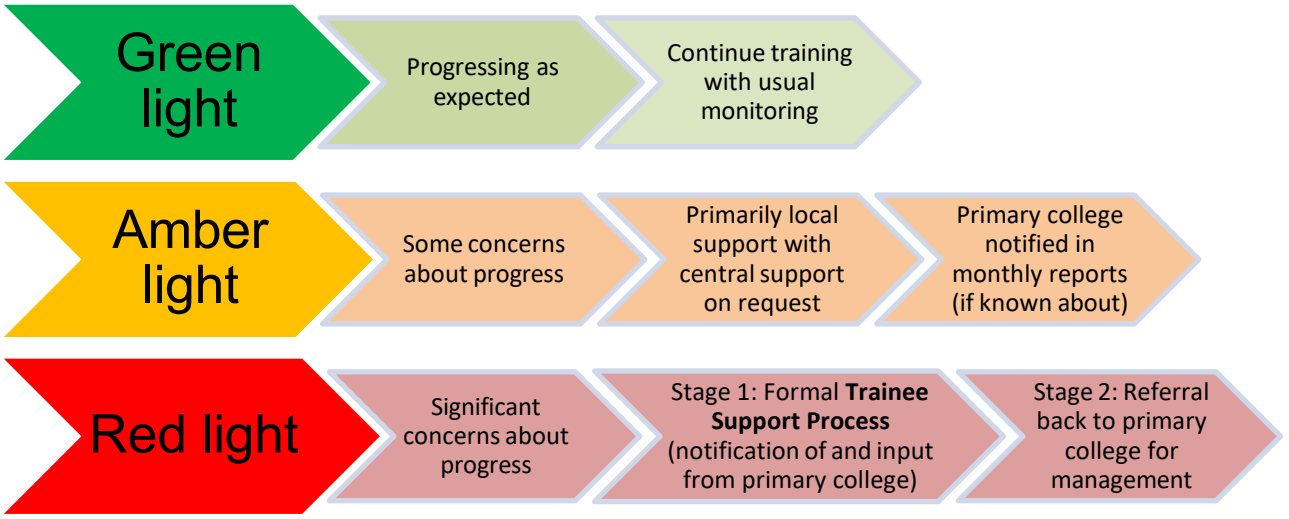
  \+ has insight into performance - has little insight into performance

Table 1. Milton Keynes Traffic Light System

Stage	Assessments	Grades	Concerns	Actions
Green light	EPA progression as expected	3+ all roles in practice	Nil	Usual monitoring
Amber light	Inadequate WBA numbers Borderline WBAs Some concerns about progress with EPAs Some concerns about appropriateness of behaviours (e.g., in MSF)	1 or 2 in any role in practice One area may be negative for insight	Some	Interview with supervisor, trainee, mentor or other support person Set specific targets (WBAs, MSF, EPAs) with more frequent review and monitoring Consider formal process (red light) if no improvement
Red light	See triggers (section 2.1) Unsatisfactory progress Not reaching EPAs expected	1 or 2 in more than one RGA role in practice More than one role is negative for insight	Significant	Interview with supervisor, trainee, mentor or other support person, may include head of department Discuss with ANZCA Training Assessment Unit, commence formal process Agree achievable goals, defined timeframe for change or improvement, including follow-up meeting dates (at least 4 weekly and possibly more frequently)

3.3 An integrated pathway for college support: ANZCA, ACRRM, RACGP

Figure 1 shows the overall trainee support pathway, including when notification and escalation to the trainee's primary college (ACRRM or RACGP or both for some trainees) occurs.



The first and key step is classifying the issue(s) that the trainee is experiencing in terms of the Milton Keynes Traffic Light system (Table 1, previous page), as this determines the steps to follow.

At the green light stage, no additional actions are required. The trainee can be provided with usual supports as they progress through their training.

At the amber light stage, the following additional supports are put in place:

1. Support and management are primarily provided at a **local level**. It involves the supervisor and others, such as the head of department. With local support, most trainees in this stage will return to the expected training trajectory and thus will not require central college support. Pastoral care is from the trainee's mentor and may involve professional help (see section 6).
2. The supervisor may **seek advice from ANZCA** on how to support the trainee. This is always open to supervisors and may be particularly required for a new or inexperienced supervisor. Contact training@anzca.edu.au.
3. As these trainees are managed primarily at a local level, they may not come to the attention of the ANZCA Training Assessment Unit. Through the Trainee Portfolio System (TPS), ANZCA can identify and monitor *some* trainees who are in the amber stage. However, these trainees only become known to ANZCA if the supervisor approaches ANZCA or where specific events are recorded in the TPS (such as examination failure or borderline assessment reviews).
4. ANZCA runs regular reports on those identified as being in the amber light stage and sends these data to the primary colleges each month for noting. These include names, a list of issues and updates on progress. Where trainees are flagged as amber with ANZCA, the ACRRM and RACGP will be offered the opportunity to discuss this with the ANZCA Training Assessment Unit team to ensure additional support is provided to trainees and their supervisors.
5. It is anticipated that **most issues in the amber stage will be resolved**, with the trainee returning to green and the usual training pathway. It is anticipated that a small number of trainees in the amber stage will move into the red-light stage.

