



Enhanced Trainee Support: Guidance for Medical Educators

**Health Education England- Thames Valley
Professional Support and Wellbeing Service (PSWS)**

With Acknowledgement: Northern Ireland Medical and Dental Training Agency (NIMDTA)
Severn and Peninsula Medical Education
Practitioner Performance Advice (PPA)

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Introduction and Aim

It is not uncommon for postgraduate doctors and dentists in training to experience personal or professional difficulties which have the potential to impact on work and training (Cox et al. 2006). One of the roles of a trainer/educator is to provide pastoral support in this situation and to be able to signpost useful resources to trainees. The Thames Valley Professional Support and Wellbeing Service (PSWS) aims to assist trainers and educators in this role. The purpose of this guide is to advise on and develop best practice in supporting postgraduate doctors and dentists in training within Thames Valley.

This guide is for:

- HEE-TV Educators and Education Management staff including:
 - Directors of Medical Education
 - Heads of School / Deputy Heads of School
 - Training Programme Directors / Foundation Programme Directors / Dental Advisors
 - GP Programme Directors / Associate Directors
- Educational & Clinical Supervisors

It has been developed in conjunction with the Professional Support and Wellbeing Service Policy which can be found on our web site:

<https://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/guidance-and-policies/>

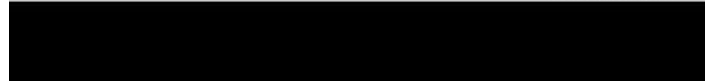
Further information about HEE-TV Professional Support and Wellbeing Service and the services provided can be found at: <https://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/>

Reference: Cox, J, et al., 2006. Understanding Doctors' Performance. Radcliff publishing: Oxford



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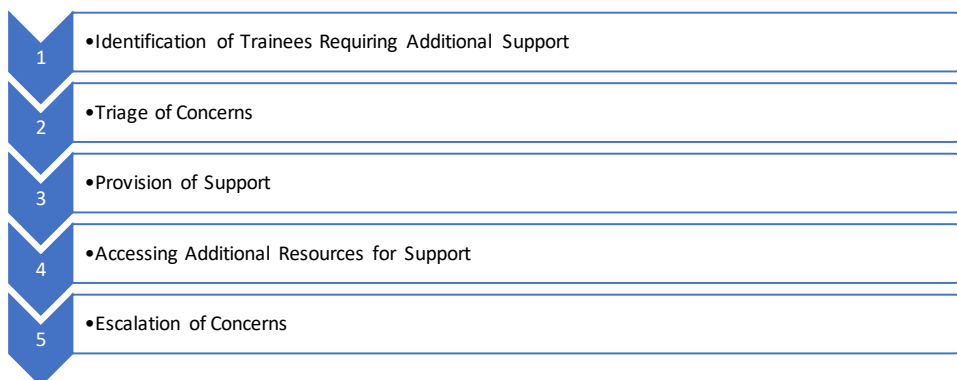
Professional Support and Wellbeing
for Doctors, Dentists and Pharmacists in training



Principles of trainee support

The PSWS promotes a holistic and collaborative approach to the support of trainees. Early intervention will often promote an optimal outcome for the trainee, colleagues and patients. Most concerns can be resolved within the local practice setting.

Practical steps in support may be organised in a staged process as delineated below. Additional information on each of these stages is given in the following sections.



1. Early Identification of Trainees Requiring Additional Support

Early identification of issues and difficulties impacting upon a trainee's progression is crucial. Trainers should have awareness of indicators of concerns.

Indicators of Concerns

Concerns regarding a trainee may be based on a variety of sources including:

- Direct observable behaviours
- Serious adverse incidents
- Patient or colleague complaints
- Work based assessments
- Repeated examination failure
- Any developmental Annual Review of Competence Progression (ARCP) outcome

Behaviours which are of concern include:

- Inflexibility
- Disappearing act
- Low work rate
- Career uncertainty
- Emotional outbursts
- Low self-awareness
- Not engaging with educational processes
- Visible health concerns
- Poor career progression

It is important to recognise these as symptoms rather than a diagnosis. They potentially may be the tip of the iceberg, concealing a wide range of possible causes.

Identifying Areas of Concern (Trigger Indicators)

The possible initial behavioural signs that a trainee is struggling include, but are not limited to, the following:

- **Work-based:** Absence from duty, persistent lateness, poor time management, backlog of work, failure to learn and change.
- **Clinical performance markers:** Over or under investigating, poor decision-making, poor record-keeping, complaints, failure to follow guidelines, missed diagnosis.
- **Psychological/Personality:** Irritability, unpredictability, forgetfulness, highly self-critical, perfectionism, arrogance, lack of insight, denial, risk-taking, impulsive.
- **Social:** Isolation, withdrawal, poor personal interactions.
- **Cognitive:** Memory problems, poor problem-solving, poor reasoning, poor decision-making, poor concentration, lack of attention, learning problems.
- **Language/Cultural:** Poor verbal fluency, poor understanding.

Many factors can affect the performance of a doctor or dentist and may occur individually or as a combination of interlinked issues. Difficulties can sometimes be attributed to the individual doctor. Behaviour however may be a result of problems within the team or even the wider work or home environment. Caution should therefore be exercised when exploring and formulating whether this is a performance or a conduct issue.

