

Professional Support Unit

POLICIES FORMS AND GUIDANCE DOCUMENTS

January 2020

(Review due December 2021)

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Dyslexia Screening and Assessment Policy

Dyslexia is a common and specific learning difficulty that can cause problems with reading, writing and spelling which can impact on ability to learn.

Dyslexia is categorized as a disability and employers have a duty under the Equality Act 2010 to make reasonable adjustments to support employees with dyslexia.

Dyslexia is usually diagnosed at school but people with dyslexia can often find coping mechanisms in some situations which mask the issue. This can mean that in different examination or work situations occurring during training dyslexia can become an issue preventing satisfactory progress for the first time.

In unexpected bad exam failure or whenever a trainee has failed a written exam on 2 occasions or where an examination required for career progress has been recurrently failed by a doctor in training, screening for dyslexia should take place. (See Assessment and Management of Delayed Examination Progress guidelines)

Screening should also be considered for any doctor in training where performance issues have been raised which involve reading, writing and spelling. This may manifest in practice as multiple prescribing errors, poor quality report writing or letter writing or inadequate quantity or quality of entries in patient records.

The initial step is that trainees should be directed by the TPD/FPD to self-refer for self-funded screening assessment through Dyslexia Scotland

<http://www.dyslexiascotland.org.uk>

If screening is positive and the potential diagnosis of dyslexia is thought to mainly be an issue which is impacting training and is not predominantly an occupational health issue then a full assessment should be accessed through the PSU. In these cases the TPD/FPD will send the request to the administrator of Performance Support Unit (psu@nes.scot.nhs.uk) who will refer to DYSGUISE. NES Medical Directorate will pay for such assessments for trainees and following investigation of reasonable adjustments , these may be funded by either the employer or the deanery as appropriate.