At the red light stage, the following additional supports and management occurs:

1. This stage involves formalisation called **the RGA Trainee Support Process (TSP)**. The ANZCA Training Assessment Unit supports the supervisor and formally monitors all trainees' progress in this stage.
2. **Red light stage 1:** ACRRM and the RACGP are notified if one of their trainees formally enters the red-light stage. Documentation is shared with the primary college (ACRRM, RACGP or both, depending on where the trainee is registered for training). The primary college is invited to the ANZCA-run TSP meeting when all RGA candidates at the red-light stage are discussed, and their progress reviewed.

ACRRM trainees may also be reviewed within the **ACRRM Review and Remediation process**, noting advanced skills training (AST) completion as a requirement of the Fellowship. This review will consider potential effects on ACRRM Fellowship completion timings.

3. **Red light stage 2:** Trainees who are not making acceptable progress as part of the Red-Light Stage 1 agreed development plan are **referred back to the primary college** for formal remediation. When this stage is entered, training time accumulation is halted (although the post is retained), pending the outcome of the primary college's review. ANZCA provides all up-to-date, relevant documentation, including training records, to the primary college(s) of the trainee. The primary college reviews the trainees' progress across their complete program. After this review is complete, the primary college will share with ANZCA the outcomes of this review process, so that ANZCA is made aware of the outcomes.

4. **Re-entering RGA training:** Where it is identified that trainees should halt active training as a part of the red-light stage 2 remediation plan, trainees may re-enter RGA training once their issues have been resolved. They are required to participate in a **return to anaesthesia practice plan**. Alternatively, if the primary college deems the trainee unfit to return to RGA training, they are removed from RGA training.

3.3.1 Administration and governance principles

The intent of the TSP is to manage and identify risks and return the trainee to usual RGA training. The detection and remediation of trainee underperformance in the RGA is as follows:

- This process is governed by the **Tripartite Committee of Rural Generalist Anaesthesia (TCRGA)**, a committee which includes ACRRM, ANZCA and RACGP representation.
- RGA trainees requiring additional support are managed **initially through a local process** (**amber light stage**). If ANZCA is aware of these trainees through contact from a RGA supervisor or via documentation in the TPS, the primary college(s) will be promptly advised.
- For training management continuity, administration and monitoring of the process are by the **ANZCA training and assessment unit and DPA Assessors**, who manage other aspects of RGA training and will provide regular monitoring reports to the TCRGA.
- The RGA training program supports supervisors in identifying trainees requiring additional support using RGA-specific triggers for remediation, planning, discussion with the trainee, developing an action plan, documentation and support resources.
- All reports to each college will be sent via a secure method using SharePoint.

The TSP should not be used as a disciplinary measure or where issues related to employment, misconduct or where patients and/or the trainee are at risk of harm. In these instances, the head of department must be notified immediately, and advice should be sought from the employer's human resources department. In this scenario, each college will ensure that the other colleges (as relevant) are aware of the situation (see **red light stage** notification processes above).

3.3.2 The roles of each college in the TSP

ANZCA	Manage and administer the RGA TSP monitoring process. Send reports to ACRRM and / or RACGP for trainees identified at the **amber light stage** (where known, given this is primarily a local process). Send reports and invite RACGP and /or ACRRM representatives to TSP meetings where trainees in the **red light stage** are discussed. Work with the primary college to manage trainees at **red light stage 2**. Send regular TSP process updates to each TCRGA Meeting.
ACRRM	Receive **amber light stage** reports when supervisors reach out to ANZCA for support and advice through the primarily local process. Attend TSP meetings where ACRRM trainees in **red light stage 1** are discussed. Manage ACRRM trainees who reach **red light stage 1 and 2** and work with ANZCA to manage clinical issues.
RACGP	Receive **amber light stage** reports on RACGP trainees when supervisors reach out to ANZCA for support and advice through the primarily local process. Attend TSP meetings where RACGP trainees in **red light stage 1** are discussed. Manage RACGP trainees who reach **red light stage 2** and work with ANZCA to manage clinical issues.

