NHS England
East of England

Professional Support & Wellbeing (PSW)

Supporting Trainers with Trainees in Difficulty

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How confident are you in using PSW services and how to access them?

Overview

PSW

- About the PSW
- When to refer
- What we can offer
- What a referral means for training
- Scale of concern and escalation
- Scenarios
- Best practice
- What to take care with
- Where to get help
- National resources
- Educator testimonials
- Contact details

Professional Support and Wellbeing (PSW)

Our vision

- To guide doctors, dentists and pharmacists in training through supportive interventions that make a positive difference to their training and wellbeing in the East of England.

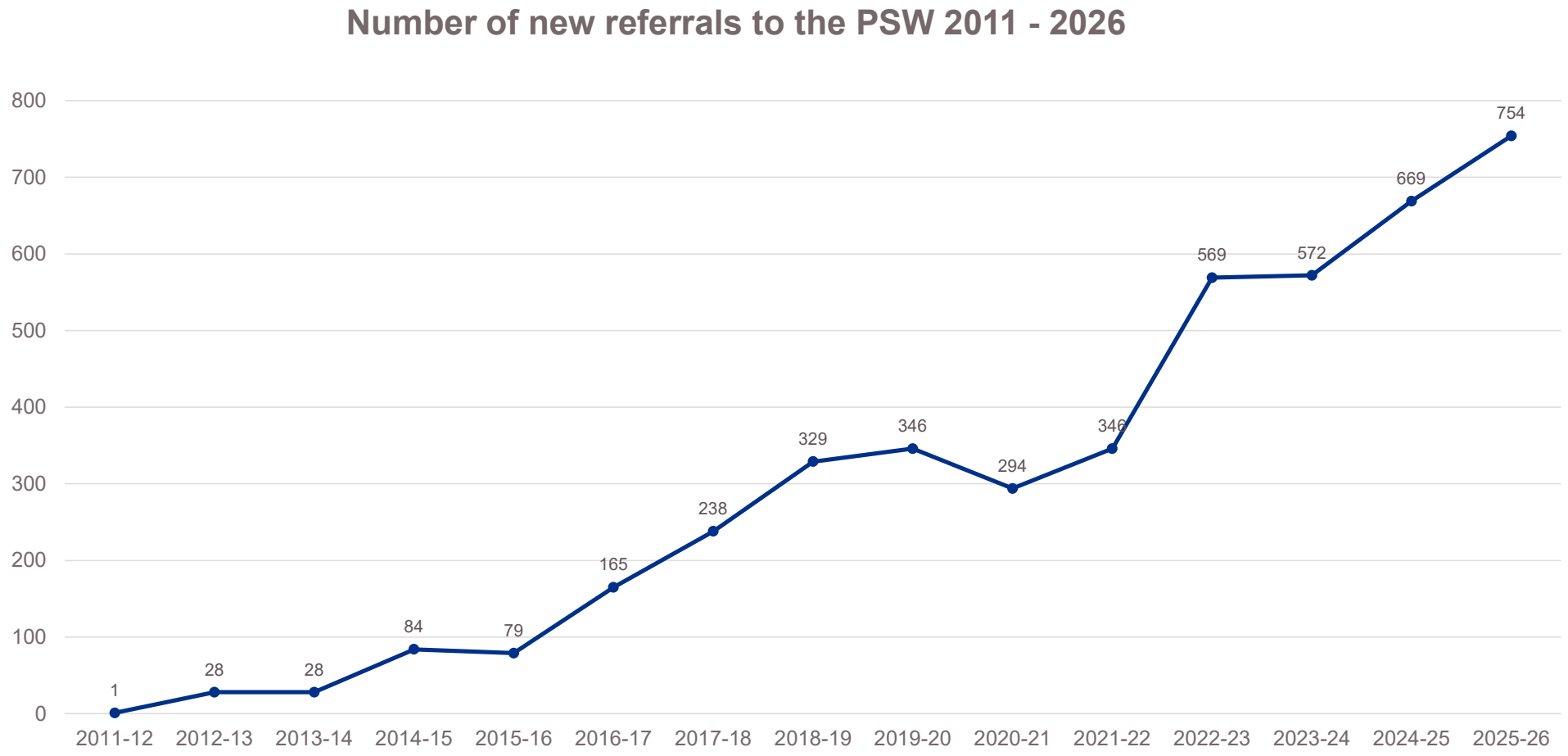
Our aims

- To support educators and doctors, dentists and pharmacists in training to be as effective as possible in their roles.
- To provide fast access to specialist support and on-going case management.

When to refer to the PSW?