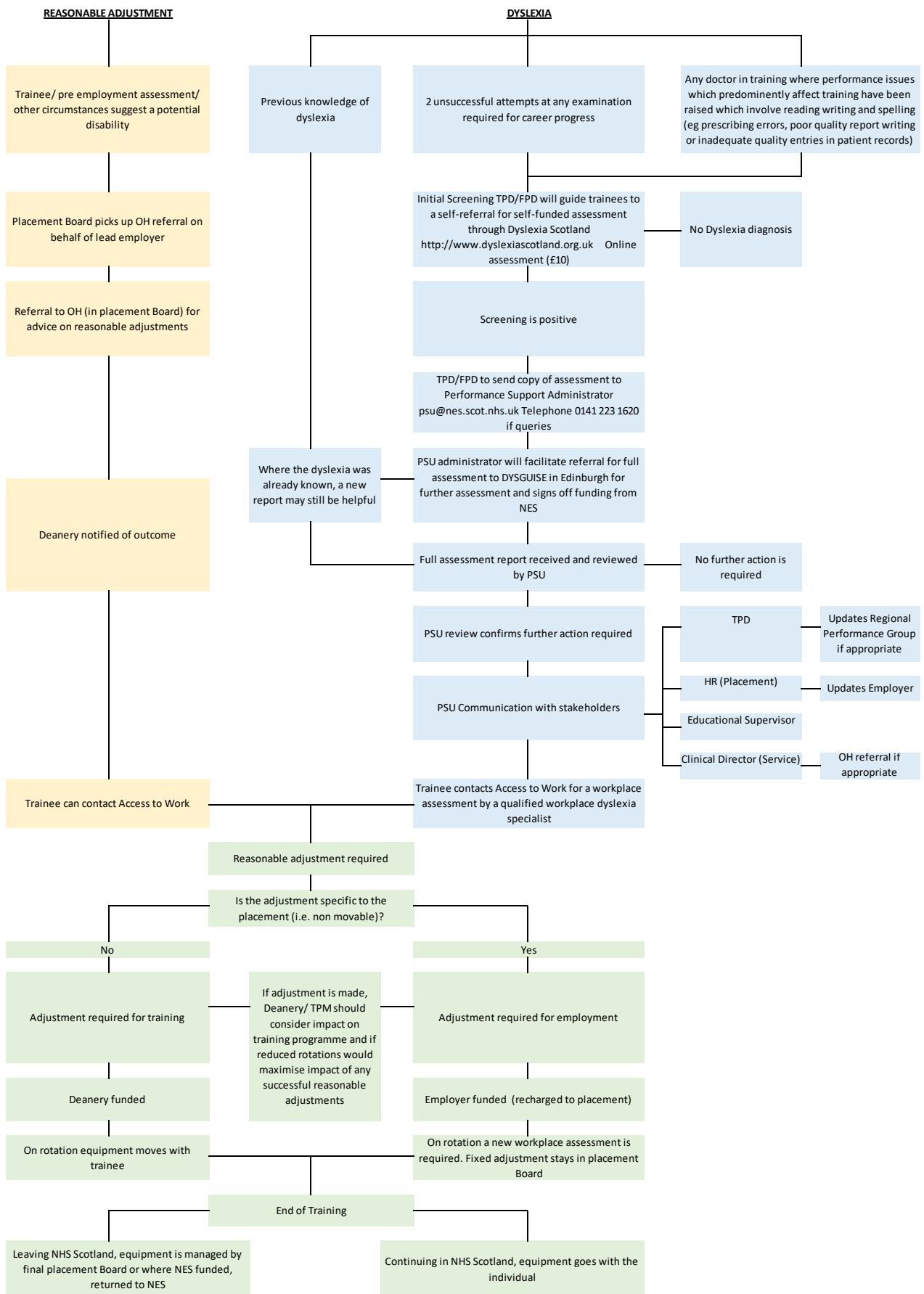
Email: admin@dysguise.com

Address: DysGuise, 3rd Floor
44 Hanover Street, Edinburgh EH2 2DR

Tel: 0131 629 8269

Results of report will then be discussed with the trainee at a meeting with TPD/FPD and appropriate actions taken to ensure this information is made available to examination bodies and Occupational health referral to advise employer regarding any reasonable adjustments.

Dyslexia Flowchart



Assessment and Management of Delayed Examination Progress

Introduction.

In medical training failure to progress in programme due to failure in mandatory examinations is a common reason for delayed training progress. Examination failure is stressful for the trainee as there are potentially high stakes of longer time in or release from training. Examination failure can also be expensive for NHS Scotland when training time needs to be extended. Examination success is a readily measured metric of educational performance which can be compared between programmes, regions and deaneries and UK nations.

It is commonly assumed that as all doctors have passed many examinations at undergraduate level they must be skilled in study and examination techniques. However, for many trainees this will be the first experience of balancing study with a busy and demanding job. Previously successful study methods may have become inadequate and examination more demanding and requiring of deeper knowledge and more critical thinking.

Many exam issues will be remediable with support from the local training team and relate to lack of preparation or poor study technique and focus. Some trainees may also struggle with exams due to issues such as situation specific or general anxiety, dyslexia, dyspraxia or memory disorder.

Dyslexia Screening

After 2 unsuccessful attempts at postgraduate examinations all TPDs in Scotland will guide trainees to a self-referral for self-funded assessment through Dyslexia Scotland (<http://www.dyslexiascotland.org.uk>). If initial screening suggests that full assessment is recommended this should be accessed by referral to the PSU. The formal testing will provide information on which to base reasonable adjustments both to the exams and to the workplace. NES Medical Directorate will pay for such assessments for trainees and following investigation of reasonable adjustments these may be funded by either the employer or the deanery as appropriate. Employing Boards will be responsible for other adjustments assessed by Access to Work that enable trainees to function in the workplace.

Suggested Process following examination failure

Single examination failure	2 examination failures	Examination failure requiring additional time
Meet with ES	Meet with ES	Meet with TPD Assign case manager PSU
ES to follow checklist for post examination review (appendix 1)	Dyslexia screen if written component	Dyslexia screen if not done
	Offer examination support if meets criteria	Offer examination support if meets criteria

Guide to provision of TM administrative support for TPD/FPD/APGD/AD meetings with a trainee*

Abbreviations used:

TPD:	Training Programme Director
FPD:	Foundation Programme Director
APGD:	Associate Postgraduate Dean
AD:	Assistant Director
LDD:	Lead Dean/Director
TM:	Training Management (workstream)
SPDS:	Strategic Planning and Directorate Support (workstream)
PA:	Personal Assistant
TPA:	Training Programme Administrator
TL:	Team Lead

1. TPDs/FPDs/APGDs/ADs may meet trainees for many different reasons in the course of their training programmes. From TM perspective, these fall into two broad categories:

- a) meetings which require to be minuted;
- b) meetings which do not require to be minuted;

However, we require a professional and flexible approach. Feedback from TPDs/FPDs/APGDs/ADs has shown a variety of views as to when TM administrative support is and isn't required. For example, in those sites where TPDs and TPAs are co-located in the same building, TPAs have traditionally provided support for meetings; in other sites where TPDs and TPAs are not co-located, TPDs have traditionally managed their own meetings without administrative support from TM.

Within TM we work to a general rule of thumb that: if a TPD/FPD/APGD/AD suggests that a proposed meeting requires a minute to be recorded, TM will endeavour to provide the required administrative support. This support would usually be provided by the TPA***.

2. Meetings which require to be minuted:

- Face to face meeting following unsuccessful ARCP outcome
- Interim meeting to monitor progress part way through a period of remediation
- PYA meetings (medicine specialties only)
- Meeting to document a specific way point (specialty-specific)
- Meeting to provide support to a trainee in difficulty:
 - concern about performance / underperformance
 - probity
 - health
 - engagement in training process
- Trainee complaint re bullying or harassment (in relation to training issue rather than employer issue)
- Meeting to discuss unique planning needs for a trainee, eg plan to shorten training time
- Meeting to discuss issues that a trainee is having with their educational supervisor

Depending on the nature of the meeting and its level of sensitivity, the TPD/FPD/APGD/AD and TPA/training manager will make a decision as to whether administrative support can be provided by VC/skype or whether it requires to be face-to-face. It is likely that the majority of the meetings listed above would benefit from face-to-face support, but it is appropriate for these decisions to be made on a case-by-case basis.