3.4 Other considerations in planning the meeting with the trainee

- Whilst it is essential to consider all these issues in general terms prior to meeting with the trainee, it is **important not to present any remediation plan as a fait accompli**. Ideally, after determining that it is reasonably likely that a problem exists, the supervisor will meet with the trainee to work through the 'diagnosis' and 'intervention' phases. Timely involvement of the trainee allows them to engage with the problem definition and subsequent remediation, rather than having it imposed on them.

- When invited to meet with the supervisor, the **trainee should be made aware of the meeting purpose** and be offered an opportunity to bring a **support person** with them. The support person may be a mentor or another person of the trainee's choosing.
- In the early stages of problem diagnosis and intervention planning, it is **best to avoid widespread knowledge of the trainee's potential difficulties**. Therefore, staff members without direct responsibility for the trainee's progress in the RGA training program should not be involved unless this is the trainee's wish.
- If there are **potential employment implications** of clinical underperformance, then representatives from the human resources (HR) department of the employing hospital may need to be involved. In this case, the head (or director) of the anaesthesia department should be notified by the supervisor and involved early in the course of investigation and management. If there are immediate concerns regarding patient safety or grave misconduct, such involvement should be as soon as these concerns are identified.

4. Meeting with the trainee

4.1 Setting and approach

- The meeting with the trainee should occur in a private and comfortable space, with sufficient dedicated time and no interruptions.
- Be mindful of the trainee's context (e.g., rosters, especially night duty) to ensure they will have sufficient support following what may be a stressful meeting for them.
- These conversations should be normalized so, unless urgent, it is recommended that the discussion occurs at a regular meeting with the trainee[6]
- Use permissive and enabling language (e.g., 'many doctors face issues' and 'we are here to help you be the best doctor you can be')
- It may be necessary to use the initial meeting as a diagnostic process and have a follow-up meeting to discuss the management plan.

4.2 The SOLVER acronym

- **Summarise** and explain the reasoning behind the issues (on both sides)
- **Options** for management (again for both sides)
- **List** the chosen options for action going forward
- **Verify** the list with the trainee (i.e., their commitment to the actions and meeting benchmarks)
- **Enable** the management actions (e.g., teaching sessions, additional clinical experiences)
- **Review** the learning plan in a timely manner.

4.3 Topics to discuss

The issue(s) of concern

- Specific behaviour(s) or attitude(s) that have caused concern
- The reason this is concerning
- A comprehensive list of the specific evidence of underperformance (collated by the supervisor and

[6] Noting the additional time considerations in the 12-month RGA program. If the next training review meeting is some weeks away, an additional meeting with the trainee may be needed to have the best chance of them satisfactorily addressing any issues and completing the RGA training within the usual timeframe.

shared with the trainee as concrete examples). It may be helpful to list the issues from the department and supervisor's perspective and then ask the trainee to list their issues also. This may identify issues with supervision and management (e.g., rostering).

- The trainee's awareness and understanding of relevant professional and training requirements and standards relevant to the area(s) of concern
- The trainee insight into the problem(s)
- The extent of trainee acceptance of the need for additional support and action.

Contextual factors: have any of the following contributed to the problem?

- The work environment
- Systems issues
- The supervisors (including bullying and harassment)
- The trainee's home environment
- Physical health
- Mental health
- Other stressors (e.g., exam preparation)

Options regarding the course of action

- What should the trainee expect next?
- Does the trainee feel their perspective has been heard?
- What are the implications of a failed plan for additional support?
- Who will be informed about the issue(s) and the action plan?

4.4 Developing an action plan

- Discuss options appropriate to the nature and degree of concern, the trainee's insight and stage in RGA training
- The plan may include actions by both the trainee and their supervisors (i.e., in the latter where systems or supervision issues are identified)
- Identify whether trainee and patient safety are jeopardized by the trainee continuing to work as currently.

  If yes, discuss with the head of department. Consider options such as removal from the after-hours roster, a period of leave or removal from clinical duties or consider interrupting training. These are employment issues that should be dealt with by the head of department and the HR department.

  If no, implement a remediation plan whilst the trainee continues to work.

4.5 Potential interventions

This will clearly depend on the nature of the issues, but options include:

- Targeted clinical skills training, including with simulation training (directed at specific technical or non-technical skills or global performance)
- Enhanced or additional supervision with increased feedback such as targeted WBAs
- Increased exposure to particular clinical situations
- Targeted knowledge interventions.

