



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?**

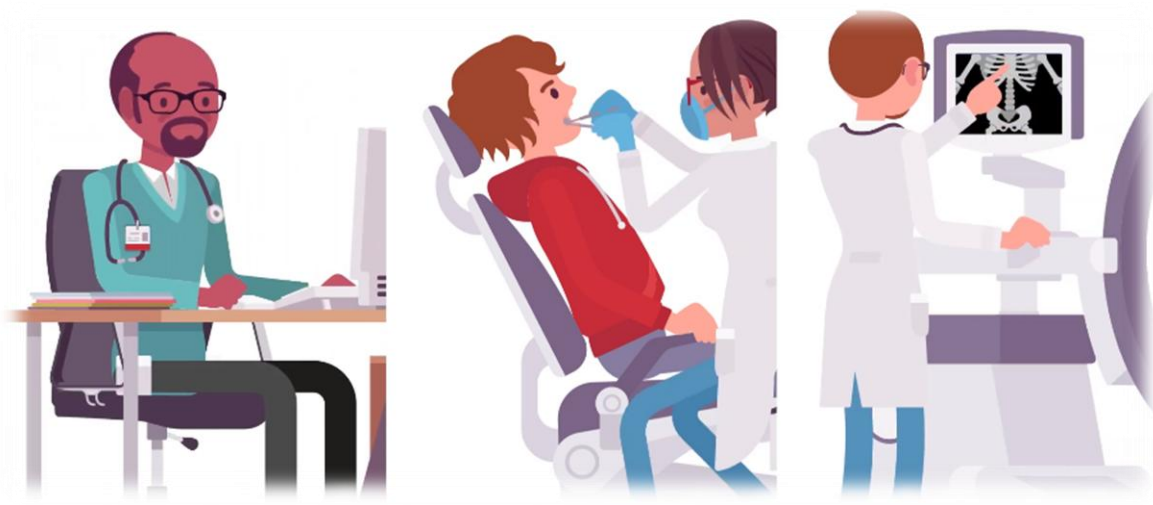
Overview

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

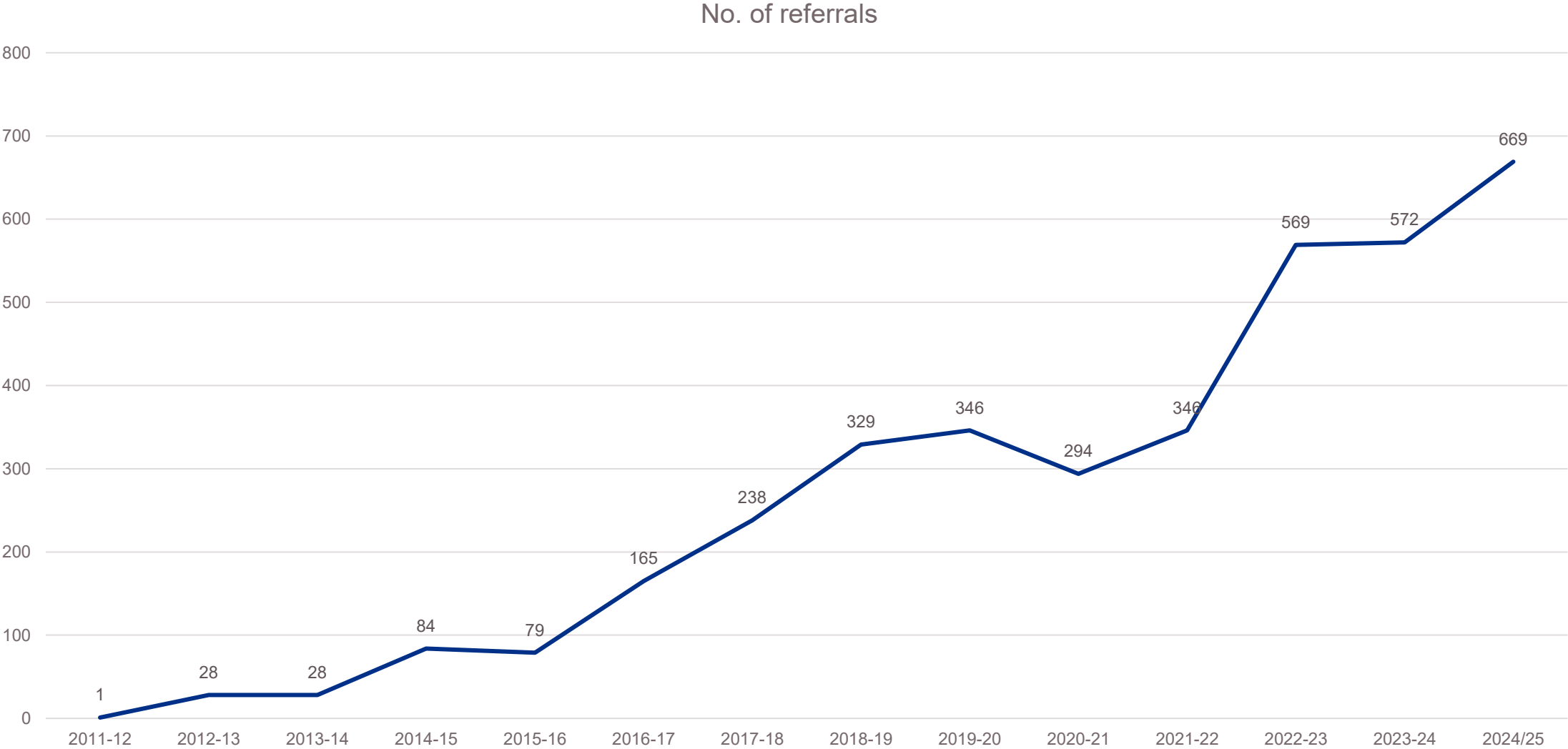
- To support educators and doctors, dentists and pharmacists in training to be as effective as possible in their roles.
- To provide fast access to specialist support and on-going case management.