- Anytime during an individual's training
- Self-referral or educator referral
- Examples:
  - Health and social
  - Repeated exam failure
  - Clinical performance, knowledge and skills
  - Communication, team working and time management
  - Professional behaviour and attitude
  - Significant Life events
  - Environmental issues
  - Engagement with Training
  - Considering a career change
  - Involved in a serious incident
  - There is a free text box on the referral form for other issues

Number of new referrals into the PSW



What can the PSW offer?

- Exam support
- Psychological support
- Careers advice
- Advice about working less than fulltime, sick leave, returning to training after an absence
- Neurodiversity screening and assessment
- Communication and Consultation skills
- Personal development and coaching
- And more!

What does a referral mean for a trainee?

Confidential with an aim to support their **training**.

Non-punitive and **does not impact** on training progress.

Their ES and TPD will only be notified about engagement but won't receive case notes

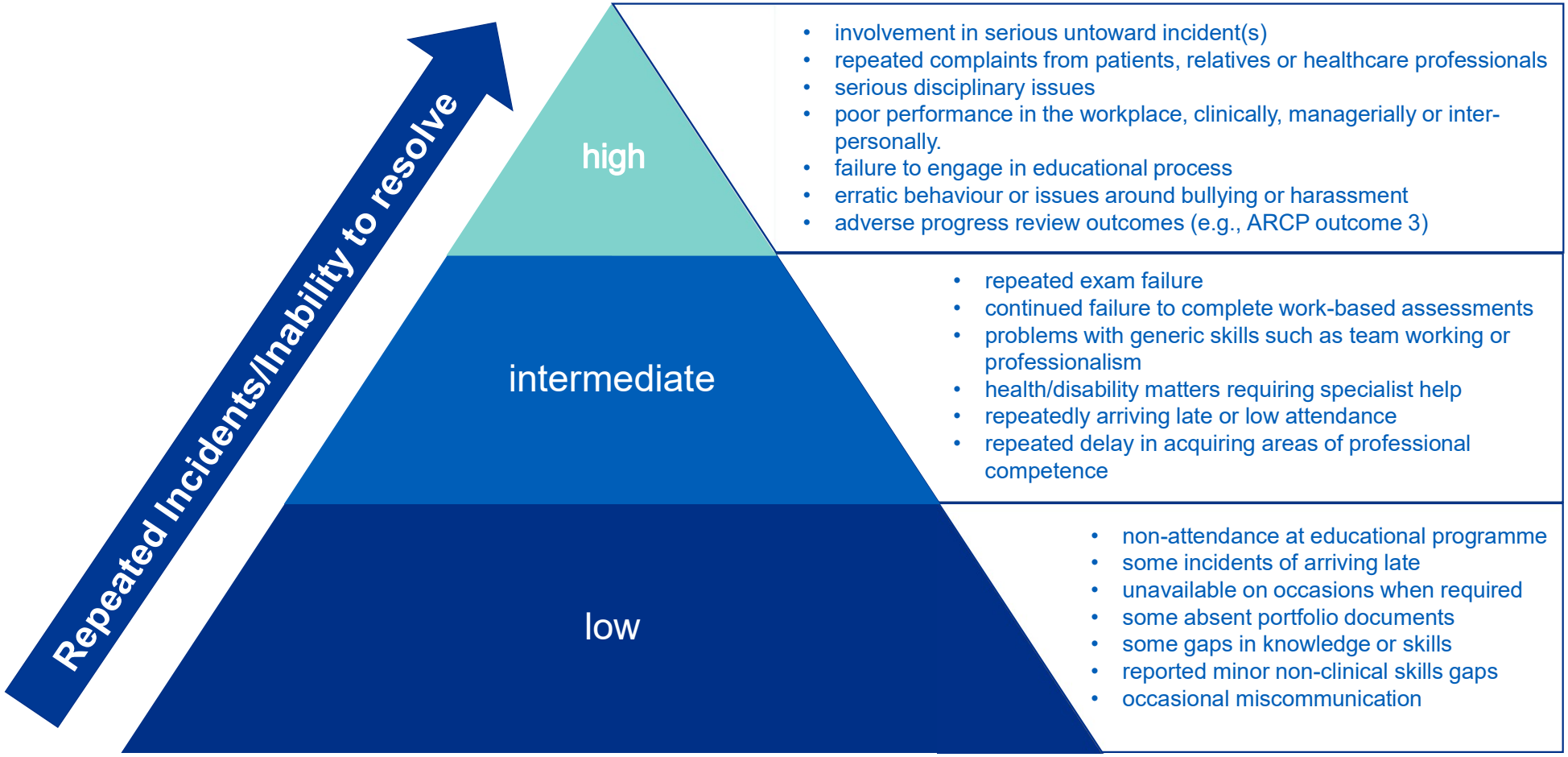
Difficult trainee can be a trainee in difficulty too…