4.6 Plan for monitoring progress

This is determined by the issues being addressed, but may include:

- More frequent review meetings
- Mandated MSF assessments, potentially with responders selected by the supervisor
- More frequent WBAs which may be targeted to the particular issue and level of supervision anticipated (e.g., more CbD for cases the trainee can do at level 3 or 4 supervision or miniCEX for cases with the supervisor present).

4.7 Determine an endpoint for the action plan

This should be agreed, but at the first meeting may be simply a review date.

5. Documentation

At the initial meeting with the trainee, there should be clear documentation with the aim of developing a shared understanding. This should include:

- The issue(s) of concern
- The remediation plan to address the issue(s)
- A plan for monitoring progress
- Expected timeframe for the desired outcome
- The criteria for success of the plan.

This documentation should be reviewed and updated in subsequent meetings. An example of appropriate documentation is in appendix 2. The trainee should be provided with a copy of this document. The original, signed by both trainee and supervisor, should be stored in a private and secure place at work (e.g., in a locked filing cabinet or a soft copy with password protection).

6. Specific issues

The principles and processes outlined in the rest of the document should be followed, whilst this section provides greater detail on five specific areas: clinical performance concerns, professionalism and insight concerns, illness including confirmed or suspected substance use, examination failure and global performance concerns.

6.1 Clinical performance concerns

These may include concerns about trainee's behaviour when at more distant supervision, especially after-hours, including:

- Choice of anaesthesia technique
- Patient assessment
- Communication of the plan to supervisor and the team
- Surgical and anaesthesia complexity and judgement re supervision requirements (threshold for requesting assistance).

What to evaluate to understand the issue	Possible elements in the action plan
Risk assessment should identify immediate danger to patient or trainee safety (section 3) Progress with EPAs (see triggers that raise concern section 3) Technical skills (WBAs including MiniCEX, DOPS) Non-technical skills (MSF) Description of specific events (see appendix 1 template for corridor conversations) Trainee self-assessment The context and whether systems and other personal or professional issues are impacting on clinical performance	Supervisor rostered to work directly with trainee Specific clinical experiences in the areas of concern (e.g., obstetrics, paediatrics) with close supervision, and observation Simulation for specific skills (e.g., airway management, CICO) More frequent WBAs (DOPS for specific technical skills, mini-CEX and CbD for some non-technical areas) for regular constructive feedback As progressive performance improvement is observed, allow more distant supervision and CbD to explore trainee thinking and decision-making More regular review meetings (e.g., 2-4 weekly given the length of RGA training)
Useful resources (see resources and references at the end of this document)	
• ANZCA critical incident support • Dreyfus Novice to Expert Five stage model of Adult Skill Acquisition • Educational Strategies for Improving clinical reasoning • Twelve tips for making the best use of feedback • Twelve tips for giving feedback effectively in the clinical environment • Using the RIME model for learner assessment and feedback	

6.2 Professionalism and insight concerns

Exclude immediate danger to trainee or patient safety

The following constitute professional misconduct or critical lapses of judgement and should be discussed with your head of department for more urgent intervention.

- Failure to follow explicit instructions of a supervisor with actual or potential grave danger to patient safety
- Dishonest practice such as overtly misleading verbal or written communication, or failure to communicate with grave risk to patient or staff safety
- Being uncontactable during an emergency when on duty.

Understanding the issues	**Possible elements in the action plan**
Consider how the issue was raised • Difficulty engaging with or receiving feedback • Confidence out of keeping with abilities and experience • Issues with teamwork (with medical or non-medical staff or both) • Inappropriate use of social media • Other non-technical issues such as communication	• Clear expectations of professional behaviour • Role modeling through mentoring • Specific courses • Focused academic support • Shadowing team members to understand their roles • Role plays with simulated patients • More frequent MSF
Useful resources (see resources and references at the end of this document)	
• ANZCA Supporting anaesthetists' professionalism and performance: a guide for clinicians. • Conversations inviting change • Conflict management: Difficult conversations with Difficult people • Having difficult conversations in the workplace	

6.3 Illness

Information may be volunteered by the trainee's peer group. Please take care to protect the trainee's privacy and confidentiality in discussion with their colleagues.