3. Meetings which do not require to be minuted:

- TPD educational review meetings (may be held at same time as ARCP but not part of ARCP process)
- Discussion of potential OOP/LTFT/planned maternity/paternity leave.
- Informal educational meeting between trainee and TPD.

4. A trainee might request that a meeting is minuted. The TPD/FPD/APGD/AD and TPA/training manager will discuss and make a decision as to whether minuting is required. Decisions made on a case-by-case basis.

5. When a meeting is recorded, the minute should describe key decisions made, and list actions agreed and those responsible for the actions

*Please note LDDs also meet trainees on a one-to-one basis – these meetings will be arranged by the LDD's PA (from SPDS); and a minute of the meeting will be recorded by either the LDD's PA; or by a relevant member of the TM team (TPA, TL, training manager). The latter would be pre-arranged by LDD/PA

**Please note there are different APGD roles:

APGD (specialty): receives PA/diary support from SPDS, may require administrative support for trainee meetings from TM in some circumstances.

APGD (performance support): receives PA/diary support from SPDS, may require administrative support for trainee meetings from TM in some circumstances, this would be provided via their link training manager.

APGD (careers): receives PA/diary support from SPDS, would not routinely require administrative support for trainee meetings from TM.

APGD (LTFT): receives PA/diary support from the PSU administrator, may require administrative support for trainee meetings from TM in some circumstances.

***From November 2019, TPA may not be co-located with TPD/FPD/APGD/AD at site and/or region level. Where a TPD/FPD/APGD/AD requires TM administrative support for a trainee meeting, they should do the following:

- 1) Contact their TPA and request TM administrative support (specifying whether the support can be provided by skype/VC or is required to be face-to-face). Wherever possible, the TPA will provide the required support.
- 2) If the support can be provided by skype/VC and the TPA cannot provide it, the TPA will nominate a colleague from their specialty team to support the meeting (this could be a fellow TPA, TL or training manager).

- 3) If the support required is to be face-to-face, and the TPA cannot provide it, the TPA will refer the request to their training manager. The training manager will then make arrangements for the support to be provided through liaison with specialty group TLs and the training manager in the region where the meeting is to be held. [The TLs for the specialty group may be able to provide support; and/or the training manager in the region where the meeting is to be held will have access to region-specific local TM/SPDS administrative support and can make arrangements accordingly.]

Guidance on conduct of educational and clinical supervisor meetings prompted by concerns regarding training.

Meetings with a trainee are a fundamental part of the educational and support process.

Whilst most meetings are perceived as going well by both trainee and trainer sometimes meetings can go wrong.

This note is meant as general guidance on usual practice and to advise on the framework of meetings between trainees and named supervisors.

Setting

Meetings should be in private, with enough time to allow appropriate discussion and a reasonable expectation that there will be no interruptions. Meetings will usually be one on one.

Agreeing the terms of meeting

Trainee should know the purpose of the meeting and this should be discussed at the start of the meeting. In the case of routine start and end of block meetings this may be obvious, but in the case of additional meetings prompted by concerns raised with supervisor this will need to be addressed explicitly.

If concerns raised have triggered the meeting it should be made clear that the meeting is to share concerns with the trainee and establish the trainee's perspective of the situation in a non-judgmental way. However, the trainee needs to know that any patient safety concerns apparent during meeting will need to be taken forward. Trainee should be told that output of meeting will be recorded, shared and agreed between the trainee and trainer.

Normally the initial meeting would NOT be attended by anyone other than trainer and trainee. If trainee concerns have been raised at the initial meeting and it is felt that a further meeting is needed which requires other members of the training team to be in attendance (usually the TPD, FPD or APGD) then this should be stated prior to the meeting occurring. If a member of administrative staff has been asked to minute meeting again this should be agreed prior to meeting. In the case of more than one member of deanery team being present at a meeting the trainee might wish to bring someone with them for support and this opportunity should be made clear before the meeting.

What should be discussed at meeting

The meeting should give the trainee the opportunity to hear details of any concerns raised and respond with their perspective. Engagement with portfolio and evidence of performance found in portfolio should be reviewed and discussed with an emphasis on performance and not personality. Agreed facts and trainee perspective should be documented. Next steps should be agreed and a follow up meeting scheduled in a timely manner.

If the meeting seems to be becoming especially difficult or confrontational it may be preferable to halt the meeting and agree another time to meet.

This guidance is not for employer investigation under conduct or disciplinary policy. However, the agreed output from such a meeting may inform formal employment processes where this is appropriate and reasonable.

RETURN TO CLINICAL PRACTICE - Guidance for Programme Directors, Trainers and Trainees

Introduction:

Returning to work after a period of absence can be a challenging time for both learners and educators. Trainees can feel “rusty” and have reduced confidence that their knowledge and skills are at the level they were prior to absence. When returning from a period of ill health, trainees may also have specific needs which require adjustments to clinical work and training activity. This guide sets out a framework that enables trainees to transition back more easily into the workplace.

Trainees may be absent from work for a number of reasons and periods of absence may vary in duration from a few days to several years.

Shorter absences of less than three months appear less likely to cause significant problems but may still affect confidence and skills levels. Most doctors in these cases should be able to return to work safely and successfully although they may occasionally require support especially if absence has been caused by a new medical condition.

