PSU Values

“The finest qualities of our nature, like the bloom on fruits, can be preserved only by the most delicate handling. Yet we do not treat ourselves nor one another thus tenderly”.

H.D. Thoreau

Walden
Key Mission Statements and objectives

HEE Wessex 2019
To prepare doctors fit for the future who have all the skills to deliver excellent patient outcomes and experience and are able to adapt and change for the future NHS

Wessex PSU
To provide doctors (and dentists) in training in Wessex with focused support for their well-being and development

PSU Objectives
To provide professional support guidance for
• all those within Wessex who are involved in managing and supporting doctors and dentists in training
• Occupational Health specialists
• Managers in trusts eg Human Resources, Medical Directors, Clinical Directors, Directors of Clinical Governance
• Trainees
The PSU’s main purpose is to support doctors in training from Foundation year 1 to CCT in either primary or secondary care in Wessex. Support has also been provided for dental trainees, military trainees and public health trainees.

Training numbers are increasing, as is the complexity of the NHS. There has been an ongoing increase in those encountering health, personal or professional problems that affect performance.

The Wessex PSU was established in 2003, based on a strategy document developed by Dr Rosie Lusznat:

1. To promote early identification of trainees requiring support
2. To provide clinical and educational supervisors with a structure to identify and address issues
3. To clarify lines of responsibility for other educators involved in managing the issues
4. To provide a network of support for educators in Wessex
5. To establish a group of experts for specific issues/targeted training

Following PSU involvement often the trainee will return to training successfully, sometimes it is appropriate for doctors to leave training or change speciality.

- No compromise to patient care
- Transparent and understood by all
- Evidence-based
- Clear criteria for assessment and decisions
- Responsible use of funding and resources
- A culture of support and development
- Consistent application of guidelines

A doctor’s performance can be affected by a complex array of issues:

- Behavioural factors
- Work context – quality of supervision
- Pre and post qualification quality of education
- Health issues (physical and mental)
- Stress and workload

Early detection is mostly possible, and if in medical school

Evidence for many things not strong though

- Eg Prevention, effective remediation, change behaviour

Poor insight is difficult to remedy

Early detection in medical school is could prevent more serious difficulties later on
Underlying Principles

- Transparent and understood by all
- Evidence based
- Clear criteria for assessment and decisions
- Consistent application of guidelines
- Responsible use of funding and resources
- A culture of support and development
- **No compromise on patient care**

To encourage an open and supportive process for dealing with identified educational problems

- Ideally all doctors would have skills and confidence to
  - reflect on their own performance
  - identify when there are issues
- It may not happen if
  - Concerns re reputation or career progression
  - Lack of insight
- **All educators have a role to identify potential poor performance early and putting in place an agreed plan to manage issues identified**
Aim

Offers advice support and education to educators at every level and works directly with doctors at level 3
Level 1 Support  Educational Supervision

- Minor concerns or dilemmas, low risk to patients or others
- Focus on prevention of situations becoming more difficult or complex
- Key – regular appraisal and assessment of a trainee’s performance by Educational Supervisors and Clinical supervisors (ES/CS)
- Open discussion with the doctor of any concerns
- Documentation essential and with the doctor’s knowledge

Level 2  Support network in Trust or Specialty

- Moderate risk to the trainee, patients or organisation
- Not sufficiently serious or repetitive to involve the RO
- Involve the Clinical Tutor, DME, or GP patch Associate Dean (AD)
- Problems are more complex/ too complex for ES/CS alone to support
- For serious complaint/incident - normally follow employers disciplinary procedures – needs involvement those above and they will notify RO via programme manager/AD or PG Dean
- Aim to resolve problems locally with the support of those above

Level 3  Referral to PSU (voluntary and treated in confidence)

- DME, GP Patch AD, TPDs, HoS normally identify those needing additional more intense/specialist support
- Issues have not been addressed by local intervention or local expertise is not available
- Includes most doctor’s in training where fitness to practice issues have been raised
- Referrals generated from either the ES/CS or other specialist trainer as described above
- Referral is triaged normally to a case manager
- A range of specialist support services are available
- Resources for each trainee is limited
- Work alongside sRTT and SCG
Level 1 awareness - Early detection and causes to consider:

**Early symptoms and signs for trainers to consider when trainees may be starting to struggle:**

- Anger, rigidity/obsessional tendencies, emotionality
- Absenteeism, failure to answer bleeps, poor time-keeping or personal organisation
- Poor record-keeping
- Change of physical appearance
- Lack of insight, lack of judgement
- Clinical mistakes
- Failing exams
- Discussing a career change
- Communication problems with patients, relatives or staff
- Bullying, arrogance, rudeness, lack of team working
- Undermining of other colleagues leading to criticising or arguing in public or in front of patients
- Defensive reactions to feedback
- Verbal or physical aggression
- Erratic or volatile behaviour

**Underlying reasons/explanations to consider – can you identify any of the following?**

- Poor approach to studying,
- Skills deficit through lack of training or education
  - Skills based education may be helpful
- Lack of confidence, poor interpersonal skills, language barriers
- Attitudinal/personality problem
- Distracted - Stress due to life events
- Poor motivation – stressed, bored, bullied, overloaded
- Workload
- Other work issues such as dysfunction in the team, problems with trainer/supervisor/process, a critical incident
- May be complete loss of commitment and can lead to passive or active hostility and others can be harmed; removal from environment may be essential
- Over motivation – cant say no, anxiety to please
  - Mentoring, counselling may help, coaching
- Drug or alcohol abuse
- Sleep deprivation
- Lack of capacity eg physical or mental health issue – may need occupational health input and reasonable adjustments considered
Level 1 Actions:

Investigation:

- Talk to the doctor to gain their perspective
- Consider talking to staff and colleagues confidentially to verify your findings or impressions
- Is there any documentary evidence?
- Can you talk to other professionals concerned with the doctor’s welfare eg GP (with their permission)

Management:

- Clear documentation
- Discuss purpose of this documentation with the trainee
- Does the trainee understand that the appraisal process is confidential but that some documentation of problems is necessary for regulatory purposes and can you agree on this?
- Should the trainee remain at work?
- Is there a Trust disciplinary case or referral to GMC needed?
- Have you agreed a suitable learning plan with the trainee?
- Can you commit to increased and regular supervision?
- When will re-appraisal and reassessment take place?
- If problems are not or cannot be resolved should this be referred to the clinical or college tutor / training programme director?
Trainees identified by DMEs, TPDs, Patch ADs needing further intervention

There are many reasons for PSU referral, common reasons include:

- Serious and/or repeated performance problems (health, conduct or capability)
- High level of risk to the doctor, patients and others including release from training
- A skilled, consistent or specialist approach is required
- Targeted or remedial training required
- Disciplinary processes normally take place in Trusts but the trainee may require external support
- Funding implications are significant eg outcome 3 ARCP
- Most trainees where fitness to practice concerns flagged at ARCP or where GMC referral/undertakings in place
- Externality from the Trust or Programme
  - proven invaluable where relationships are broken
  - Occasional self-referrals are accepted
- PSU case managers are independent, case records are not shared with specialty schools and treated in confidence
• Exam support
• Careers support
• Dyslexia assessment and some limited coaching
• Language assessment and coaching
• Coaching
  – Time management
  – Communication
  – Personal impact
• Specialist occupational health although Trust support in the first instance
• Autism SD specialist assessment
The Team

Dr Jane Hazelgrove – Associate Dean
Jane has considerable experience in medical education and clinical leadership roles. She is a Consultant in Pain Medicine. Her portfolio includes leading on the PSU strategy, delivery and financial governance.

Dr Hilary Swales – PSU Consultant
Hilary has significant experience supporting trainees in formal educational roles at her Trust and College. She is a senior PSU Case Manager and also co-lead for exam support. She is a Consultant Anaesthetist at University Hospital Southampton.

Tonia Bunce – PSU Lead Administrator
Tonia is the central point of contact for doctors in training, Case Managers, Specialist Support Group members, and the other members of the PSU. She provides admin oversight for all PSU related activity and referrals. This includes referral management and triage, room bookings, invoice management, data recording and report preparation.

Provides support for all educators where educational problems have been identified.

Provides support and supervision for all PSU case managers working with trainees under the PSU.