What to evaluate to understand the issue	Possible elements in the action plan
How was the issue raised • Physical illness – self presentation, concerns raised by other staff, excessive sick leave or unexplained leave • Mental health issues – signs of depression or anxiety, excessive negativity, unprofessional conduct, excessive errors, unsupportive behaviour towards peers, recurring complaints, overt psychosis	• Risk assessment: exclude immediate danger to trainee or patient safety (see section 6.3.1 below) • May require relief from duties to access medical assistance via primary care • Hospital psychiatric team in severe instances • Consider rostering, flexible training (part-time) and leave options (incl. to facilitate medical appointments) • Planned period of leave with interruption of training to allow assessment and management • Occupational health and safety assessment • Refer to section 6.3.1 on substance use as a specific case Seek advice if the threshold for mandatory reporting is suspected to have been met
Useful resources (see resources and references at the end of the document)	
• General practitioner • Psychiatrist • Counselling and employee assistance • Doctors Health Programs (especially after hours)	

6.3.1 Suspected or confirmed substance use as a specific case for planned intervention

Whilst substance use is a recognised problem across medicine and health, the anaesthesia context (whether during training or subsequent practice) includes daily access to high potency drugs, many of which are administered intravenously. Drugs used include opioids, propofol, benzodiazepines and volatile agents. As in the general population, alcohol is the most common substance used. Anaesthetists are over-represented in rehabilitation programs for substance use disorder, supporting increased risk.

There is limited information on this issue for RGAs. However, it is anticipated that it will be similar to ANZCA trainees[7]. Training in a rural or regional context, often in a smaller facility, likely impacts on

[7] Estimated prevalence in anaesthesia overall is 1.2 cases per 1000 anaesthetist years, noting this is likely to be an underestimate (Fry et al. A retrospective survey of substance abuse in anaesthetists in Australia and New Zealand from 2004 to 2013. *Anaesth Intensive Care* 2015;43(1):111-7). In trainees, it is estimated as 1.7 cases per 1000 registrar years or one in every 133 registrars entering training (Fry et al. Substance use disorder amongst Australian and New Zealand anaesthetic trainees: an analysis of 30 years of data. *Anaesth Intensive Care* 2015;43(4):530).

presentation/detection and subsequent management. The principles of initial management are below.

The key issue is that supervisors recognise that the period after substance use is detected represents a time of significant safety risk for the trainee, particularly as the anaesthesia setting also provides highly effective means of self-harm including suicide (e.g., muscle relaxants). Substance use in trainees also creates risks for patient safety.

Unlike other situations outlined in this document, this one requires expert advice and support for the supervisor, and planned intervention. Initial steps are outlined below.

Detailed information about the substance uses, presentation, signs, collection of evidence, verification, intervention, treatment options and further references are in the Wellbeing SIG resource document RD 20 (2016) Substance abuse [8], available publicly through the ANZCA library at https://libguides.anzca.edu.au/wellbeing.

Such trainees will meet the criteria for **red** in the Milton Keynes traffic light system, so processes for notification and involvement of the primary college must be activated once the initial critical situation has been addressed, as relevant.

Confirmed substance use

Understanding the issue	Possible elements in the action plan
• This is a critical situation which requires urgent action. • If substance use is confirmed by finding an intravenous needle or cannula in situ in a doctor, or directly observing their use of injectable or inhalational agents, **you must intervene immediately**.	Depending on the condition of the doctor, the following actions should be taken: • Call for the medical emergency response/code blue team if necessary • Do not leave the doctor alone • The doctor must be immediately relieved of any clinical duties • Notify the head of department or equivalent in your organisation • Contact the duty psychiatry service[9] – they need to arrange immediate escorted admission to an in-patient detoxification centre. Anaesthesia doctors in this situation are at extremely high risk of suicide and must not be discharged home. Not every psychiatrist is aware of this and you will have to advocate for your trainee in this context. • If the doctor does not agree to stop work immediately, then an immediate notification to the Australian Health Practitioner Regulation Agency (AHPRA) must be made

[8] Note the more widely accepted term is 'substance use'.

[9] This is more difficult in rural and remote areas, where supervisors may either need to access help via telehealth or via doctors health advisory services (see below).

	• If the doctor agrees to stop work, and be admitted to an in-patient facility, then notification to the medical board/AHPRA is less urgent.

Useful resources (see resources and references at the end of the document)

- General practitioner or rural generalist
- Psychiatrist (telehealth may be required)
- If you are unsure how to proceed, contact your local Doctors Health Advisory Service for guidance:

NSW	Doctors' Health Advisory Service (24 hrs/7 days)	02 9437 6552
QLD	Doctors' Health in Queensland (24 hrs/7 days)	07 3833 4352
WA	Doctors' Health Advisory Service WA (24 hrs/7 days)	08 9321 3098
SA	Doctors' Health SA (24 hrs/7 days)	08 8366 0250
NT	Doctors' Health NT (24 hrs/7 days)	08 8366 0250
ACT	Doctors' Health Advisory Service (24 hrs/7 days)	02 9437 6552
VIC/TAS AMA Peer Support Line or TDHP (8am-11pm/7days)		1300 853 338 or 1800 991 997