The 'Disappearing Act'	Not answering bleeps, disappearing between clinic and ward, lateness, frequent sick leave
Low work rate	Slowness in doing procedures, clerking patients, dictating letters, making decisions, arriving early, leaving late and still not achieving a reasonable workload
'Ward Rage'	Bursts of temper, shouting matches, real or imagine slights
Rigidity	Poor tolerance of ambiguity, inability to compromise, difficulty prioritising, inappropriate 'whistle blowing'
'Bypass Syndrome'	Junior colleagues or nurses find ways to avoid seeking the doctor's opinion or help
Career Problems	Difficulty with exams, uncertainty about career choices, disillusionment with medicine
Insight failure	Rejection of constructive criticism, defensiveness, counter-challenge

(Paice 2006)

Paice, et al (2004). Early signs of the trainee in difficulty. Hospital medicine (London, England : 1998). 65. 238-40. 10.12968/hosp.2004.65.4.12739.

Scale of concern



TiD=trainee in difficulty

Dealing with concerns early can prevent escalation

Trainees may be unaware that there is a problem and a simple informal conversation can resolve concerns (e.g. inappropriate social media use).

Minor issues may indicate a deeper problem and, if ignored, may lead to further deterioration

Where any concern arises, it is important to engage with Trust's Medical Staffing. Consider if it is health related, whether an Occupational Health review would be beneficial with them, even if the outcome is agreement that none is needed.

As the employer, the Trust has a legal duty to treat all employees similarly and ensure that they are able to undertake their duties.

Constructive feedback should be utilised both verbally and on the e-portfolio. Some trainee's can experience cultural differences in receiving feedback. Always document the process by which concerns are addressed.

Document any conversations you have had with the trainee or about the trainee.

Scenarios

Scenario One

Scenario One – Professionalism

- An ST4 has been convicted of shoplifting. Police are involved.
- An FT has been admitted to ED after an unintentional class A drug overdose. The TPD and MD have been informed.
- A core trainee has stolen oromorph from the ward and taken it whilst at work.

- You are their ES - they have rung you - what next?

- Breakout rooms...

All these trainees were referred to the GMC

- Doctors are one of many professions that are regulated in the UK and around the world. Regulation helps the public have trust and confidence in professionals.

- This is because one function of almost all regulators is to protect the public in some way. Regulators set the professional standards expected of a profession. They can also take action when individuals seriously depart from the standards, to minimise the risk to the public.

- At some point in a doctor's career, a concern may be raised about their performance, behaviour, or the impact that a health condition is having on their ability to practise safely. The concern may be raised with them, their employer, or to the GMC, as their regulator

The GMC states that they will be:

- Proportionate
- Transparent
- Fair

They have a duty to protect the public and to maintain professional standards and conduct of doctors.

They assess:

- a doctor’s overall ability to perform their individual role
- their professional and personal behaviour
- the impact of any health condition on their ability to provide safe care.

Support from the GMC

There is a range of support available to all doctors who are in the fitness to practise processes, including:

- asking doctors at the start of an investigation if we can **call them** rather than just writing them a letter. We let them know we are investigating a concern that has been raised and outline what will happen next
- giving every doctor **a single point of contact** so they can speak to the same person about their case throughout the process
- making sure **specially trained colleagues are available to talk** to any doctor we know to be vulnerable
- **funding an independent confidential support service** run by the British Medical Association (BMA). This includes out of hours access to a 24 hour helpline. The service is for all doctors in our fitness to practise processes, whether they're BMA members or not.

Support from the PSW, Trust & Training Programme

- PSW will continue to case manage these trainees throughout the GMC process
- PGD involved and will discuss with the EoE GMC Liaison Officer
- Trust and programme can support as appropriate
- Self referral to Practitioners Health is often useful - Practitioner Health

- It is often a very slow process - months-years……

How the GMC assesses and responds to Fitness to Practice concerns

The GMC considers:

- The seriousness of the concern
- Any relevant context (eg workload, culture of the organisation)
- How the doctor has responded to the concern

Has the doctor:

- insight into their own practice and behaviour?
- taken steps to remediate any issues, such as participating in training, supervision, coaching or mentoring relevant to the concern raised?
- kept their knowledge and skills up to date?
- been working within their area of competence?

Initial outcomes:

- **Warning** - the doctor is not a risk to the public but has significantly departed from the professional standards. A senior decision maker from the GMC writes to the doctor and this is on the GMC register for 2 years.