PSU Case Managers Feb 2019

1. Meryl Deane
2. Liz Donovan
3. Julie Chinn
4. Patrick Williams
5. Sam Powell
6. Mark Ashton
7. Vernon Needham
8. Dave Read
9. Eleri Williams
10. David Craigmyle
11. David Craigmyle
12. Majid Jalil
13. Jude Reay
15. Poppy Mackie
Governance

- Case manager regular peer supervision and annual appraisal
- Individual supervision where required with AD or PSU consultant
- Induction programme
- GDPR regulations applied for all case records
- MOUs
- Databases
- Bimonthly business meeting
- Annual performance report
- Development programme
- Linked with Serious Concerns Group and GMC liaison meetings
- Regular schools meetings
- Relationship with revalidation team – flagging of adverse outcomes ARCPs
- Relationship with SrTT team
- Checkin with DMEs to ensure all are aware of their trainees under the PSU support structure
- Finance team attendance business meetings
- Sophisticated data storage
Training and development

- External facing
  - Welcome to Wessex Induction
  - ES workshops and masterclasses
  - TPD and DME days
  - Contributions to the annual PGMDE conference
  - PGMDE centre manager meetings
- Within PSU
  - Developemnnt days
  - Others teams in HEE
  - COPMED days
Assessment in PSU

- The forms etc
- Documentation
**PSU Processes**

- Referral received (Forms A + B)
- Welcome letter to referred doctor
- Referral Triage to CM (18 currently)
- Initial CM meeting => Form C on CPPS including Management Plan
- VSG Referrals if needed (direct CM referral incl Form C plus Form D (for funding request)
- Ongoing case management plus regular communication as required
- Case Closure (including CM communication with relevant key individuals; TOI as required)

**PSU Monitoring (whilst case is open)**

- Referrer feedback at 3/12
- Review spend at £1k
- Review cases >12/12 every 6/12
- ARCP communication as required (see Process Flow Chart for ARCP)
- Annual feedback from MDs/DMEs/HoSs

**PSU Outcomes (after case closure)**

- Form F (CM completes)- categorisation of outcome
- User Satisfaction Survey (anonymous Survey Monkey)
- GMC Registration monitoring (long-term)
CM - Coaching

Level 3
Expert Case managers at HEE local offices – fewer doctors escalate to this level
Consider resources

Level 2
Level 2 Case Managers enhanced development programme review resource provision

Level 1
Educational supervisors and named clinical supervisors

Developmen t programme

Most doctors in training – normal support

Preventio n

Undergraduate – delivered by Universities currently

Counselling and Peer Mentoring

Enhance skills for supervisors resource directory
Exam support slide

• Pathway and links or resources
Direct Exam Referral Process Flowchart

Education Supervisor:
• Suspects the coaching will be beneficial
• Sends Form A and Form E to PSU

PSU:
• CPPS account opened, CM allocated as PM or HS
• Email trainee, request dyslexia self-assessment be completed
• Logs onto finance spreadsheets and All Cases spreadsheet

Hilary/Poppy:
• Arrange and meet with trainee, upload report to CPPS
• Invoice PSU once meetings complete

Exam Referral Process Flowchart

Case Manager:
• Suspects the coaching will be beneficial
• Completes Form D
• Contact Hilary/Poppy directly with referral, attaching Form C and Form E

Poppy/Hilary:
• Hilary/Poppy will take referral direct from CM and contact trainee
• Arrange and meet with trainee, upload report to CPPS
• Invoice PSU once meetings complete, inform CM if non-engagement

PSU:
• Receives Form D, logs onto finance spreadsheets and All Cases spreadsheet
PSU Dyslexia Process Flowchart

Case Manager
- Suspects dyslexia as both a relevant and important issue
- Complete Form D
- Refer direct to Gail Alexander, attaching Form C

Gail Alexander
- Advise CM of alternate options or contact trainee to meet
- Full report to trainee and CM
- Invoice PSU once meetings complete, inform CM if non-engagement

PSU
- Receives Form D, logs onto finance spreadsheets and All Cases spreadsheet
PSU Coaching Process Flowchart

Case Manager
- Suspects the coaching will be beneficial
- Completes Form D
- Contact Coaching Team directly with referral, attaching Form C