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



Peer mentoring



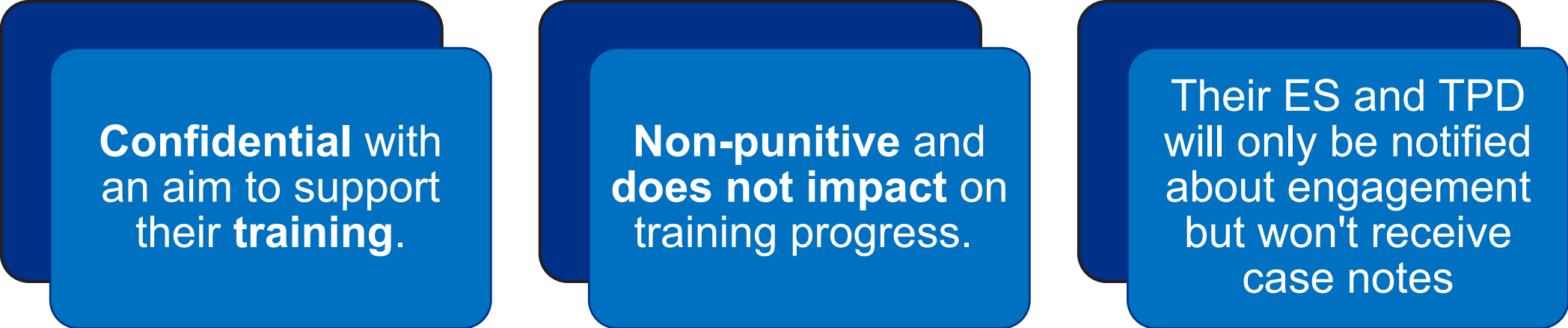
Personal development and coaching



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



The Trainee in Difficulty

A *trainee in difficulty* is described as an individual who needs extra support to overcome problems threatening completion of their training programme.