This guidance therefore focusses on longer absences of three months or more. These are more likely to significantly affect skills and knowledge. Return to practice needs to ensure patient safety is protected and that the trainee retains the appropriate clinical competency to be responsible for care of patients appropriate to their role. It is also vital that the needs of the trainees are addressed to support them in what can be an especially stressful time. This guidance should therefore be followed for all trainees who have been absent for a period of three months or more.

Returning to work after a period of prolonged absence can present a number of challenges. Good planning of return which considers reasons for absence, amount of time away from training and whether it was planned or unplanned is vital to ensure a safe and smooth return to practice.

Both the length and nature of the absence along with the stage of training of the doctor and their individual needs will all influence how safely and confidently they can return to training. This framework must therefore be flexible enough to take into account the needs of individual trainees on a case-by-case basis.

Overview of guidance

This guidance should be followed for any trainee who have been absent for three months or more for whatever reason.

1. Pre-absence meeting

Where possible the trainee should meet with their Educational Supervisor before their period of absence.

Areas for discussion should include:

- Reason for absence

- Anticipated date of absence and estimated date of return
- If known, place of return to training
- Discussion including keeping up-to-date during absence, use of keeping in touch days, and any trainee concerns about returning to work.

The discussions should be detailed by the Educational Supervisor and a copy sent to the Programme Director who may share it with service and the Deanery. The trainee should upload a copy to their ePortfolio.

On occasion absence can be unplanned. In this situation, the meeting could be held at an appropriate time or not at all depending on the circumstances.

2. Prior to return

A meeting should be held with the Educational Supervisor ideally 6-10 weeks before the estimated date of return to allow enough time for the trainee to be incorporated into the rota. The aim of this meeting is to agree an individualised plan for enabling the trainee to return to work taking into account any concerns, learning needs or required assessments.

Areas to be covered at the return to training interview would be:

- Reason for absence
- Duration of absence
- Place of training return
- Desire to return full-time or LTFT
- Review of keeping up-to-date, work done during absence, any concerns over returning
- Agreed plan for level of supervision

An overview of the plan for return to work should be agreed between the trainee and the Educational Supervisor and any assessments required during this period. A provisional date for final review should be agreed. The Educational Supervisor should document the meeting and share this with the Programme Director and relevant service representatives. The trainee should upload this to their ePortfolio. The agreed plan will be dependent on the length of trainee absence and whether they have maintained any clinical practice during that time. Trainees may need a period of direct supervision or targeted training. The Educational Supervisor will review progress during this time and when both trainee and Educational Supervisor are satisfied with the trainees' progress and confidence then the trainee can be signed off to return to normal duties.

ANNEXE 1 Suggested areas to cover in Meetings

Pre-absence meeting

Suggested areas for discussion:

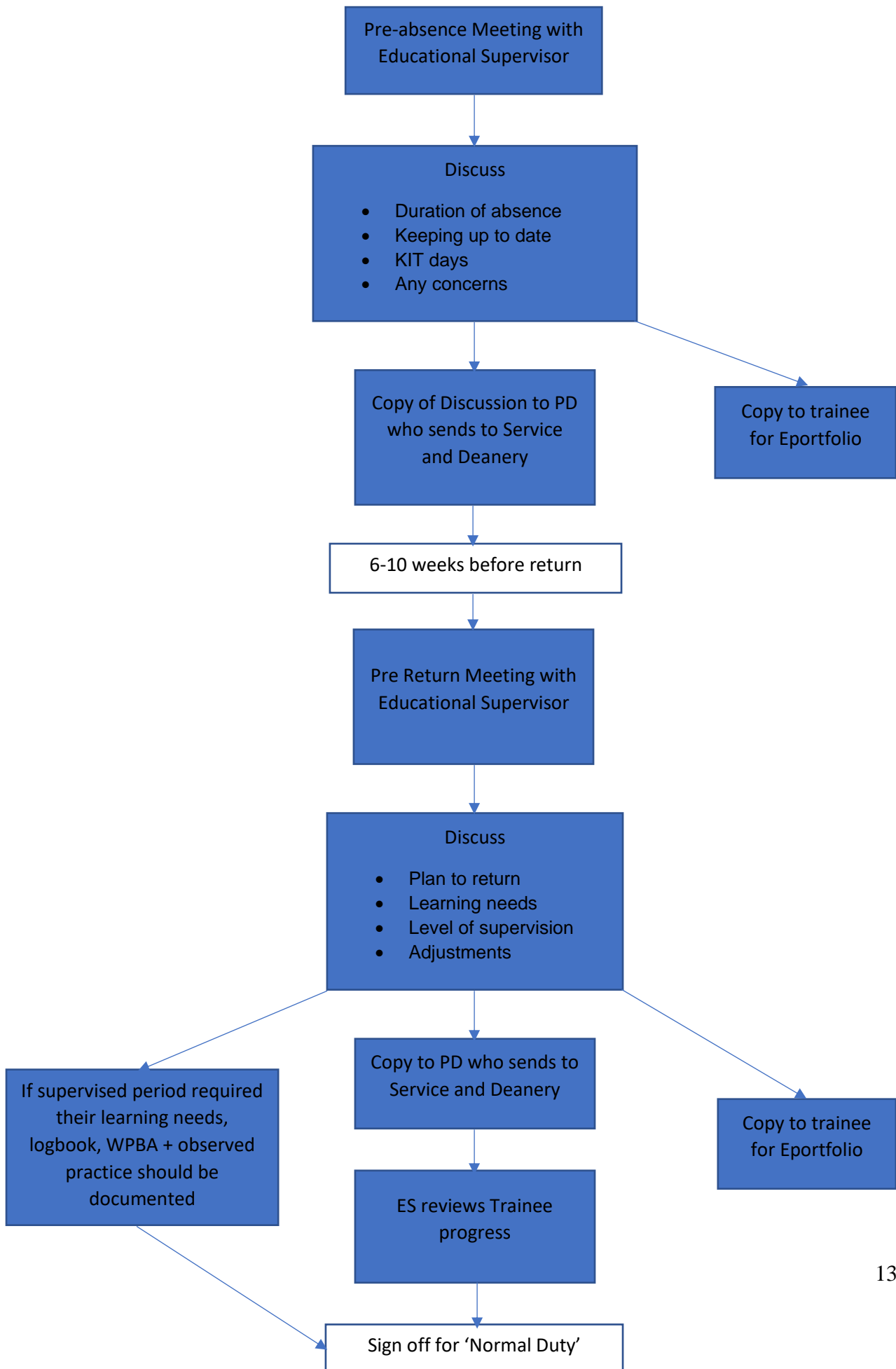
1. Expected duration of absence
2. Length of time doctor has been in their current role
3. Will the doctor be able to participate in keeping in touch days?
4. Discuss what training or support may be needed on doctors return to practice
5. Are there any issues regarding fulfilling the requirements for revalidation?
6. Is the service likely to undergo any significant changes during the period of absence?