Performance

Examples of performance issues include:

- a significant event or untoward incident
- adverse clinical outcomes (possibly found as a result of audit)
- deficient communication skills
- inadequate consultation skills
- weak time management or prioritisation
- failure to work effectively with colleagues and in teams

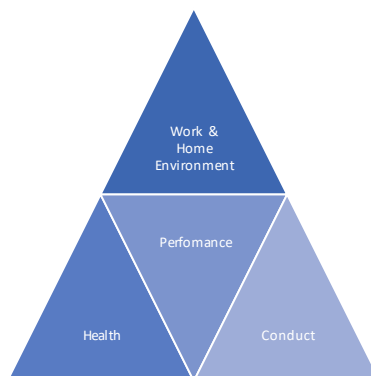


Figure 1 - Adapted from the PPA

Conduct (Personal and Professional)

Examples of personal conduct issues include:

- alcohol or substance misuse
- criminal behaviour e.g. theft, fraud
- serious acts of insubordination
- sexual, racial or religious harassment

- bullying
- dishonesty
- internet misdemeanours

Examples of professional conduct issues include

- failure to obtain consent properly
- inappropriate prescribing or certification
- improper relationships with patients
- unacceptable attitude or behaviour towards patients, relatives or colleagues
- breach of confidentiality
- misconduct relating to research

Impact of Health

Doctors can become unwell like all other individuals. This includes physical and mental health issues and substance abuse such as drugs or alcohol. Ill health may affect a trainee's capacity to work effectively and trainees may not recognise or be willing to acknowledge illnesses. Trainees may also be concerned about the stigma of being diagnosed with a mental health or psychological disorder and may perceive that time off work increases pressure on colleagues and affects or delays their progress through their training programme.

Impact of the Training Environment

Suboptimal performance or health problems may be due to an unsupportive or inappropriate training environment. Examples of this could include:

- Ineffective induction
- Inadequate supervision
- Excessive workload
- Inappropriate clinical leadership
- Dysfunctional team environment
- Culture of undermining and bullying

2. Triage of Concerns

Issues of patient and personal safety take precedence over all other considerations in line with GMC standards.

Patient safety issues MUST be reported to both the DME and Clinical Lead or Clinical Director as soon as they become apparent so that they can inform the Medical Director. The Postgraduate Medical or Dental Dean should also be immediately informed by the DME and/or Head of School - usually followed up by submission of revalidation exception report by the DME (in the case of medical trainees).

Concern Levels

Different concern levels should prompt the involvement of different levels of educators. Please see Appendix 3 for detailed examples of the different concern levels described below.

While the below guide indicates referral points to the PSWS, Educators can refer a trainee regardless of the level of concern should it be considered beneficial to the trainee, and with their consent. Advice and guidance regarding referral for trainee support can also be accessed at any point on [//thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/trainees/](http://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/trainees/)

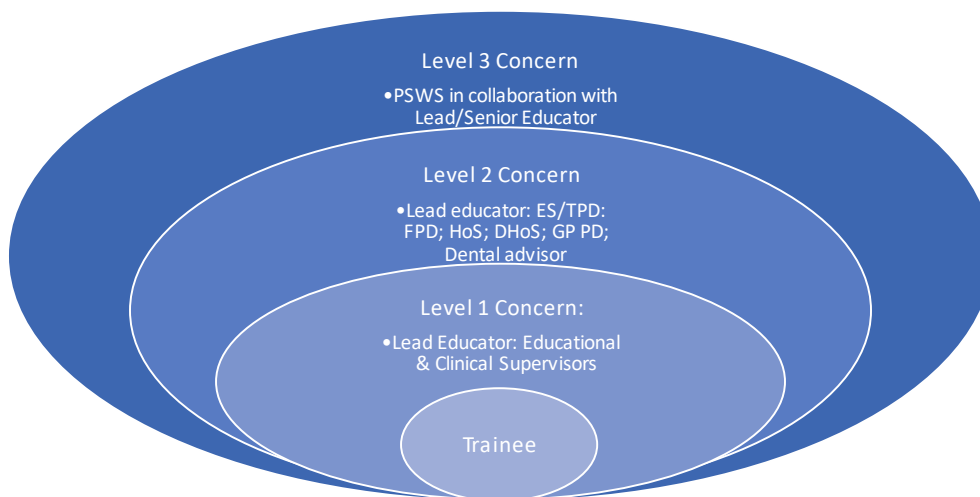


Figure 2 - Three Level Support Framework (adapted from Trainee Support Guide SPME)

Low: Level 1 Concerns

- This level represents trainees with minor concerns or dilemmas, presenting a potentially low risk to patients, themselves or others, for which a formative developmental approach is appropriate. For example, trainees who are missing some information from their e-portfolio or who have failed to obtain the required response rate for Multi-Source Feedback (MSF).
- These trainees will be primarily supported by their **Educational or Clinical Supervisor** with support from the Senior Educators (TPD/HoS). Educators and supervisors should use this guide to assess and document what support and actions have been put in place for the trainee at this level.
- The trainee concerned is unlikely to require extension of their training.

Moderate: Level 2 concerns

- This level represents trainees with issues that, if left unresolved could pose a moderate risk to the individual trainee, patients or the organisation, but are not yet sufficiently serious to warrant restrictions

in or investigation of their practice. This would include trainees who need to develop a particular clinical competence area (e.g. ARCP outcome 2 or 5) or who are not seeking and following medical advice for their health issues.

- At this stage advice and guidance should be sought from the **Training Programme Director, Foundation Programme Director, Dental Advisor, GP Programme Director, Head/ Deputy of School or Director of Medical Education**. Advice can also be obtained from Human Resources, Occupational Health and the Professional Support and Wellbeing Service at any stage for specialist support and developmental opportunities.
- The lead educator could be the ES or the TPD/HoS
- The local **Director of Medical Education** should always be kept informed of any local issues in line with local trust processes and policies.
- The trainee concerned may require an extension to their training.