- Wellbeing SIG RD 20 (2016). Suspected or proven substance abuse (misuse): prevention, recognition, intervention, substance abuse committee.
- AHPRA Guidelines: mandatory notifications about registered health practitioners at https://www.ahpra.gov.au/Notifications/mandatorynotifications/Mandatory-notifications.aspx

Suspected substance use

What to evaluate to understand the issue	Possible elements in the action plan
• Substance use may be suspected due to observations by yourself or other staff. • There are a range of signs and symptoms that may indicate concerns regarding possible substance use. • They may be subtle such as a doctor keen to work alone, refusing breaks but readily willing to relieve others in theatre and being at work when not on duty or on call. • Or they may be more clear-cut such as observation of injection marks on the body. • A more detailed list is available in RD 20 (2016).	It is important to maintain awareness of the potential risks specifically regarding substance misuse in anaesthesia, and hence be prepared to support the therapeutic aspects as well as the more formal employment and disciplinary repercussions. If suspicions are raised regarding a trainee possibly misusing substances, the following steps should be followed (detailed description of these steps is in RD20): • Detailed evidence should be collated by a senior member of the department • Carefully document concerns, an audit of drug use may be required

	• Maintain confidentiality of all parties during investigation • Plan intervention, with support from local experts/authorities and in discussion with medical board/AHPRA • Conduct planned intervention, with consideration to ensure support person/advocate available for the doctor concerned • Ensure the doctor is accompanied at all times for their protection against self-harm • The intervention should end with the doctor being admitted for inpatient treatment in a detoxification unit. • The potential for suicide is high. Doctors in this situation are eloquent and convincing and may be able to convince mental health team members not familiar with anaesthesia and the risks involved, that they are safe to be discharged. You may need to advocate for your trainee's safety in this context.

Useful resources (see resources and references at the end of the document)

- If you are unsure how to proceed, contact your local Doctors Health Advisory Service for guidance:

NSW	Doctors' Health Advisory Service (24 hrs/7 days)	02 9437 6552
QLD	Doctors' Health in Queensland (24 hrs/7 days)	07 3833 4352
WA	Doctors' Health Advisory Service WA (24 hrs/7 days)	08 9321 3098
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- Wellbeing SIG RD 20 (2016). Suspected or proven substance abuse (misuse): prevention, recognition, intervention, substance abuse committee.
- AHPRA Guidelines: mandatory notifications about registered health practitioners at https://www.ahpra.gov.au/Notifications/mandatorynotifications/Mandatory-notifications.aspx

Following inpatient treatment, these services can support ongoing treatment, monitoring and support for your trainee.

6.4 Examination failure

Understanding the issues	Possible elements in the action plan
• Is this an isolated issue or part of more global underperformance? (Clinical, other training requirements, health, family or home issues) • Trainee knowledge of exam process including exam reports • Duration and intensity of study prior to exam • Attendance at teaching programs, exam courses and practice exams • Use of study group • Other supports e.g., GPA mentor • Other stressors affecting exam preparation	• Investigation of learning style ('how I best learn') and needs • Goal setting with regular review Plan next exam attempt: focused academic support • Study timetable • Practice exams (video recording and review with supervisor) • Study group with other RGAs, exam coach • Teaching and exam courses • Performance psychologist • Management of other stressors
Useful resources	
• ANZCA essential exam tips podcast (in Networks): Dr Patsy Tremayne provides an overview of issues faced by trainees sitting exams and how to manage these. This includes suggestions for structured and optimal study, and testing at home under exam conditions. • ACRRM study groups (e.g., Greg Coates group in Victoria via weekly videoconference) and ACRRM StAMPS support (including practice examinations)	

6.5 Global performance concerns

Understanding the issues	Possible elements in the action plan
• Unexplained absences • Late for work • Poor prioritization, haphazard portfolio, and poor decision making • Conflict with colleagues • Lack of engagement in education and dept activities • Attitude and behaviours • Probity e.g., plagiarism false claims etc.	• Exclude immediate danger to patient or trainee safety • Combine aspects of other plans above depending upon the specific issues • May include closer supervision, more frequent WBAs, more frequent meetings and regular specific feedback on progress and ongoing concerns
Useful resources	
See resources and references at the end of this document	

Appendix 1: Template for 'corridor' conversations

This form should be completed to provide a record of each event that is reported to the supervisor. To ensure privacy and confidentiality, each completed form should be retained by the supervisor in a locked filing cabinet or securely on their work computer.

Direct supervisor of the trainee at the time that the concern was recognised

This is the person who is providing direct feedback about the trainee.