Pre-return meeting

Suggested areas for discussion:

1. Confirm the duration of absence
2. Doctors training level before absence
3. What responsibilities will the doctor have in the post they are returning to?
4. Consider new responsibilities
5. Assess the doctor's feelings about their confidence and skills level
6. What support would the doctor find most useful in returning to practice?
7. What contact has the doctor had with workplace during their absence?
8. Has the doctor been able to keep up-to-date during their absence?
9. Have there been any significant service changes during the absence?
10. What are the trainees plans for a return to learning?
11. Does the doctor require a staged return to work or any other adjustments?
12. Is the doctor returning full-time or LTFT?
13. Does the doctor need training, special support, mentoring or a period of observation before returning to practice?

Return to Clinical Practice



REFERRAL FORM

Enter Date of referral

TRAINEE DETAILS

Trainee Name		Graduating Medical School	
GMC Number		Current Employer	
Home Address		Placement Board	
Phone number		Email Address (work and personal)	

DETAILS OF CURRENT POST

Specialty		Start/End Date	
Programme Level		Programme Grade	
Full Time		Part Time	
Name of LDD		Is Trainee currently at work?	

REASON FOR REFERRAL (PLEASE TICK ALL THAT APPLY)

Health		Adverse Life Events	
Performance		Exam Failure	
Misconduct/Professionalism		Attitude/Behaviours	

AREAS OF CONCERN IDENTIFIED (PLEASE ATTACH INFORMATION/EVIDENCE FROM EPORTFOLIO OR OTHER SOURCES AS PSU HAS NO ACCESS TO THESE SOURCES)

WHAT HAS ALREADY BEEN DONE

CURRENT LEARNING AGREEMENT

Trainee aware of referral?	
Referral to Occupational Health requested?	

Please attach if yes.

DETAILS OF REFERRER

First Name (incl. title)		Surname	
Employer		Work Tel No.	
Email Address		Position	
Referring Region		Name of Associate Postgraduate Dean for Specialty (if not referrer)	
Educational Supervisor (if not referrer)		Training Programme Director (if not referrer)	