High: Level 3 Concerns

- This level represents trainees with serious conduct concerns and/or persistent performance issues for which specialist input and resources are necessary. Examples can include repeated absences from work without explanation, dysfunctional relationships with colleagues or visible signs of stress and anxiety.
- Issues at this level may also represent a higher level of risk to patients and others and therefore require specialist approach. At this stage, the trainee **MUST** be referred to the **Professional Support and Wellbeing Service** so that they can access further support and developmental resources. It will also be appropriate to ensure that **Human Resources, Medical Director** and the **Postgraduate Medical or Dental Dean** are made aware of the serious concerns raised. **It is important that supervisors remain closely involved through liaison with HEE-TV while this support is being put in place and good communication should be maintained between HEE-TV and local education providers at every stage.**
- **The lead educator should be the TPD or HoS depending on specialty.**
- The local **Director of Medical Education** should always be kept informed of any local issues in line with local trust processes and policies.
- Progression of training is threatened.

3. Provision of Support

a. Principles of enhanced trainee support

- **Coordination** -the lead educator should take an overview of the situation and coordinate the process and people involved in supporting the trainee.
- **Communication** -with all members of the educational team working around the trainee as well as with the trainee
- **Patient safety** -keeping the CS working with the trainee informed and ensuring adequate handover at post changeover

- **Transparency** -information should be shared with the trainee at the earliest opportunity and ideally in a face to face meeting
- **Objectivity** -information should be based on specific, factual evidence, avoid anecdotal or second-hand information
- **Record keeping** -at all levels, all meetings and statements need to be recorded factually and accurately and the records stored by the lead educator.

b. Holding a Support Meeting

Most concerns can be addressed by an early discussion between the clinical or educational supervisor and the trainee. This is the opportunity to explore with the trainee the issues by discussing the areas of concern highlighted (Performance, Conduct, Health, Environment). Some issues may be sensitive, and the trainee may find it difficult to discuss certain areas. Furthermore, the trainee may not be ready to accept that there is an issue.

It is important to build rapport with the trainee and empathise with their situation – it is a big step for a trainee to open up about issues and they should be encouraged and supported along the way.

Giving feedback is crucial so that the trainee is aware of exactly what the concerns are and why a meeting has been arranged. When running the meeting the following framework is useful:

- Introduce meeting and purpose
- Clarify confidentiality and time
- Identify and agree the issues with the individual
- Explore reasons for difficulties with the trainee – perhaps there is more to the situation than initially presented
- Discuss and agree supportive and developmental actions (see ‘Developing an Action Plan’ in the next section)
- Document the session – keep this open and transparent and agree with the trainee (see documentation section)

The meeting should result in a realistic learning / developmental plan which is regularly reviewed to monitor if progress is satisfactory. Use of a meeting template may be useful (please see suggested template in Appendix 5).

c. Gathering Information

It is important to consider other sources of information which may help to establish a clearer picture of the issues. Sources of information include:

- E portfolio
- TAB, MSF or MCR
- Senior colleagues
- Other professionals concerned with the trainee’s welfare e.g. Occupational Health (with trainee permission)

Caution should be taken when information gathering not to stigmatise the trainee and ensure information is factual where possible.

d. Types of Support

Clinical Performance:

Focused training or retraining may be appropriate, including knowledge, technical skills, non-technical skills and professional skills. This may require an extended period of enhanced clinical supervision or targeted task-oriented training focusing on a specific deficit.

Conduct:

Enhanced supervision and dedicated 'developmental monitoring' can provide a supportive environment to tackle issues of insight into behaviour. Feedback from sources such as multisource feedback tools, video or simulation techniques can also be used to challenge behaviour. Further support may be available via the PSWS.

Health:

Every trainee must register with a local general medical practitioner and consult with their doctor in the first instance when ill. Ill health and sickness absence should be managed through the LEP's sickness absence policies.

GMC '*Good Medical Practice*' requires doctors to seek and follow advice from a suitably qualified physician (usually Occupational Health) if their judgement or performance might be affected by a health condition. Referral to the trainee's GP should also be considered.

Supervisors and educators should avoid acting as the trainee's doctor. Whilst initial inquiries might be made into possible underlying physical or mental health issues, they should be referred to their employer's Occupational Health or HR department for further guidance or assessment. (See Appendix 8 OH Guidance for Educators)

Home/Work Environment:

Occupational Health can advise on suitable adjustments to the work environment (as above). Other work environmental issues such as lack of resources, poorly maintained equipment and inadequate support should not be ignored. These may be issues that can be discussed with the Associate Dean for Careers and Professional Support in conjunction with Occupational Health and employing trusts. If the individual has a difficult home situation, considering a period of time off work or a reduction in hours (Less Than Full Time Training) may be worth exploring. The PSWS, LTFT and SuppoRTT teams may be able to offer further support and resources in relation to this.

e. Developing an Action Plan

This framework developed by PPA suggests the following should be included in an

action plan:

- Detail of the areas of concern
- An outline of possible interventions
- Identification of the resources needed
- Identify potential support required
- Detail of timeframes and schedule follow up review date
- Detail of the sources of evidence/information needed to demonstrate progress
- An outline of the implications for the trainee if the concerns are not addressed (if required)

The plan should be transparent and fully understood by the trainee. The trainee should be provided with a copy and a date for reviewing progress should be set. Depending on the level of concern, it may also be helpful for a copy of this action plan to be shared with the employer's HR department or training practice

f. Reviewing Progress

The purpose of this meeting should be to review the trainee's progress against the action plan and to address any concerns or underachievement against what was originally planned. Any further support resources that could be helpful for the trainee should also be considered. This meeting should take place at a time agreed between the supervisor and the trainee at the initial meeting. Depending on the level of concern, it may need to involve the DME, TPD or HoS and form part of an educational governance meeting.

g. Documentation

Documenting the meeting is extremely important. Documentation should commence as soon as concerns come to light. The local employer's HR department should be consulted regarding the appropriate method for storage of this information.