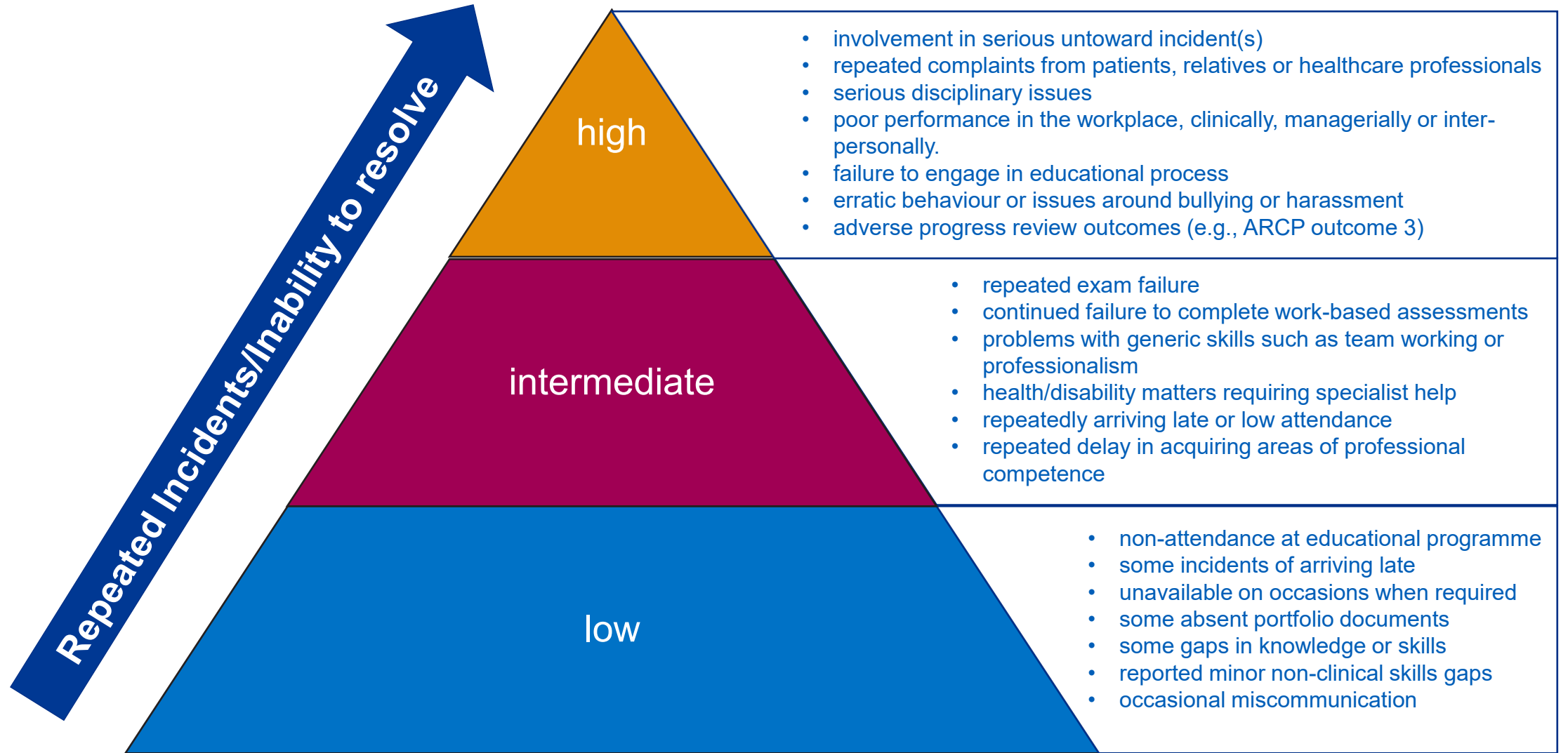
Not a label for the trainee, but more to facilitate a process to help them

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)

Scale of concern



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

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

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.

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 – Professionalism

- An ST3 GPVTS has had an **altercation with another ST3 and has a black eye**. No other concerns about the trainee
- An ST5 has been on **sick leave** for 2/12 with anxiety and depression. You find out they have been **working as a locum** at a different Trust to support their income.
- An FT has been admitted to ED after an **unintentional class A drug** overdose.
- 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?