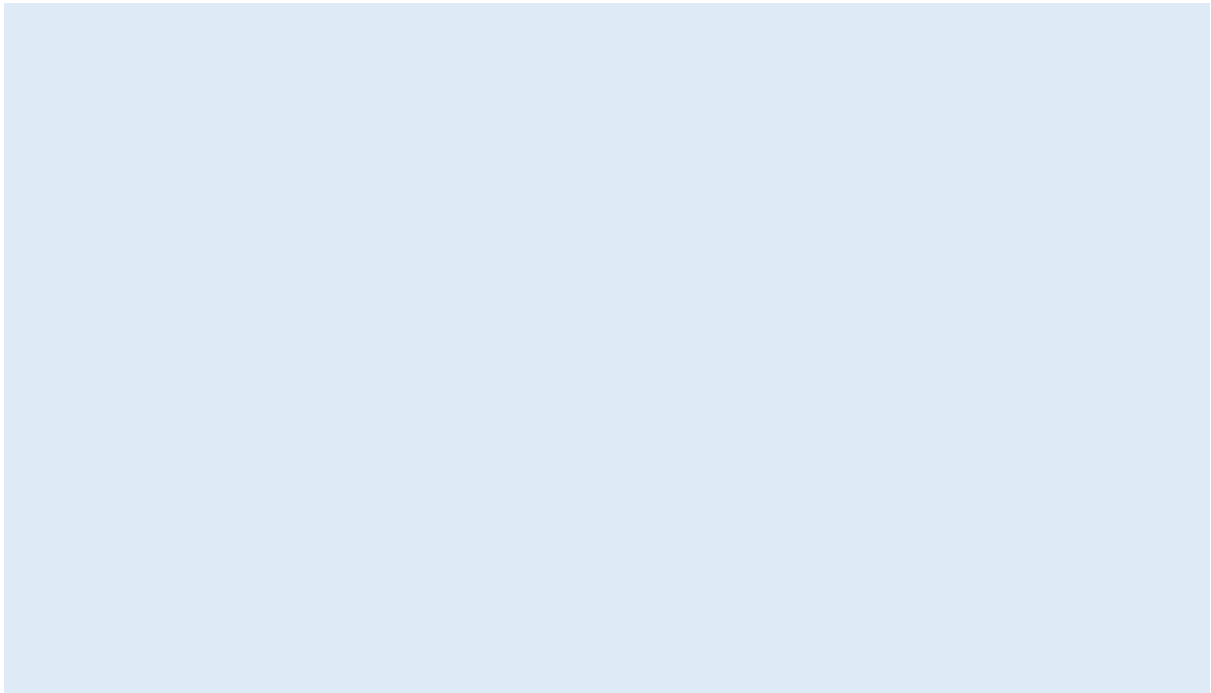
_____ Date

RECORD OF MEETING
TYPE DATE HERE

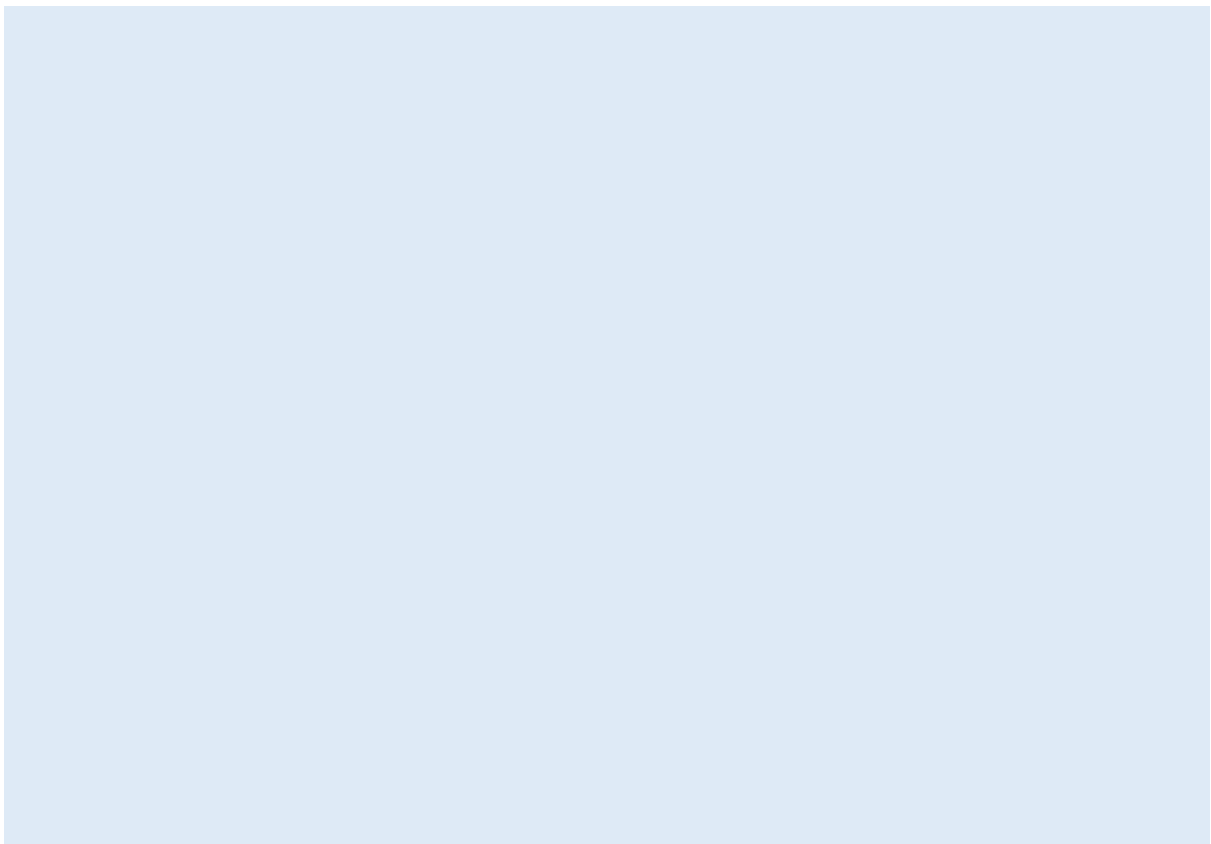
Trainee Name		Graduating Medical School	
GMC Number		Current Employer	
Home Address		Email Address	