- **Restriction** - the doctor poses a current and ongoing risk to one or more of the 3 parts of public protection. The restriction could be agreed undertakings (eg not allowed to do certain things or can only work when supervised). The restrictions are on the GMC register for 10 years.

Referral to the Medical Practitioners Tribunal Service (MPTS)

- Referred for serious or persistent departures from Good Medical Practice.
- Is the doctor’s FtP impaired to a degree that justifies action on their regulation?
- MPTS independent of the GMC investigations.
- Public hearing.

MPTS outcomes:

- Take no action
- Agree to undertakings offered by the doctor at hearing
- Put conditions on the doctor's registration, which restricts what a doctor is allowed to do
- Stop a doctor from working as a doctor for a set period of time (suspension)
- Erase the doctor from the medical register to stop them practising (erasure)
- Further information can be found here - Home - MPTS

Scenario Two

Scenario Two – Domestic Abuse

- A Resident Doctor confided in you that they have been the subject of domestic abuse from their partner. This is not the first incident.
- You are the first person that they have told about this. They have young children at home.
- The Resident Doctor is working and feels safe in the workplace.
- The Resident Doctor is unsure of where to go for help.

What advice/support can you give?

ES/CS Advice and support – Scenario Two

- Signpost to the trust / employer safeguarding team. Will support with the safety of the children. Will also support with safeguarding measures in the workplace (parking spaces close to the entrance / escort to the car / working in a more secure area).
- Highlighting the importance of calling the police if in danger or feel unsafe. Pressing 55 on the keypad if unable to talk to the police.
- It is important to remember that a perpetrator may have access to e-mails/phone records – ensure you know how to communicate with the Resident Doctor to not compromise safety.

Remember, the PSW is there for you to ask for informal advice too – just pick up the phone / email

PSW advice and support – Scenario Two

- Reiterate all the points above but in addition ..
- PSW can provide the Resident Doctor with a case manager trained to provide domestic abuse support.
- PSW provide national domestic abuse signposting and also support available locally in their region.
- Is the Resident Doctor considering fleeing the relationship?
  - having a planned safe place to go, Can arrange for accommodation in a refuge.
  - having a bag packed with important documents & essential items.
  - Numbers readily available in their phone, stored under different names
  - Signposting to National Support line
- Link in with GP, ensuring the Resident Doctor is supported with their own health (can also support with safeguarding). Time off work will most likely be required at some point, if not now.
- PSW can support with an exceptional IDT if required (regionally or nationally).
- Welfare check-ins

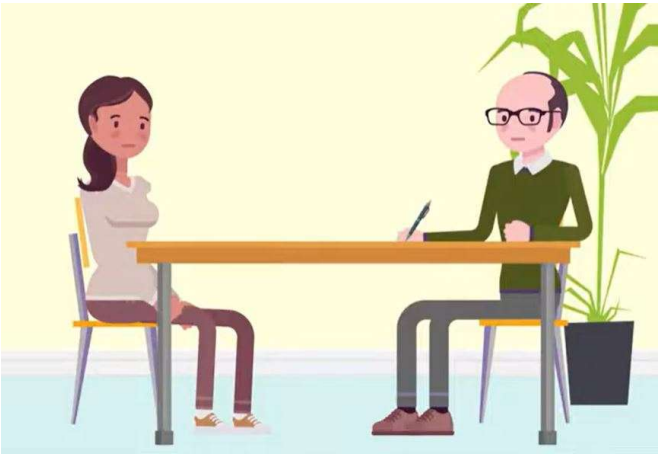
Scenario Three

Scenario Three – TiD

- You are the Supervisor for an FY1 trainee.
- The have been low level grumblings from the Ward Sister that they disappear straight after the ward round and are difficult to contact.
- They don’t seem to gel well with the rest of the juniors on the ward.
- You look through their ePortfolio and there is very little populated.
- You meet with the trainee and they tell you they are feeling completely overwhelmed, struggling with the workload, struggling with the noise and smells on the ward and are thinking of giving up.

What might you do next?

