Welcome to the latest edition of the Wessex Professional Support Unit Newsletter. We will update you on events and developments made over the last few months.

New Support Available –

The Wessex PSU has been working towards expanding the services available to trainees in Wessex.

The newest area of expertise that we can offer is support for trainees with cultural challenges.

For further information please visit our website.

Working in the NHS – Back in December 2015, we were delighted to invite Dr Anita Bishop to speak to the PSU Reference Group about her experience of working in the NHS with her own health difficulties. She has allowed us to share this with the hope of improving support and communication for our trainees.

“I was diagnosed with Ehlers Danlos Syndrome, (EDS), Type III (Hypermobility Type) aged 36, when I was working as a FY1.

My journey as a doctor started at medical school, where I first experienced symptoms of my EDS. I suddenly experienced an ‘electric shock’ down my right arm; my hand clenched into a tight fist and I was unable to open it for about half an hour.

I was eventually diagnosed with Thoracic Outlet Syndrome. Academically, I received good support by means of specialist equipment and extra time in exams. When applying for Foundation training I disclosed my medical condition and declared myself as having a disability. I contacted the Foundation Programme and the Occ Health department at my new hospital to make them aware of my condition. Unfortunately, I received virtually no support and it took a similar episode with my right arm and a period of sick leave for me to be referred for an oh assessment.

My physical health deteriorated and I was subjected to numerous investigations, appointments and surgery on my right arm.
Then following a reaction to an antibiotic I was virtually bedridden and was unable to walk or feed myself. I was diagnosed with EDS in July.

I initially returned to work under a ‘phased’ programme which built up my stamina and then I completed my FY1 year working 3 days a week.

With excellent support I completed my FY2 working full-time.

I then applied for GP training and relocated to the Wessex Deanery. Once again there was a lack of information sharing between the GP School and my current hospital, which ended up in me being placed on the on-call rota.

After my third night shift I was unable to walk and had to take time off sick.

I returned to work full time and being excused from on-call duties.

I manage my symptoms with a combination of medications, physical therapy, rest and the use of a mobility scooter.

I have managed to continue working but this has been difficult at times. I have experienced bullying and exclusion in virtually all my rotations and have had to fight to gain adequate support and understanding.

The thing I have found most difficult to accept is the attitude from colleagues and seniors.

Many have questioned whether I should be working at all, others have told me to 'come back to work when you’re cured', which is difficult to do when you have a congenital condition which has no cure.

These comments are easy to deal with in comparison to what can feel like a daily battle to get the right support.

This can be emotional and physical support or just getting your training school or hospital to understand what they can do to help you stay in training and working as a doctor.

I have had the best support when there has been an open dialogue between myself and my Trust/Foundation School, regular OH reviews and practical support from Access to Work.”

In addition to sharing her experience, Dr Bishop has also shared some ideas for practical issues and support for trainees with long term health conditions.

There are various factors which can impede a trainee’s progression through training programme. Being aware and addressing the issues below may help a trainee to stay in work and to achieve success in their medical career.

Where transfer of information is advocated, discuss this with the trainee and ask them if they would be happy for their personal information to be shared with defined people.

It may help to think about how you would deal with this issue in a clinical setting. i.e. capacity and consent.
6 ways to improve support for Trainees with long term health conditions.

Transfer of information of a student’s additional support needs between Medical School and Foundation School. Simply asking the Medical School if any of the new doctors have any special needs may help them to liaise with their students and start a dialogue about coping strategies in the workplace.

Trainees may not disclose their impairment or long-term health condition as they fear becoming isolated or stigmatised. You can help by creating an open environment for discussion. Simply asking trainees if they have any health issues can be the start of them seeking and obtaining the correct support.

Transfer of information between rotations and when transferring between Trusts and various stages of training. Knowing what measures were successfully and unsuccessfully tried in previous rotations can help you decide how your department can accommodate trainees.

Having flexibility with rotas where possible can have a huge impact on a trainee’s ability to remain at work. If you are aware of a trainee’s needs before they rotate to your department, you can consider adapting their working patterns and hours. Understanding that a trainee may be more prone to having absences from work due to their health can have a hugely positive psychological impact on the trainee.

Helping a trainee in obtaining a definitive diagnosis and management plan through Occupational Health referrals or referrals to specialist doctors. The latter can be done via the trainee’s GP, but support and sharing knowledge you may have regarding local services could have a significant positive impact on a trainee’s health and subsequent career.

Offering support to other members of the team is essential. Often bullying from other team members arises because they do not feel supported by seniors and then end up ‘taking it out’ on the trainee.
The table shows the number of total active cases which has increased further in the past 12 months to 229.

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<td>FT</td>
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<td>Other</td>
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<td>Total</td>
<td>104</td>
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<td>Open Cases</td>
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<td>Carried over from previous years</td>
<td>42</td>
<td>101</td>
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<td>Total active cases within period</td>
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<td>Cases Closed within period</td>
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<td>68</td>
<td>75</td>
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<td>Opened &amp; Closed within financial year</td>
<td>35</td>
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This figure shows that the most common primary referral reason during 2015/16 was a health-related problem (total: 36); health had been the third most common referral reason in the previous 2 years.

This figure demonstrates the monthly trend of activity on old vs new cases. It is worrying that overall monthly activity has increased towards the end of the year, and this will need careful monitoring to ensure that overall PSU workload remains manageable.
Contact Us

You can contact the Professional Support Unit whenever you have a query relating to our work, or if you're looking for advice on a referral or active case.

If you have a general query you may find the answer on our web pages:
http://www.wessexdeanery.nhs.uk/support/support/professional_support_unit.aspx

Alternatively you can contact us individually as below:

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