- Can they remain at work?
- Who should be informed?
- Should you document this and if so where?
- What support can you give them?
- What are the likely next steps?

Breakout rooms...

Meeting with the T.I.D



- Is this fact or hearsay
- Are there any patient safety issues?
- Where on the scale of concern is this likely to lie?
- Any previous issues documented?



- Private space, time, Biscuits or no biscuits
- Open and supportive
- Separate training issues from employment/HR issues
- Issues outside work?
- Any immediate trainee safety concerns?



- Remedial training plan – SMART targets
- Timeframe to meet again
- Document discussions
- External support needed?



Referrals to the GMC

General
Medical
Council

**Guidance for decision makers when
violence and dishonesty may represent a
lower risk to public protection**

3. There are certain categories of cases where the allegations, if proven, would amount to such a serious failure to meet the standards required of doctors, that there will be a presumption of an issue of impaired fitness to practise. These fall within seven main headings:

- a. sexual assault or indecency
- b. sexual or improper emotional relationships with a patient or someone close to them
- c. violence

The GMC is a charity registered in
England and Wales (1089278)
and Scotland (SC037750).

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- d. dishonesty
 - e. unlawfully discriminating in relation to characteristics protected by law
 - f. knowingly practising without a licence
 - g. gross negligence or recklessness about a risk of serious harm to patients.

Violence

- 13.** Allegations of violence are less likely to pose a risk to patients, public confidence or proper professional standards and conduct where the following factors are met although this is not an exhaustive list:
- a** the alleged violence was outside a professional context
 - b** the alleged violence was limited in nature rather than sustained or repeated
 - c** no weapons were involved
 - d** no physical, emotional or psychological harm was caused
 - e** the alleged violence was not directed towards a vulnerable person*
 - f** the doctor has no history of violent behaviour†
 - g** there is no evidence on the face of it indicating that the doctor may repeat the alleged violence in the future
 - h** there is no evidence on the face of it that the alleged violence was motivated by hostility towards someone's race, sexual orientation (or perceived sexual orientation), disability, sex, gender (or presumed gender identity), religion or age
 - i** any investigation conducted by the police or another relevant body, such as the doctor's employer, resulted in no formal action or a single warning by the employer.

Dishonesty

- 14.** Allegations of dishonesty are less likely to pose a risk to patients, public confidence or proper professional standards and conduct where the following factors are met although again this is not an exhaustive list:
- a** the alleged dishonesty was outside a professional context
 - b** the alleged dishonesty was a one off, isolated incident and not persistent or repeated over a period of time
 - c** the value of the financial or other material benefit derived by the doctor from the alleged dishonesty was low
 - d** the doctor has no history of dishonesty*
 - e** there is no evidence on the face of it indicating that the doctor may repeat the alleged dishonesty in the future
 - f** the alleged dishonesty was not directed towards a vulnerable person†
 - g** any investigation conducted by the police or another relevant body, such as the doctor's employer, resulted in no formal action or a single warning by the employer.



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 **specialist 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**

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](#)