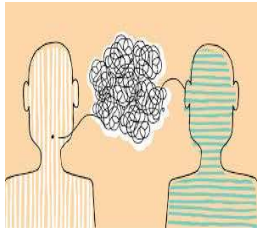
Features which might make you consider Neurodiversity in your trainee



- Repeated exam failure
- “Chaotic” trainee – not responding to e mails, eportfolio issues, not finishing tasks
- “clunky” conversations – ones that don’t quite have the same flow in discussions
- Difficult interpersonal relationships
- Timekeeping issues
- Hyperfocusing on some tasks
- Adverse outcomes at ARCP
- Mismatch in one area compared to another
- Can manifest later when trainees start having to multitask work and home commitments
- Sense of utter overwhelm
- Hypersensitivity to noise/light manifesting as specific training difficulties in certain environments

How neurodiversity can impact a trainee / training

Communication



Difficulties initiating spontaneous conversation

Difficulties understanding non verbal cues including facial expressions, bodily gestures, tone or voice etc

Difficulties in understanding complex (often implied) instructions

Personal Characters

Social awkwardness - difficulties in building interpersonal relationships at work

Abruptly interrupting or terminating conversations; patient complaints

Inappropriate use of vocabulary

Difficulties in abiding by social norms of communication

Sensory and Environmental

Strong sensory reactions to sights sounds or smalls, may present and be perceived as challenging professional behaviours

Need for routines

Executive Function Deficits, intersectionality and comorbidities

Depending on the core condition as well as intersectionality of neurodiverse conditions

Organisational skills, time management, focus and concentration, reading, writing, arithmetic and calculation, decision making, motor skills

Psychological vulnerabilities and comorbidities

Support at work

What can you do to each of these to support the ND individual AND everyone else?

Consider:

The environment

The individual

The risk

Is it helpful to come to a diagnosis?

- A diagnosis can be empowering and validating for many trainees.
- Normalising and recognising **strengths** associated with different forms of neurodiversity can be helpful in discussing career choices
- “Masking” is exhausting and leads to higher burnout rates/mental ill health; enabling a diagnosis can help trainees to stop masking
- Can allow trainees and trainers to tailor training with reasonable adjustments
- 25% extra time in exams

How the PSW can help

- The PSW can provide more specific help if the trainee wants. They may not want a formal diagnosis but just glad of the opportunity to discuss with an educator any adjustments that can be made anyway
- PSW can screen for neurodiversity. We can **diagnose dyslexia** and suggest other conditions - diagnosis need to be made in secondary care.
- PSW can offer coaching to trainees with diagnosed or suspected neurodiversity
- Specialist careers advice

The PSW provider can screen and diagnose:

Dyscalculia **Dyspraxia** **Dyslexia**

The PSW provider can screen for but would need a further assessment for:

Autism **ADHD**

PSW Referral forms

- Forms can be accessed via the website: https://heeoe.hee.nhs.uk/psw/how-refer

What about Educators?

It is a hard job to do

Time constraints

Unsure of process

Concerns of blame

Recognising your limitations

You are not:

- An expert in all areas of support
- The trainee's doctor
- A counsellor
- A psychologist
- An expert in HR issues
- The owner of the trainee's problems
- ALONE! → Seek advice and support early

Best practice

Document everything

Respect Confidentiality: Be careful who the email is copied to but make sure you include relevant people

Agree next steps with trainee and include them wherever possible in discussions

Seek advice and help – you are not alone

Professional / supportive tone

Take care with …

Documentation:

- Clear, concise, unambiguous
- Accurate
- Jargon free
- Factual and objective
- Describe sources
- Separate facts from opinion
- Focus on behaviour not “personality”
- Acknowledge good points as well as bad
- Record in ePortfolio.

Emails:

- When forwarding emails on, take care!
  - Read the whole trail before forwarding.
- Remember, email is **not** confidential, and emails can be requested as part of Freedom of Information requests, so be conscious about what you write.

Where can trainees get help?

Educator Team

- College tutor
- TPD
- Head of School
- Postgraduate Dean
- NHSE policies

Trust

- Occupational Health
- Medical Staffing
- Wellbeing services within the trust or placement provider

External Resources

- GP
- Friends and Family

PSW

- Advice
- Educator/self-referral - clarify with trainee

huge personal benefit
somebody who you can rely on
safety net that I'm not alone
really reassuring
contactable team
highly satisfied
targeted support
stayed in training
safe haven
time and space to think
massive positive impact
feel empowered
extensively supported
first port of call for a trainee who is struggling
brilliant service to have
advice and signposting

Educator Testimonials

Click the image to watch the educator animation

National Resources

Defence Unions

Trade Unions

Professional Bodies

National NHS resources

External services

SCAN ME

PSW contact details

england.psw.eoe@nhs.net

01223 597 736 / 01223 596 953

https://heeoe.hee.nhs.uk/psw/east-england-professional-support-and-well-being-service

How confident are you now in using PSW services and how to access them?

PSW & SuppoRTT animations and impact

PSW animation

SuppoRTT animation

Monthly podcast

PSW trainee testimonials

PSW Everything Wellbeing blogs

NHS England East of England

Thank You

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