Guidance on documentation adapted from PPA may be helpful:

Record good and poor performance

- Include enough information to guide an outsider

Make prompt file notes

- Stick to the facts
- Quote verbatim
- Include work information – personal information may be included on agreement with the trainee
- Record meeting details: length, venue, date and participants
- Be balanced
- Include trainee's comments

It is important to consider who else the documentation should be shared with to ensure on-going support for the trainee and patient safety. This can be discussed and decided with the trainee in

conjunction with Lead Educators and the DME.

The following may help to ensure openness as well as rigour:

- Educators should avoid recording and keeping information about discussions with trainees without their knowledge or consent.
- Records of conversations should be held confidentially, with the trainee's knowledge and consent, by the person who has conducted the assessment of the issues with the trainee.

h. Trainee requests to change educational supervisors

Requests for a change in CS/ES should be jointly considered by the DME and relevant lead educator. The reasons for the request should be explored with both the trainee and ES. Opportunities for clarifying communication, giving and receiving clear feedback, and looking for opportunities to improve the current ES/Trainee working relationship should be robustly pursued.

It may be necessary to consider a change if their working relationship has irretrievably broken down. Any agreement for a change must be jointly agreed by DME/lead educator/trainee and be both in the trainee's interest and not unfairly prejudice training opportunities for other trainees on the scheme.

If this request comes in the broader context of Level 1-3 concerns, the above should be included and documented as part of the Support Plan.

4. Accessing Additional Resources for Support

a. Professional Support and Wellbeing Service

The aim of the PSWS is to support trainees to cope effectively during challenges and difficulties, helping and encouraging trainees to fulfil potential and progress in their training pathway. In addition, the service is a resource for advice, guidance and information regarding concerns to all parties involved in the education and management of medical and dental trainees. Frequently asked questions for referring educators are included in the appendices of this document (Appendix 2).

The PSWS has many services available to enable the development of a tailored plan which will best support the individual trainee. These services include:

- 1:1 Support Meetings
- Careers Guidance
- Mentoring
- Coaching
- Exam and Dyslexia support
- Wellbeing initiatives
- Signposting to regional Occupational Health
- Signposting to Confidential Counselling: Medic Support

Further information about the PSWS can be found on the website: [Professional Support & Wellbeing Service - Working across Thames Valley \(hee.nhs.uk\)](https://www.hee.nhs.uk/professional-support-wellbeing-service-working-across-thames-valley)

When to refer your trainee to the PSWS:

- Consider early referral at Level 2: If there is concern that the support needs may escalate to Level 3, we encourage the lead educator (ES/TPD) to consult with a PSWS case manager to discuss whether earlier educator referral to our services might be a useful supportive and preventative measure and/or refer.
- Level 3 escalation if serious concerns about a doctor's practice because of conduct, capability, or health, and those that do not respond to processes at Level 1 and 2
- DME's must always be made aware of trainees requiring Level 3 support, by the lead educator.

ARCP Outcomes and the PSWS

- Educators and their trainees should be discussing whether PSW Services could be helpful long before an ARCP
- No ARCP outcome necessitates a mandatory referral to the PSWS
- Any outcome that is not a 1 or a 6 should prompt careful consideration of the issues and whether PSWS support could be helpful – call or email to discuss with us if unsure
- Outcome 4 or Resignation from scheme: Trainees can self-refer for 3 sessions of coaching as part of ending the training contract.

b. Human Resources

The employer's HR department is crucial for helping to manage issues such as:

- Absence from work
- Continued health issues
- Short term leave patterns
- Conduct concerns

c. Occupational Health

The local Occupational Health service in each trust can advise on the impact of work on health, and of health on work. It is important to take advice when a trainee's health is considered to have the potential to negatively impact patient safety. Advice should also be sought in order to help decide on the appropriateness, and manner, of a return to work, after sickness absence. If it is felt an Occupational Health referral would be beneficial, a referral can be made by the trainee, the trainee's manager, educational supervisor or programme director direct to the trust OH department. (See Appendix 8 OH Guidance for Educators)

HEE-TV offer a Regional OH service through Cordell Health

- This service does not replace local employer OH service provision, nor the OH service

provided by the GP single lead employer arrangement, which must be approached for advice the first instance.

- Access to Cordell Health will be for trainees out of training who require OH advice but are not currently employed by a named trust; and
- trainees who have longstanding physical and/or mental health conditions impacting on their training, not just their current work placement, with no consistent OH physician service follow up across region for the duration of their training programme.
- Referral to the Cordell Health service will be by the HoS and with trainee consent.
- Prior to referral, the HoS should clarify if local OH service is already actively involved
- The report will be released to the HoS with trainee consent, and should be discussed with local OH departments for implementation of recommendations.

d. Other Support Services

There are many other services and providers which may be beneficial to the trainee. See Appendix 10 for more information.

5. Escalation of Concerns

Most concerns can be managed at a local level within the ward or practice setting but if a problem is serious or remains unresolved it should be escalated.

If the problems have implications for progress in training, advice should be sought from an appropriate Senior Educator (Level 2):

- Medical Foundation Trainees: Foundation Training Programme Director
- Dental Foundation Trainees: Dental Adviser
- Medical and Dental Specialty Trainees: College Tutor or Training Programme Director
- General Practice Trainees: GP Programme Director or Associate Director

Many problems will be resolved by intervention at this stage with the support of the appropriate lead educator who will work with the educational supervisor / trainer to assess the training needs of the trainee, ensure that the trainee is appropriately supervised and agree an educational plan.