AREAS OF CONCERN IDENTIFIED

AREAS ADDRESSED



AGREED ACTIONS



Trainee Support Coach Name Date

Please sign below if you agree for the above sections to be shared with (Trainee Liaison to tick all that apply) :

Educational Supervisor

Training Programme Director

AD/APGD

Lead Dean/Director

DME

Training Manager

Trainees Name Date

TPD TRAINEE TRANSFER OF INFORMATION

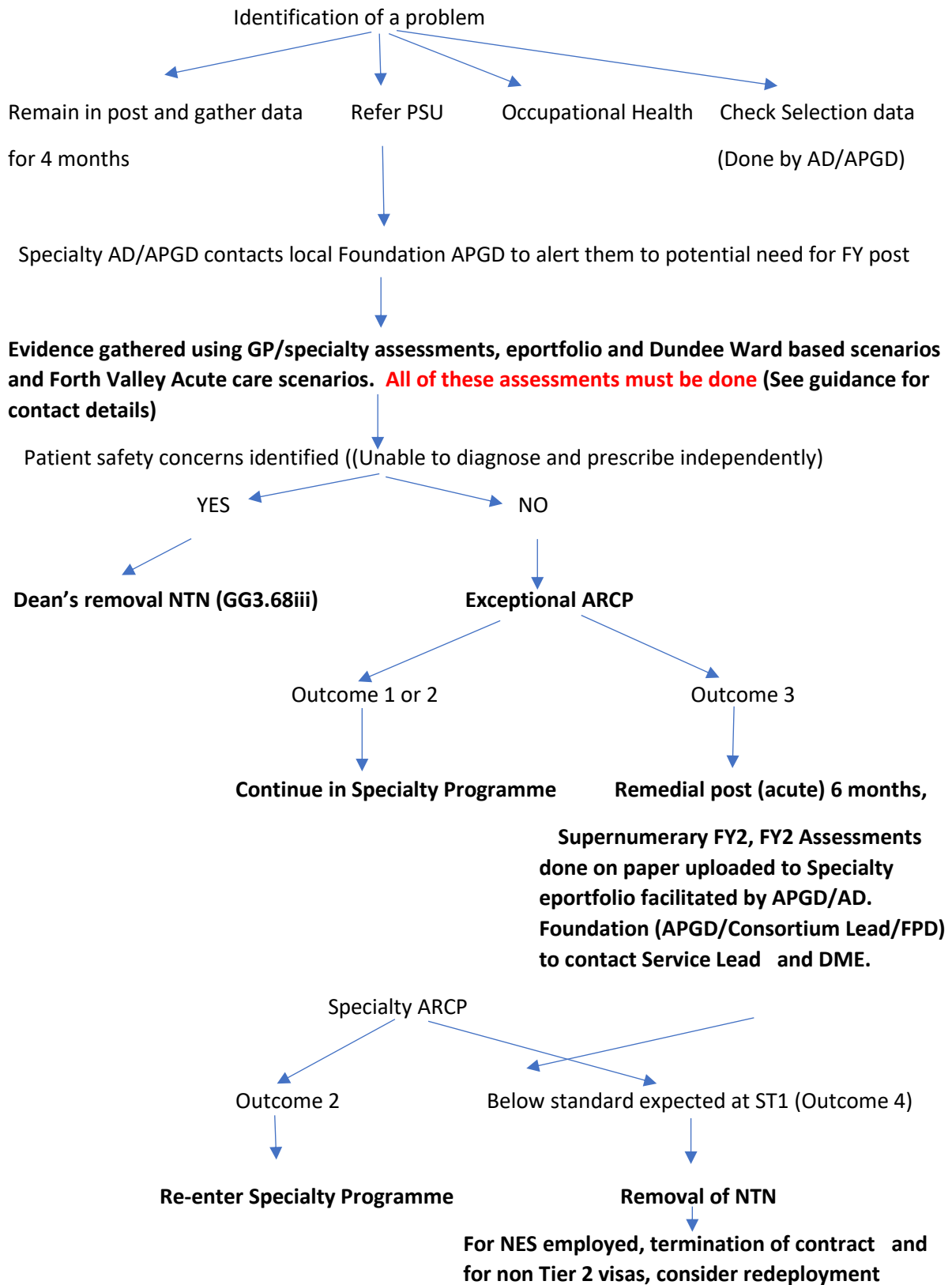
Date of Transfer of Info		TPD Name	
Trainee Name		Current Educational Supervisor	
Next Placement		Associate Advisor (PSU)	
Clinical Director			
Cc	<ul style="list-style-type: none"> • HR • ADME • AMD • NES Training Unit • Trainee 		
FORM COMPLETED BY			
BACKGROUND INFORMATION			
Detail below any areas which require attention/support			
CLINICAL PERFORMANCE/ COMPETENCY			
PERSONAL CONDUCT			
PROFESSIONAL CONDUCT			

HEALTH AND WELLBEING
ACTION PLAN 1.

Doctor In training: TPD Transfer of Information to next placement

The Trainee has been made aware of these notes and they have been shared with them to allow any comment to be made. This will be filed and shared with those in the NES Management team or involved in their training, in order that there is a clear understanding of the current situation and future plan. A summary educator note will be made and added to their e-portfolio.