Name: _____

Signature: _____

Date: _____

Trainee: _____

Please give a clear, detailed summary of events

Timing: _____

Location: _____

People involved: _____

Description of event:

Have you given the trainee direct feedback regarding this event? If yes, please give a summary of this feedback:

Yes No

If yes, please give a summary of this feedback:

Timing: _____

Location: _____

Outcome of feedback:

Is there any immediate danger to trainee or patient safety? Yes No

If yes, please inform the trainee's supervisor and director of the department immediately.

Has the trainee's supervisor been informed of this event? Yes No

Supervisor: _____

Name: _____

Signature: _____

Date: _____

Appendix 2: TSP guidelines and templates

These guidelines are to be used by supervisors of training (SOT) to document a meeting for the trainee support process (TSP). Before commencing this process, consider whether the trainee is safe to practice. If not, discuss with the head of department (HOD), considering the trainee's rostered duties and the immediate safety of patients and the trainee. The HOD should be informed that a meeting has been scheduled and may be in attendance. The HOD should follow the requirements and processes prescribed by the relevant regulatory board/council. The Wellbeing SIG resource documents may be a useful adjunct to the process. As the SOT, you should consider possible solutions and plans of action before the meeting and should be prepared with all relevant documentation. The most common issues trainees face outlined in this the RGA Trainee Support – A Practical Guide.

Trainees requiring support should minimise their involvement with the college and other key stakeholder committees and/or working groups in order to prioritise their training. The supervisor should lead the initial meeting with the trainee. A formal time should be set aside for the discussion with sufficient advance warning for the trainee. The meeting should occur with adequate time for consideration and in a private place. The trainee is encouraged to contribute to the discussion. The trainee should be offered the opportunity to bring a support person.

Documenting discussions with trainees

Adequate permanent confidential records of discussions with the trainee must maintained. The records should be detailed, factual, and contemporaneous and include matters raised and the views expressed by the trainee.

Any information provided to the trainee indicating that there may be disciplinary action must be clearly stated. Such information must be understood and acknowledged in writing by the trainee. A failure to accept or acknowledge a warning would be grounds for initiating a disciplinary process, according to employer requirements.

It is advisable to seek assistance from the relevant hospital human resources department to ensure compliance with employment legislation.

Following discussion

A copy of the record will be provided to the trainee.

- A copy of the record of the discussion and agreed action plan must be forwarded to the Operations Manager, ANZCA Training and Assessments at the commencement of the TSP. Once the process is complete, this should be reported to the Operations manager, ANZCA Training and Assessments.

Meeting details

College ID | | | | | |

Trainee name _____

Training site _____

Core Unit _____

Supervisor of Training _____

Head of Department _____

TSP start date _____

Persons present and designation (role or relationship to the trainee)

1. _____
2. _____
3. _____
4. _____
5. _____

Discussion and summary of concerns

Use active listening techniques and pay attention to your own and the trainee's body language and non-verbal cues. Six principles form the core of active listening:

1. Encourage the trainee to express opinions.
2. Clarify the trainee's perceptions of what is said.
3. Restate essential points and ideas.
4. Reflect the trainee's feelings and opinions.
5. Summarise the content of the message to check validity.
6. Acknowledge the opinion and contribution of the trainee.

Shortcomings in trainee performance and training progress should be clearly identified. (Record discussion on next page. If more space is required, attach additional pages.)

SOT summary of concerns

Trainee summary of concerns
The trainee should provide a self-assessment, including an explanation about their performance and the issues or struggles/challenges they are experiencing.

Action Plan

Clear expectations about required performance should be outlined. The supervisor of training and trainee will devise and implement a management plan. Agreed, achievable goals should be set, together with practical suggestions for their attainment. Suitable resources to support the trainee's progress should be identified. A time frame for the trainee to access relevant resources should be agreed.

A framework for goal setting is SMART goals:

a) **Specific:** What? Why? By whom? By when?

b) **Measurable:** How will progress be measured?

c) **Attainable:** Goals must be within the trainee's capability

d) **Realistic:** The trainee has the support, resources and ability to achieve the goals

e) **Timely:** There should be a specific target date for completion (noting there may be a series of dates by which time particular steps may need to be achieved).

Clarify expectations around the role and responsibility of the trainee to implement and deliver on the plan. Include key points/milestones and when these will be achieved.

Agree any actions ANZCA/SOT will take to support the trainee in the implementation of the plan

Before finishing the meeting, ask the trainee to commit to at least one action they will complete to initiate the plan. Identify strategies to achieve this

SMART GOALS	**Date for completion**	**Who is responsible?**
e.g., I will write a study timetable this week leading up to my next exam attempt	*One week from today*	*Trainee*

SMART GOALS	Date for completion	Who is responsible?