If the concerns remain unresolved, despite remedial action and with no evidence of improvement, the concern should be further escalated according to the Pathway (Level 3).

- Medical Foundation Trainees: Director of Foundation School
- Medical Specialty Trainees: Head of School
- General Practice Trainees: Director of GP Training
- Foundation, Core and Specialty Dental Trainees: Postgraduate Dental Dean The trainee must be referred to the PSWS.

Where the trainee is the subject of a formal investigation, where there is a serious or immediate risk to patients, or where there are concerns about the trainee's health or well-being the trainee should be automatically referred to the PSWS for pastoral support and the Postgraduate Medical/Dental Dean notified.

Medical trainees at Level 3 Concerns who have been referred to the PSWS may be discussed with the Postgraduate Medical Dean in their capacity as Responsible Officer to facilitate:

- Shared decision making regarding the risk to patient and/or trainee safety
- Ensure support is provided for the trainee and any appropriate adjustments put in place
- Consider the implications of the outcome of any disciplinary action or investigation
- Agree whether any independent health, behavioural or clinical performance assessments are required

Detailed Guidance on Escalated Concerns

There may be occasions when more serious action may be required as described below.

a. Performance

Most trainees who have difficulty in achieving the standards of knowledge, skills, attitudes and behaviours as defined by the curriculum can be supported in the workplace by their trainer/educational supervisor. However, where attempts to address clinical performance concerns have proved unsuccessful the trainee should be referred to the appropriate Lead Educator within HEE-TV e.g. Training Programme Director, Head of School.

Where the concerns remain unresolved or are serious, the Lead Educator should seek advice from the Training Department's Senior Educators (Associate Deans/PG Medical or Dental Dean). Where there is a breakdown in the relationship between trainee and trainer it may be necessary to move the trainee to a different training environment.

Further escalation to the Professional Support and Wellbeing Service may be required, particularly if there are any concerns about patient safety or if working adjustments need to be put in place to support the trainee e.g. additional supervision, removal from out of hours duties.

It is accepted that LEPs have an over-riding duty to protect patients and they may need to invoke their policies and procedures to manage a critical situation. In the event of a serious adverse incident which results in a formal investigation by the LEP or where the trainee poses a serious risk to patient safety, the Postgraduate Medical/Dental Dean should be informed immediately, and the trainee referred to the Professional Support and Wellbeing Service for access to support services.

Any decision to refer to PPA for a performance assessment must be taken jointly by the LEP and HEE-TV's Postgraduate Medical/Dental Dean. If the conclusion of the investigation raises concerns about the trainee's overall fitness to practise a referral to the GMC/GDC should be considered. Referrals to the GMC should be made by the trainee's Responsible Officer (Postgraduate Medical Dean) following discussion with the GMC Employer Liaison Advisor. In some circumstances it may be more appropriate for the Responsible Officer of the LEP (usually the Medical Director) to make the referral— this will be agreed between the two Responsible Officers.

If a medical trainee has been involved in a serious adverse incident, this should be indicated on a revalidation exception report completed by the DME or their deputy and sent to HEE-TV.

b. Conduct

As doctors and dentists in training are employed by Local Education Providers (LEPs), they are subject to employment legislation and the employer's policies and procedures.

Instances of personal or professional misconduct are therefore managed in line with these policies and procedures. The LEP will lead on the management of alleged instances of misconduct under its disciplinary procedures. HEE-TV will not be involved in the disciplinary process, but the Postgraduate Medical Dean must be informed if the trainee is the subject of a formal investigation or poses a serious risk to patient safety. The trainee should be referred to the PSWS to access support services, where relevant. Referral to Occupational Health may be required if concerns are raised about the trainee's health or well-being.

Any decision to involve the Practitioner Performance Advice (PPA, formerly NCAS) or refer to the General Medical Council (GMC) should be taken jointly with the Postgraduate Medical.

In accordance with the Gold Guide *"A trainee dismissed after due process by an employer will normally be deemed by the Postgraduate Dean to be unsuitable to continue within the specialty training programme and will have their training number removed and their place on the programme terminated"*.

If a trainee is excluded from the workplace or is being investigated under *Maintaining High Professional Standards*, the Postgraduate Medical should be informed and the trainee will not normally be allocated to another LEP until the investigation has been completed and the outcome known. This includes investigation by the police and by the GMC under fitness to practice procedures.

If a medical trainee has been the subject of a formal Trust investigation or a complaint, this should be indicated on a revalidation exception report completed by the DME and submitted to the Revalidation Team.

The Postgraduate Medical/Dental Dean must also be informed if the trainee poses a serious risk to patient safety.

Where the trainee's fitness to practise is called into question referral to the GMC should be considered. Referrals to the GMC should be made by the trainee's Responsible Officer (Postgraduate Medical Dean) following discussion with the GMC Employer Liaison Advisor. In some circumstances it may be more appropriate for the RO of the LEP (usually the Medical Director) to make the referral— this will be agreed between the two Responsible Officers. Any decision to refer should be informed by Practitioner Performance Advice (PPA) guidance.

If a medical trainee has been referred to PPA or the GMC, this should be indicated on a revalidation exception report completed by the DME or their deputy and sent to the Revalidation Team.