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

External Resources

- GP
- Friends and Family

Trust

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

PSW

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

huge personal benefit

contactable team
stayed in training

first port of
call for a trainee
who is struggling

somebody who
you can rely on

highly satisfied

safe haven
feel empowered

safety net that
I'm not alone

time and space to think

brilliant service
to have

really reassuring

targeted support

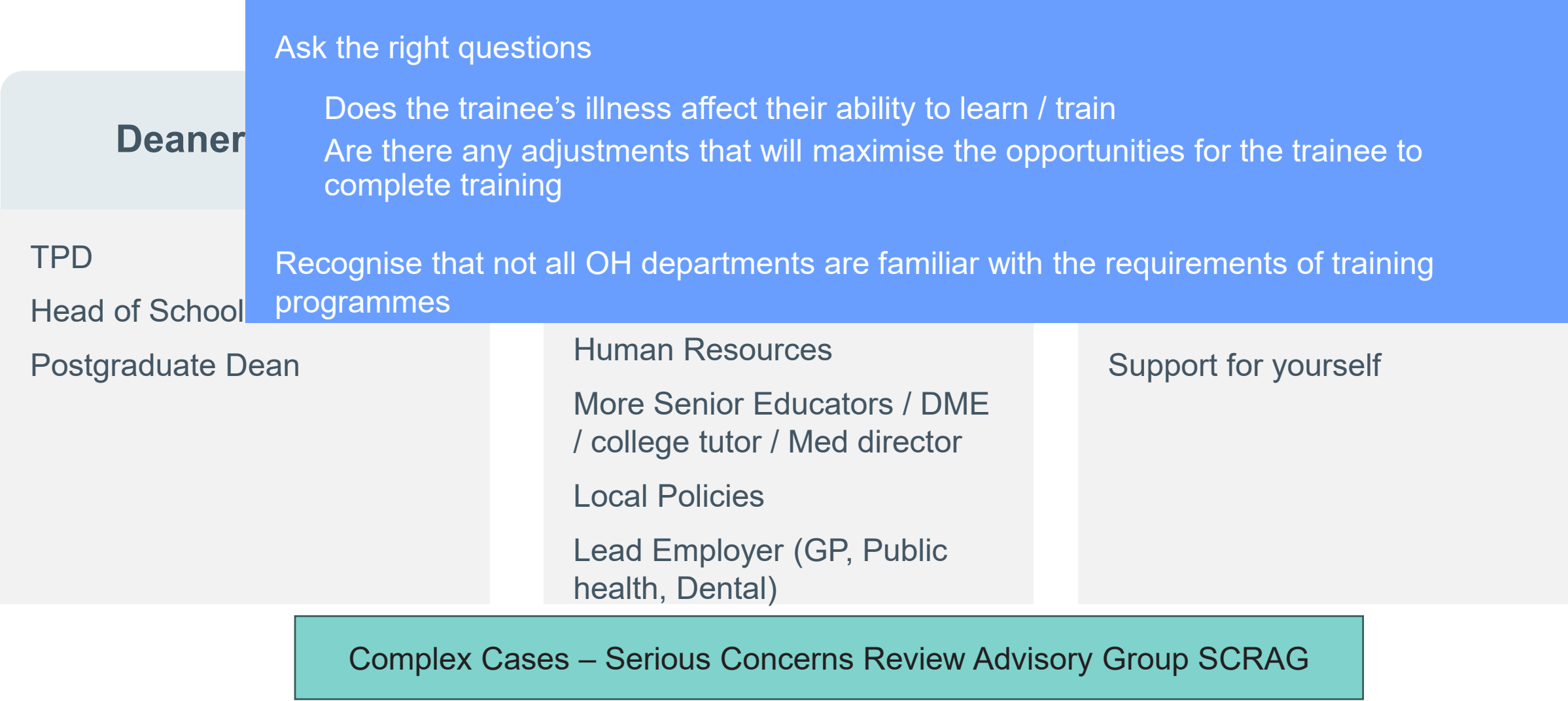
massive positive
impact

extensively supported

advice and
signposting



Who can you Contact for Support ?



Tips to Maintain your own Wellbeing





Summary

- ☐ Early identification of concerns
- ☐ Separate employment issues vs educational issues
- ☐ Collate feedback objectively, early engagement with trainee
- ☐ Action plan for support with clear documentation (esp if O3 / O4) – eportfolio
- ☐ Professional, supportive tone. Acknowledge good points too.
- ☐ Don't work in isolation
- ☐ Look after your own wellbeing

Educator Testimonials

Click the image to
watch the educator
animation



National Resources

Defence Unions



Trade Unions



Professional Bodies



National NHS resources



External services



PSW contact details



england.psw.eoe@nhs.net



01223 597 736 / 01223 596 953



<https://heeo.ee.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?**



Thank You



@nhsengland



company/nhsengland



england.nhs.uk

PSW & SuppoRTT animations and impact

PSW animation



SuppoRTT animation



PSW Infographic



PSW trainee testimonials



Monthly podcast

