The Levels Approach

Level 1  Educational Supervision
Level 2  Support network in Trust or Specialty
Level 3  Deanery
- Virtual Support Group
- Targeted/Remedial Training
- NCAS
- GMC
- Release from Training

The aim of Level 1 is to identify trainees requiring professional support as early as possible, hopefully before problems need major intervention. Regular appraisal and assessment by educational supervisors is an important opportunity to identify and deal with such issues. Concerns should be documented and discussed openly with the trainee, and further information gathered as appropriate.

At Level 2, the first step will usually involve the DME/clinical tutor, and possibly others. Many problems will be resolved by local intervention by the DME, with the support of the college tutor or programme director etc. This will include assessment of need, further documentation and where appropriate remedial action, instituted by the DME with the support of the Trust.

Intervention at Level 3 will be required for a minority of trainees who have been identified by DMEs and/or training programme directors as having complex or enduring difficulties. These trainees should be referred to the Professional Support Unit who will undertake further assessment. Where appropriate the trainee can be either referred to the Virtual Support Group and/or arrangements can be made for targeted training with a selected educational supervisor.

Influences on a Doctor's Performance

Behaviours are influenced by the following factors
- Psychological factors
- Health problems
- Workload
- Sleep loss
- Family pressures
- Organisational culture
- Training and education
(Cox et al, 2006)

Early signs of a Trainee in Difficulty
- The disappearing act
- Low work rate
- Word rage
- Rigidity
- Bypass syndrome
- Career problems
- Insight failure
(Paice, 2006)

Conclusions from the Evidence
- Behavioural factors often play a part in performance problems
- Work context and environment can have a significant impact on a trainee's performance
- Physical and psychological problems are under-diagnosed
- Professional disciplines need to have a common approach (HR, Occ Health etc.)
- Poor performance in trainees may be helped by development of deeper learning styles, better coping strategies and improving insight
- Poor insight is common and difficult to remedy

‘I found all the help offered extremely helpful and beneficial. I was not aware of the service before, and this awareness along with what I have learnt from my own experience will help me to help others in the future.’

‘...once referred up there it was all really good... It actually turned out to be a blessing in disguise...’
Professional Support
the Wessex Way

The Wessex Strategy for Professional Support has been in operation since 2002, and covers all doctors in training, SAS and Trust doctors, and a small number of Consultants.

The Strategy has several clear aims:
1. To promote early identification of trainees requiring professional support
2. To provide clinical and educational supervisors with a clear structure for identifying and addressing these difficulties
3. To clarify lines of responsibility for other educators involved in managing trainees requiring professional support
4. To provide a network of support for educators throughout Wessex
5. To establish a group of experts who can deal with specific areas of difficulty, and where necessary, identify opportunities for targeted training.

Infrastructure within the strategy
- Associate Dean Rosie Luszkat
- Consultant for Professional Support Richard Mann
- Assistant Programme Manager Anna Parsons
- PA Julie Worthington
- Trust based Case Managers
- Virtual Support Group
- Operational Panel
- Reference Group
- Website and e-mail advice service
- Training and Development

Our aim is to support both trainees and educators, working collaboratively to maintain patient safety whilst ensuring trainees receive the support they need to overcome any issues and achieve successful completion of training.

Statistics
Approximately 2500 trainees in Wessex

Referrals 2006-2013

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Referrals 2012

Most common single reason for referral:
- Health
- Capability
- Conduct
- Exam failure
- Communication issues
- Personal issues
- Career issues

Most referrals are for more than one reason

Referrals 2013