Absences from training (including OOP not approved towards training), other than for study leave or annual leave, may have an impact on a doctor's ability to demonstrate competence/capability and progression through the curriculum. The GMC has therefore determined that within each 12-month period where a trainee has been absent for a total of 14 days or more (when a trainee would normally be at work), a review will be triggered of whether the trainee needs to have their core training programme end date or CCT/CESR(CP)/CEGPR(CP) date extended. This review would normally occur at the ARCP.

c. Health

Trainees should be assessed by the LEP's Occupational Health provider, and a copy of the report forwarded to the DME, with the trainee's consent. This is to ensure there is a support plan that will best support the trainee and enable them to access the relevant help required.

d. Environment: Bullying and Harassment

Where trainees have raised concerns of undermining HEE-TV requires the LEP to investigate the concerns and take appropriate action. LEPs are required to have a policy in place, which is communicated to all trainees and under which complaints relating to undermining and bullying can be raised and dealt with appropriately. LEPs also have an obligation to ensure that trainees are fully supported during the investigation. Sometimes it may be advisable to remove the trainee from the supervision of the trainer concerned on the grounds that the training relationship has broken down.

The following potential sources of help should be approached first within the LEP:

- DME
- Freedom to speak up Guardian

If the trainee is reluctant to do this or having done so, is not satisfied with the outcome, the following should be approached:

- TPD/Head of School
- PG Dean or Associate Dean for the specialty

Where HEE-TV, through its quality management processes, has assessed the training environment to be unsuitable appropriate action will need to be taken. This may include removing trainees from the unit, removing the training status from the trainer or escalating the concern to the GMC.

Transfer of Information

There is a professional obligation to inform the next trust and/or local office if a trainee has unresolved issues, or issues that could re-emerge and might have an influence on their practice and/or training. This should be done with the trainee's knowledge and involvement, and ideally, with their consent. The most appropriate people to inform will depend on the type and level of concerns. This could be the new CS and/or new ES, the Director of Medical Education and Postgraduate **Dean**.

Commented [LE1]: Should there be something in here about who should do the informing? Normally for the most serious concerns (GMC cases) revalidation/RO would inform the DME and Med Director ahead of the next rotation for the trainee

Appendices:

1. Principles of Accessing Trainee Support through the PSWS

When deciding whether to escalate a concern, it is better to react too soon and find on further enquiry that there is no problem, rather than to ignore problems, only to discover that they are serious and complex. In your encounters with trainees, keep in your mind at all times, 'do I have a concern for this doctor's progress, their wellbeing and any forthcoming ARCP?'

There are **three educator support levels for addressing concerns**:

- **Level 1:** Educational and Clinical Supervision- Support needs that are relatively minor and are likely to be resolved during the current placement. (the lead educator will be the CS or ES)
- **Level 2:** Support network in Trust or Specialty School with a lead educator (ES/TPD)- Support needs that are relatively minor but are unlikely to be resolved during the current placement.
- **Level 3:** Lead Educator (ES/TPD/Patch GP AD/HOS) referral to the PSWS for access to case managers, coaches and specialist support- Support needs which if left unaddressed might lead to potential risk to patients, or affect the trainee's progression through training, or their health and well-being.

If you have a concern, then gather further information from colleagues who know the trainee in a sensitive and confidential manner to gain a broader understanding of the situation. If concerns remain, and you are not the trainee's educational supervisor, then you should make the trainee's educational supervisor aware of your concerns (Level 1 Escalation).

Once informed, the educational supervisor should then formulate a (Level 2 Escalation) action plan being sure at all times to keep the trainee informed of their concerns and involve them in the decision-making process. Concerns of this level should be discussed with the trainee's local Foundation Programme Training Director/Specialty Training Programme Director/College Tutor, and Director of Medical Education (as part of local employer support for trainees)

Thereafter, unresolved concerns, or those likely to prove more challenging from the outset, should be considered for Thames Valley PSWS referral by the lead educator (Level 3 Escalation).

Issues of patient and personal safety take precedence over all other considerations in line with GMC standards.

Patient safety issues **MUST** be reported to both the DME and Clinical Lead or Clinical Director as soon as they become apparent so that they can inform the MD. The Postgraduate Medical or Dental Dean must also be informed.

If the trainee refuses consent to be referred, the educator should sensitively explore reasons around this (e.g. lack of knowledge about the PSWS, concerns about stigma, worries about how information will be shared) and direct them to the Trainee FAQs to help answer some of these questions (available on thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/trainees/). If the trainee still refuses to consent, this information should be noted as part of educator reports and discussed with the DME.

For all escalation levels, it is very important, on an on-going basis, to document the concerns, actions and related correspondence. This should be stored confidentially in line with Information Governance and Data Protection guidelines. If you have any doubts about how to proceed then please contact a Thames Valley PSWS case manager for further advice via tel: 01865 932 088 or email :psw.tv@hee.nhs.uk

When to refer your trainee to the PSWS:

- Consider early referral at Level 2: If there is concern that the support needs may escalate to Level 3, we encourage the lead educator (ES/TPD) to consult with a PSWS case manager to discuss whether earlier educator referral to our services might be a useful supportive and preventative measure and/or refer.
- Level 3 escalation if serious concerns about a doctor's practice because of conduct, capability, or health, and those that do not respond to processes at Level 1 and 2
- DME's must always be made aware of trainees requiring Level 3 support, by the lead educator.

Trainees can self refer at any stage but any educator performance concerns at Level 2 needing PSWS input should be referred by educators, and at a Level 3 must be referred by educators. The DME must be alerted by the lead educator (TPD/HoS) if there are high level (Level 3) concerns.

ARCP Outcomes and the PSWS

- No ARCP outcome necessitates a mandatory referral to the PSWS
- Educators and their trainees should be discussing whether PSW Services could be helpful long before an ARCP
- Any outcome that is not a 1 or a 6 should prompt careful consideration of the issues and whether PSWS support could be helpful – call or email the PSWS for advice if unsure {contact details}
- Outcome 4 or Resignation from scheme: Trainees can self-refer for 3 sessions of coaching as part of ending the training contract

2. PSWS Information for Educators

For full list of FAQ's [Educators - Working across Thames Valley \(hee.nhs.uk\)](https://www.hee.nhs.uk/working-across-thames-valley)

What is the Thames Valley Professional Support and Wellbeing Service (PSWS)?