Once the action plan is agreed, discuss the consequences of failure to meet agreed targets.

Date and time of discussion _____

Duration of discussion _____

Date of next review _____ End date of TSP _____

Trainee Signature _____ Date _____

SOT Signature _____ Date _____

Following completion of this form, the supervisor of training should provide a copy to the trainee and the head of department. Please email this document within **two weeks** of the meeting to rga@anzca.edu.au

Appendix 3: Resources and references

Please note the following are potentially useful resources for trainees and their supervisors. Links were identified in June 2022. Please advise training@anzca.edu.au of any updates required.

Health and wellbeing

- All three colleges have EAP programs and doctors' wellbeing resources.
- AMA fatigue risk assessment tool: https://safehours.ama.com.au.
- DRS4DRS website: https://www.drs4drs.com.au.
- ACRRM wellbeing support: https://www.acrrm.org.au/support/wellbeing.
- Doctors' health advisory service in each Australian state and territory.
- General Practice Registrars Australia, Wellbeing (including common concerns and support services): https://gpra.org.au/wellbeing/support-programs/.
- Wellbeing of Anaesthetists Special Interest Group Library Guide (ANZCA, ASA, NZSA): https://libguides.anzca.edu.au/wellbeing.

Trainee requiring additional support

- Walwyn S, Barrie J. Trainee requiring extra support. *BJA Education* 2022;22(20):67-74. Available through ANZCA library.

Giving feedback and difficult conversations

All three colleges run programs and have online modules on giving constructive feedback (see college websites for more information).

- ANZCA fundamentals of feedback (Networks).
- ANZCA educators' program: https://www.anzca.edu.au/education-training/cme-courses-and-resources/anzca-educators-program.
- ANZCA supervisors of training support hub: https://libguides.anzca.edu.au/supervisors.
- Conversations inviting change: effective dialogue for health & social care. At https://www.conversationsinvitingchange.com.
- Overton AR, Lowry AC. Conflict management: difficult conversations with difficult people. *Clin Colon Rect Surg* 2013;26(4):259-264.
- Ramani S, Krackov SK. Twelve tips for giving feedback effectively in the clinical environment. *Med Teacher* 2012;34(10):787-91.
- Sepdham D, Julka M, Hofmann, Dobbie A. Using the RIME model for learner assessment and feedback. *Fam Med* 2007;39(3):161-3.
- Van der Leeuw RM, Slootweg IA. Twelve tips for making the best use of feedback. Med Teacher 2013;35:348-51.

RGA roles in practice

- ANZCA communicator role library guide: https://libguides.anzca.edu.au/roles/communicator.
- ANZCA collaborator role library guide: https://libguides.anzca.edu.au/roles/collab.
- ANZCA Supporting anaesthetists' professionalism and performance. A guide for clinicians. Feb 2017. Link 'Professionalism guide' at https://libguides.anzca.edu.au/supervisors.
- MBA Good medical practice: a code of conduct for doctors in Australia: https://www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx.

Critical incidents and technical skills

- ANZCA critical incident debriefing toolkit: https://libguides.anzca.edu.au/criticalincident.
- Dreyfus SE. The five-stage model of adult skill acquisition. *Bull Sci Tech Soc* 2004;24(3):177-81.

Mentoring

- ANZCA fundamentals of mentoring course (Networks).

Substance use

- Wellbeing SIG RD 20 (2016). Suspected or proven substance abuse (misuse): prevention, recognition, intervention, substance abuse committee. Available publicly through the ANZCA library at https://libguides.anzca.edu.au/wellbeing
- Baird CRW. Substance use disorder in anaesthetists: a personal perspective. *Anaesth Intensive Care* 2021;49(1):12-22. Available through the ANZCA library.

Training policies and documents

- ACRRM fellowship training handbook, for latest version see college website.
- ACRRM registrar in difficulty policy (v 1.0/2021): https://www.acrrm.org.au/resources/training/training-policies-and-processes.
- ACRRM withdrawal from training policy (T18 V1.0/2021): https://www.acrrm.org.au/resources/training/training-policies-and-processes.
- ANZCA early indicator checklists (Networks).
- James Cook University, Approach to registrars at risk.
- A guide to managing performance concerns in general practice registrars (RACGP): https://www.racgp.org.au/getattachment/636d6bbd-c131-4763-ab50-ae5d54d0e7d6/A-guide-to-managing-performance-concerns-in-general-practice-registrars.aspx

Version	Author	Approved by	Approval date	Sections modified
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