Coaching Team
- Coach will take referral direct from CM and contact trainee
- Arrange and meet with trainee, send report to CM
- Invoice PSU once meetings complete, inform CM if non-engagement

PSU
- Receives Form D, logs onto finance spreadsheets and All Cases spreadsheet
• Refer to NCAS (Cox et al 2005)
• 50% first 8 years referrals to NCAS behavioural, one third behaviour related (NCAS 2009)
• Early warning signs trainees in difficulty relate to behaviour and attitude (Paice 2005)
• Medical students with unprofessional behaviour more than twice as likely to be disciplined (Papadakis et al 2004, 2005) eg resistant to accepting feedback
ASD pathway

• http://docs.autismresearchcentre.com/tests/AQ10.pdf

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Case manager considers ASD
CM give ASD pathway to trainee and request signed consent for report release to PSU

Case Manager to screen with AQ10
http://docs.autismresearchcentre.com/tests/AQ10.pdf

If AQ10>6 (or after discussion with PSU Lead)
Refer for ASD Assessment via PSU admin team if trainee agrees

Admin record referral and forward report release consent form to assessor with referral

Encourage the trainee to share their report with GP

ASD Diagnostic Assessment by Consultant Psychiatrist
Report to PSU within 10 working days

May receive up to six hours of specialist support relevant to central ASD issue impacting on training eg educational ASD expert, OT, communication skills training

Optional self funded additional support

PSU admin lead receives report
Arrange expert support if recommended & send report to trainee and case manager

Send copy of report to Trainee
Share report with GP (trainee ownership)

Ongoing support from Case manager as required
## Asperger’s Funding Package

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<thead>
<tr>
<th>Input</th>
<th>AS Package</th>
<th>Other PSU costs</th>
<th>Trainee/Employer</th>
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<td>CM time</td>
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<td>Diagnosis + Info</td>
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<td>Bespoke 1:1</td>
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<tr>
<td>Ongoing CM input</td>
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<td>CM time (limited)</td>
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<tr>
<td>Additional VSG (non-Asperger)</td>
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<td>VSG time</td>
<td></td>
</tr>
<tr>
<td>Ongoing 1:1 or group</td>
<td></td>
<td></td>
<td>Trainee/Employer/ ?GP</td>
</tr>
<tr>
<td>Total Cost</td>
<td>£1,000</td>
<td>CM + VSG time</td>
<td></td>
</tr>
</tbody>
</table>
Psu handbook continued
PSU Vision and Mission

Vision
‘Empowering trainees to become great providers of health care’

Mission statement
'We provide doctors and dentists in training in Wessex with focused support for their well-being and development’
Early symptoms and signs for trainers to consider when trainees may be starting to struggle:

- Anger, rigidity/obsessional tendencies, emotionality
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Flowcharts
Tiered approach to PSU support:

Level 1 support – trainer led

- Focus on prevention of situations becoming more difficult or complex
- Key – regular appraisal and assessment of a trainee’s performance by Educational Supervisors and Clinical supervisors
- Open discussion with the doctor of any concerns
- Documentation essential and with the doctor’s knowledge

Level 2 support – Enhanced Trust or School based support

- Where subsequent assessment at level 1 reveals no improvement
- Where problems are more severe the educational supervisor should seek further help and support
- A serious complaint or serious incident will normally follow employers disciplinary procedures – inform Clinical tutor, DME and programme manager, or GP patch associate dean (head of school for GP trainees)
- It may be appropriate to seek support from College Tutor or Training Programme Director/patch Associate Dean
- Aim to resolve problems locally with the support of the DME/Associate Patch Dean GP

Level 3 support – referral to PSU (voluntary and treated in confidence)

- DME, GP Associate Patch Dean, Training Programme Director will identify a small number of trainees needing additional more intense/specialist support
- Issues have not been addressed by local intervention or local input for their needs is not available
- Includes most doctor’s in training where fitness to practice issues have been raised
- The PSU will receive referrals from either the educational / clinical supervisor or other specialist trainer as described above and once triaged normally appoint a case manager
- A range of specialist support services are available that may be considered suitable, resources for each trainee is limited
Wessex PSU- Underlying Principles

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