The PSWS is dedicated to helping doctors, dentists and pharmacists in training across the Thames Valley fulfil their career potential. We are a group of case managers and coaches who put trainee support and wellbeing at the heart of what we do. Our services include enhanced exam support, wellbeing services, personal coaching and mentoring to address career and performance improvement needs, and workshops and information designed to support career choices.

Is there a Trainee Information Section which my trainees and I can refer to?

Trainees can access Trainee FAQ's and further information on <https://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/>

<https://www.tvpsw.com/fag>

My trainee is having repeated difficulties passing their exams- what support does the PSWS provide?

It is important for a trainee not to sit an exam if they know they have not been able to put in the necessary revision, whatever the reason(s), to give a reasonable expectation of passing.

Not all trainees will pass their postgraduate exams on their first attempt, even if they have put every effort into preparing for them. The first step to improving the chance of gaining a pass is to recognise the need for further support.

Please see the Exam Support page [Exam Support - Working across Thames Valley \(hee.nhs.uk\)](http://www.hee.nhs.uk) for more details about the different services on offer including vocal and performance coaching, and help with exam anxiety.

We automatically screen every referral for exam support for dyslexia. Dyslexia specific guidance is available on the Exam Support Webpage above

Trainees can self-refer for support with exams at any stage.

Two consecutive unsuccessful attempts at an exam must prompt Educator discussion with the trainee about referral for Exam Support, with their consent.

How do I refer a trainee to the TV PSWS?

We have moved to online referral forms for all referrals - <https://healtheducationyh.onlinesurveys.ac.uk/psws-referrals-for-educators>

Trainee consent to the referral must be obtained and documented.

We no longer request CV's, ES reports, ARCP reports to be attached to the referral.

Contact us: Tel: 01865 932 088 or email: psw.tv@hee.nhs.uk

Can trainees self-refer?

Yes, for a number of different services

However, any educator performance concerns at Level 2 needing PSWS input should be referred by educators, and at a Level 3 must be referred by educators. The DME must be alerted by the lead educator (TPD/HoS) if there are high level (Level 3) concerns.

Services Accessed Directly Through the PSWS:

- Coaching for wellbeing
- Career Dilemma
- Career Development
- Exam support (at any stage)
- Online Yoga & Pilates classes (separate registration process)
- Workshops and activities organised by PSWS

Allied Services accessed separately (not via PSWS):

- Trainees4Trainees peer support group www.tvpsw.com/t4t
- Medic Support (confidential psychological service for work stress, anxiety and depression) <https://thamesvalley.hee.nhs.uk/wp-content/uploads/sites/5/2020/12/medic-support-leaflet-2019.pdf>

What if my trainee refers themselves and I want to be involved?

If a trainee self-refers, they will be encouraged (depending on the level of concern) to include their educator in the planning session with their coach and through ongoing discussion of their progress.

However, the involvement of the educator is not automatic or guaranteed. With self-referrals, educator involvement will depend on the trainee choosing and consenting to include their educator.

If the educator wishes to remain informed and involved, the educator must refer the trainee.

If a trainee needs Level 2 support, we would encourage educators to refer to ensure their ongoing involvement but equally it could be appropriate for the trainee to self-refer.

If concerns about a trainee are at Level 3, the educator must refer to ensure a coordinated approach to supporting the trainee. If the trainee refuses consent to be referred, the educator should sensitively explore reasons around this (e.g. lack of knowledge about the PSWS, concerns about stigma, worries about how information will be shared) and direct them to the Trainee FAQs to help answer some of these questions

<https://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/trainees/>

If the trainee still refuses to consent, this information should be noted as part of educator reports and discussed with the DME.

What happens following a referral?

All referrals are responded to within 5 working days. A case manager will contact the trainee, usually by e-mail, and they will be offered an appointment to meet (which may be face to face or virtual, by choice or in response pandemic social distancing measures in place at the time).

The trainee will be given sufficient notice of the meeting and the meeting should usually take place during work time. The trainee should not have to use annual leave to attend PSWS meetings.

Every referral will get a 1 hour consultation with one of our case managers to explore and develop a collaborative understanding of reason for contact.

This will include an agreed written summary of the meeting and proposed support plan shared with the trainee, and stored confidentially on the PSWS database according to IG and GDPR guidelines. It is usually advised that the information, documented during the 1:1 meeting, is shared with the referrer, and other people who may need to know the plan of support.

After this first meeting, the case manager will agree next steps with the trainee which can include signposting to coaching services within and/or other services outside of the PSWS.

Trainees do not have to engage with the Thames Valley PSWS, but as the purpose is very much about supporting them to make progress with their training, they should be encouraged to do so. Their engagement demonstrates a professional commitment to their practice, which is looked upon favourably. If they do not engage, they may miss out on valuable support.

If the trainee's support plan includes PSWS services, the trainee's progress is then further supported by one of our experienced coaches and mentors, and monitored in conjunction with the lead educator (where present).

The trainee is strongly encouraged to reflect on their engagement and learning during their time with the PSWS in Educational Supervision.

How will I be kept informed and involved in supporting my trainee after I refer?

