

**ACCS and Emergency Medicine Trainee and**

**Educational Supervisor** **Handbook 2024-25**

**KSS ACCS Committee and School of Emergency Medicine**

**Aug 2024**

**Introduction**

**Welcome to you all to ACCS / ST3/4 training in Kent, Surrey and Sussex!**

This handbook is intended as a supporting reference guide for both ACCS and EM trainees and trainers who have an Educational Supervisor role for ACCS and Higher EM trainees.

It covers all the main aspects of training and supervision and should be the first port of call for any queries you may have along the way.

For trainers who are relatively new to educational supervision this handbook covers all you need to know to get started. For more experienced supervisors, some of the content may already be familiar, however there are changes and updates every year, so you are advised to check through this latest edition at the beginning of the training year.

If you require further information not contained within this handbook, or if you have any particular queries, issues, problems etc. that you cannot resolve then please contact your Training Programme Director/ACCS Lead/Specialty tutors.

Best wishes,

Dr Nandita K. Parmar, Head of Emergency Medicine School (until Oct 1, 2024)

Dr Jonathan Leung, ACCS EM Training Programme Director

Dr Nicky Deacy , ACCS Anaesthetics Training Programme Director

Dr Amir Jehangir , ACCS Internal Medicine and ACCS IMT

Dr Helen Cannon, Higher EM Training Programme Director

Dr Lorraine Apps, ST3/4 Training Programme Director (and Incoming Head of EM School from Oct 1, 2024).

KSS Emergency Medicine School and ACCS faculty

Aug 2024

**CONTENTS**

1. ACCS and ST3/4- Definition and Structure
2. Induction
3. Supervision
4. Curriculum and Assessments
5. Teaching and Training
6. Portfolio
7. Exams
8. ARCP
9. Leave and Courses
10. ACCS and EM Events
11. Social Media
12. Time Out of Programme (OOP)
13. Changing Specialty – Moving Region
14. Part time Working (less than full time training)
15. Trainees in difficulty
16. **Contacts and Who’s Who**?
17. Key Links
18. Timeline

Appendix A: ARCP Checklists

Appendix B: Educator resources

Appendix C: Trainees needing support

**1.ACCS: Definition and Structure**

ACCS is a two-year core training programme that normally follows Foundation Year 2. It is the only core training programme for trainees wishing to enter higher speciality training in Emergency Medicine. It is an alternative core training programme for trainees wishing to enter higher speciality training in Internal Medicine (IM) or Anaesthetics. It delivers all elements of the speciality-specific core training curricula, with additional augmented outcomes, i.e. capabilities beyond those areas covered by Stage 1 training in IM or Anaesthesia. The two years are spent rotating through six-month placements in Emergency Medicine (EM), Internal Medicine (IM), Anaesthetics and Intensive Care Medicine (ICM).

**Specialty Specific Objectives for ACCS training**

**Emergency Medicine:**

ACCS constitutes the first two years of the CCT in EM in a pre-planned and structured manner. ACCS training is then followed by a year in Intermediate training further developing clinical capabilities in adult EM (including musculoskeletal emergencies) and Paediatric Emergency Medicine as well as generic capabilities. Achievement of the requisite degree of independence by the end of Intermediate training – a key milestone point – confers eligibility for trainees to progress to Higher training in EM.

**Acute Internal Medicine:**

ACCS is one of the training options available for delivering the core competencies required for a CCT in IM or one of the JRCPTB specialties in a pre-planned and structured manner. The two core years of ACCS training are followed by a further two years in acute medical specialties. Achievement of the requisite degree of independence by the end of this Stage 1 training – a key milestone point – confers eligibility for trainees to progress to Stage 2 training in IM and the specialties managed by the JRCPTB.

**Anaesthetics:**

Anaesthetics offers career opportunities in a wide range of subspecialty areas, all of which can be achieved by direct entry to an Anaesthetic CCT programme. For those Anaesthetic trainees with an interest in the ‘acute’ end of the spectrum, ACCS provides a more widely-based experience than is available via the Core Anaesthesia programme. The two core years of ACCS training are followed by a further two years of Anaesthetic experience. Achievement of the requisite degree of independence by the end of this Stage 1 training – a key milestone point – confers eligibility for trainees to progress to Stage 2 training in Anaesthetics.

**Intensive Care Medicine:**

ACCS allows trainees who wish to obtain the single CCT in ICM or a dual CCT in Internal Medicine & ICM, Anaesthetics & ICM or Emergency Medicine & ICM, to obtain the competences of the complementary specialties in a pre-planned and structured manner.

**ST3/4 Emergency Medicine training**

All trainees will rotate every year in August with Major trauma placements offered at RSCH Brighton or in London for more norther based KSS trainees ( Kings, St Georges or St Marys).

**Kent Surrey and Sussex ACCS and EM programme**

Emergency Medicine trainees enter training at ACCS level and Acute Medicine and Anaesthetics trainees can also enter via IMT and Core Anaesthetics routes. Professor Jo Szram is our Regional and KSS Postgraduate Dean supported by ACCS Committee Chair Dr Nandita Parmar (also Head of School for Emergency Medicine), ACCS EM TPD Dr Jonathan Leung, ACCS Anaesthetics TPD Dr Nicky Deacy and IMT TPD Dr Amir Jehangir.