Management of Trainees where there is a concern over FY Competence



Process to be followed when there is a concern that a newly appointed trainee is performing below the required standard to enter Specialty Training. **GUIDANCE DOCUMENT**

Background

There are occasions when newly appointed trainees are identified as experiencing significant difficulties in the clinical setting. Occasionally this amounts to concern over whether they possess Foundation Year 2 Competence. It is important to explore the reasons behind this and to take proportionate action whilst ensuring patient safety. This paper describes the actions that should be taken in Scotland when such concerns are raised and is illustrated in attached Flowchart.

Gold Guide processes still apply.

This guidance is not for trainees who are established in a programme and experience difficulties – they should be supported in the usual way. This is only for those recently recruited who do not seem to be at the expected standard for an ST1/CT1 on entry to the programme.

Stage 1:

Identification of a Concern

If a concern about a trainee's possession of FY2 competence is raised, the evidence that has prompted the concern should be documented and shared with both the trainee and the TPD before being discussed with the relevant APGD/AD. If it is agreed that there is enough evidence to conclude that a concern exists, the following steps should be undertaken;

1. *Investigation into recruitment and selection process.* This should be carried out by the APGD/AD to identify whether the recruitment process was followed properly. The following areas should be reviewed;
 - Application form - Has the trainee provided misinformation/submitted false documentation at the application stage?
 - Has the signatory signed off the trainee as being Foundation competent without carrying out a full assessment?
 - Have the recruitment team made an error during Recruitment & Selection?

Depending on the outcome of this investigation, further action may occasionally be required including a report to the Postgraduate Dean relating to probity of either the trainee, or the signatory.

2. *Occupational Health Referral* – a management referral to occupational Health to ensure there are no issues where specific support is required
3. *Performance Support (PSU) referral* – All trainees should be referred to PSU where a Trainee Liaison will be appointed
4. *Involvement of Foundation APGD* – The Specialty AD/APGD must contact the local Foundation APGD to alert them to the **potential** need for an FY post

Stage 2:

Assessment

An assessment of the trainee's performance/learning needs should be carried out over a period of 4 months. This might be undertaken in the Specialty post in which the trainee is working, or, by agreement, in a more suitable alternative post.

The standard set of Work Placed Based Assessments for the specialty should be used and evidence collected as to whether the trainee is performing at an appropriate level for this stage in training or below the level expected.

The trainee **must** also be referred by the TPD for:

1. Ward based scenario assessment in Ninewells, Dundee. Email - Angela Lorimer a.y.lorimer@dundee.ac.uk at Clinical Skills Centre, Dundee. (01382 383304) Please complete the referral form embedded here



Request for Further
Support Final.doc

2. Acute care scenario assessment in Forth Valley. Email – Julie Mardon giving details of the concerns regarding the trainee. julie.mardon@nhs.net

The PSU should have approved the referral following their meeting with the trainee but the referral should be done by the TPD / APGD who is in full possession of the details of the concerns and any remediation

Stage 3:

Review of Evidence and Possible Outcomes

A review will then take place considering all the evidence from stage 2.

If there are significant patient safety concerns and the trainee cannot undertake clinical work or prescribe unsupervised, then consideration should be given to Dean's removal of NTN using Gold Guide (GG3.68iii) provision.

In other circumstances an exceptional ARCP will take place. Possible outcomes include;

1. *Outcome 1 or 2* – The Trainee can continue in specialty training with or without developmental requirements.
2. *Outcome 3* – The trainee is unable to continue in specialty training at this stage. A suitable remedial supernumerary funded post is identified with advice from Foundation APGD and in agreement with the service/department to provide support. This would not be a Foundation

post per se but would be supported by the Foundation team. This training period will be an exceptional extension with specialty Dean's approval and will not impact on extensions that can be normally awarded in training (Gold Guide 3, 4.85). Supernumerary funding will need to be applied for.

An assessment of the trainee's learning needs should be carried out over a period of up to 6 months; this period will include targeted training delivered within a post by recognised trainers who are familiar with the Foundation curriculum. The trainee will undertake Foundation Year 2 assessments <https://www.foundationprogramme.nhs.uk/content/resource-bank> and these should be uploaded into their specialty e-portfolio or other training record.

At the end of this period there should be a formal assessment with the required standard being equivalent to that of a FY2 at the end of programme.

Assessments should include WPBA where appropriate but could be more descriptive where necessary. It should always be evidence based.

An end of post a clinical supervisor's report and educational supervisor's report should be sent to the speciality TPD and recorded in the trainee's specialty e-portfolio or other training record.

Stage 4:

Completion of Remediation

A Specialty ARCP will take place at the end of the remedial period. Possible outcomes include;

1. *Outcome 2* – The trainee is performing at a level that will allow re-entry or continuation of specialty training with developmental requirements.
2. *Outcome 4* – Despite remediation the trainee is not performing at the level required to enter specialty training. The NTN will be removed. The normal appeals process will apply. If outcome 4 is upheld then contract of employment will be terminated and employment legislation may necessitate an offer of redeployment or may affect the continuation of a Tier 2 visa if this is in place.

December 2019