- If trainees refer themselves, there is usually no educator involvement unless
- Coach and trainee agree this as part of ongoing work, with trainee consent

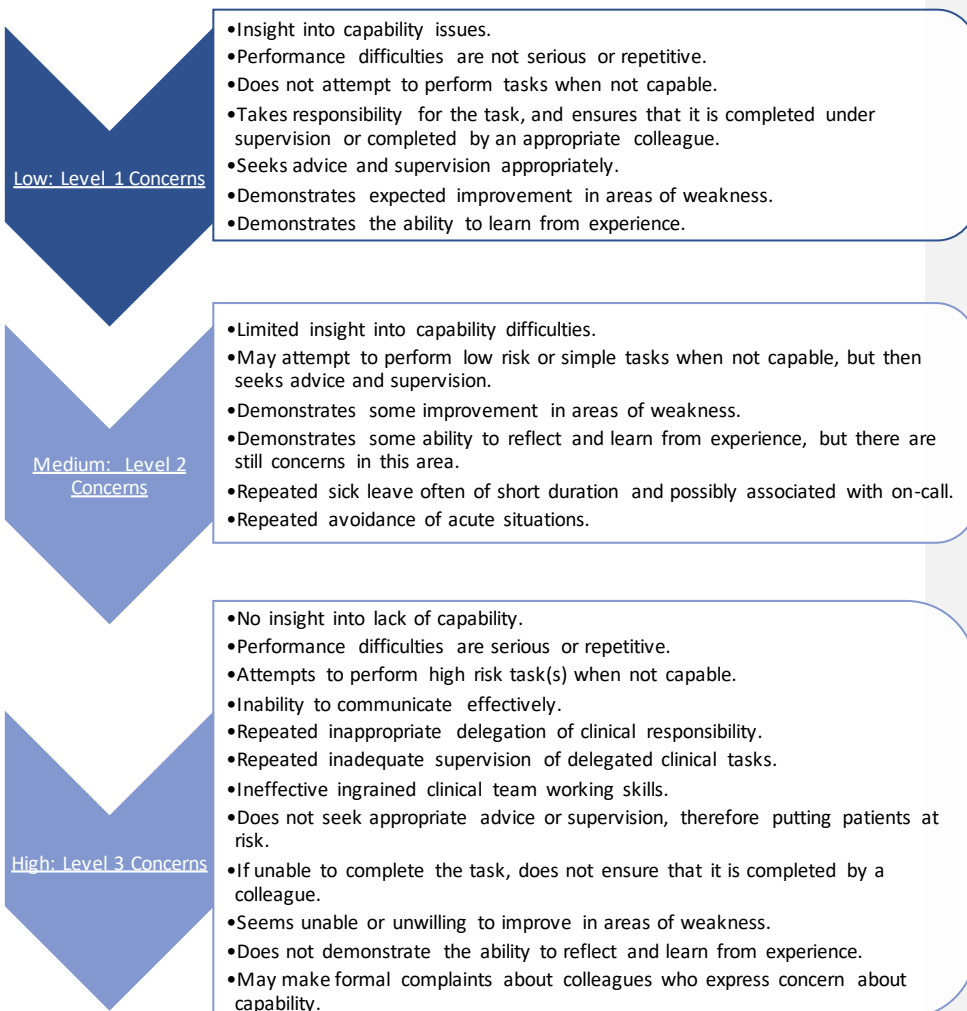
- Educator has trainee consent to request this
- If educator has referred (with trainee consent) then
- The case manager/coach will either correspond by introductory email or arrange an initial 3 way meeting,
- followed by an email at midpoint inviting the educator's comment to further shape coaching conversations and
- email at closure to inform that the work has ended.
- All this will be with the trainee's consent.

PSWS feedback from trainers has commented specifically on the usefulness of the joint process in supporting the trainee to make progress.

PSWS trainee feedback highlights need to keep stressing confidential nature of the work from the start- with the usual caveats of personal and patient safety.

3. Can you provide detailed examples for levels of concern for educators to use when deciding whether to involve senior educators and/or refer to the PSWS?

A) Concerns about Capability:



B) Concerns about Conduct or Professional Behaviours:



C) If there are Health Issues, please consider if Occupational Health Services should be involved:



D) What circumstances generally escalate to a level 3 concern?

Serious and/or repetitive performance problems (health, conduct or capability) and/or high level concerns with risks to patients and others (see the 'Can you provide detailed examples of levels of concern?' above) which:

- Require a skilled and consistent wider educational system approach to support

- May require targeted or remedial approach
- May need help with language and communication issues
- May result in the trainee having to be released from training

4. **Pathway for Management of a Trainee Identified as Requiring Additional Support**

Please see <https://thamesvalley.hee.nhs.uk/wp-content/uploads/sites/5/2022/04/Pathway-for-Management-of-a-Trainee-Identified-as-Requiring-Additional-Support.docx>

5. **Educational Supervisor Initial Meeting Template**

Please see <https://thamesvalley.hee.nhs.uk/wp-content/uploads/sites/5/2022/04/Educational-Supervisor-Initial-Meeting-Template.docx>

6. **Action Plan Template**

Please see <https://thamesvalley.hee.nhs.uk/wp-content/uploads/sites/5/2022/04/Trainee-Support-Plan-Template.docx>

7. **Occupational Health Guidance for Educators**

Please see [OH-Guidance-for-Educators FINAL 190321.pdf \(hee.nhs.uk\)](#)

8. **What to do if you are worried about a trainee's mental health**

Please see <https://thamesvalley.hee.nhs.uk/wp-content/uploads/sites/5/2022/04/GUIDANCE-NOTE.docx>

9. **Signposting to Additional Resources**

Updated resources are available here:

[Resources - Working across Thames Valley \(hee.nhs.uk\)](#)

Trainee-curated wellbeing resource hub

[Home | Thames Valley Trainees \(tvpsw.com\)](#)