The EM ST3/4 and Higher TPDs are currently Drs Lorraine Apps and Helen Cannon.

**2. Induction**

Trainees are required to attend Trust/Corporate Induction at the first hospital they work at in August. They should also receive the necessary departmental/specialty induction in the first days of each post.

 **FACE TO FACE School Induction will take place on 27th September 2024 0930-1700hrs, for all CT1/ST1 ACCS Anaesthetics, Acute Medicine and Emergency Medicine exit trainees as well as ST3/CT3 Emergency Medicine trainees. This will be held at Canary Wharf- details to be circulated.**

**Please register on the KSS HEE website for attendance via** [Home Working across Kent, Surrey and Sussex Health Education England (hee.nhs.uk)](https://kss.hee.nhs.uk/)

**3. Supervision**

There are two main supervisor roles for trainees which may be carried out by different trainers, though in some instances the same trainer may undertake both roles for part of a trainee’s time in ACCS. More information on these roles can be found in the Gold Guide [Gold Guide - 9th Edition - Conference Of Postgraduate Medical Deans (copmed.org.uk)](https://www.copmed.org.uk/publications/gold-guide/gold-guide-9th-edition) . Please note that Educational and Clinical Supervisors require Deanery recognition and GMC approval. Refer to Promoting excellence RCEM (link in handout appendix) and other Royal Colleges document for further detail on this.

*Named Clinical Supervisor*

Assigned from their current clinical post and oversees their time in that post.

* Provides induction
* Carries out some of the WPBAs
* Handles immediate clinical issues, rota issues etc
* Provides feedback and oversees the generation of the panel-based judgement (Faculty Educational Governance Statement/Multi-Trainer Report/Multi-Consultant Report)
* Completes Clinical Supervisor’s End of Placement Report form at the end of the six-month placement
* Liaises with Educational Supervisor and informs the decisions about the trainee’s overall progress.

*Named Educational Supervisor*

Should be assigned from their parent specialty for a minimum of one year and are responsible for the overall supervision and management of a trainee’s trajectory of learning and educational progress during ACCS.

* Sets up Learning Agreement
* Helps plan their training and agreed learning outcomes
* Reviews their Portfolio, Clinical Supervisor’s Reports, panel-based judgements and WPBAs
* Prepares them for ARCP
* Brings together all relevant evidence to form a summative judgement at the end of the placement
* Provides the end of year Educational Supervisors Report (ESR) for the ARCP panel
* Offers career guidance and support
* Assists with issues and problems
* Liaises with the TPD/ACCS Lead.

As an Educational Supervisor, you should ensure that you remain up to date in your role. This includes being aware of how to support trainees, how to give [feedback](http://elearning.rcgp.org.uk/mod/glossary/showentry.php?eid=46&displayformat=dictionary) and having knowledge of their [curriculum](http://elearning.rcgp.org.uk/mod/glossary/showentry.php?eid=38&displayformat=dictionary), WPBAs, e-portfolio and requirements for ARCP. Educational Supervisors should work closely with the TPD/ACCS Lead and should sit on ARCP panels regularly.

As an educational supervisor you must ensure that the trainee:

* is aware of their responsibility to initiate workplace-based assessments, compile evidence towards the curricular learning outcomes and provide the requisite evidence as set out in the ARCP Decision Aid
* is supported in preparing for those assessments
* is aware of the requirement to maintain an up-to-date educational portfolio
* is aware of the requirements to undertake and succeed in all assessments of knowledge (usually examinations) and performance in a timely fashion based on the recommended timescale set out in the specialty curriculum
* is aware of the need to engage in processes to support revalidation

As an ACCS trainee, you must familiarise yourself with the accs curriculum on **www.accs.ac.uk** and be empowered to drive your training.

As ST3/4 EM trainee, please refer to the RCEM.curriculum.co.uk pages on website for further information.

**4. Curriculum and Assessments**

You can find the ACCS /EM Curriculum as well as a number of related resources on the ACCS website ([**www.accs.ac.uk**](http://www.accs.ac.uk)**) and** [**www.rcemcurriculum.co.uk**](http://www.rcemcurriculum.co.uk)**.**

The curriculum covers the overall purpose, the content of learning and the programmes of learning and assessment in ACCS. ***It is vital that you familiarise yourself with the curriculum and in particular the learning outcomes and assessment framework in order to support your trainees.***

The content of ACCS training is described as a set of **high-level learning outcomes (ACCS LOs)** – eight clinical and three generic – that incorporate the GMC’s Generic Professional Capabilities. These eleven ACCS Learning Outcomes describe the professional tasks or work within the scope of the ACCS specialities. Each ACCS LO has a set of key capabilities associated with that activity or task. Key capabilities are intended to help trainees and trainers recognise the minimum level of knowledge, skills and attitudes which should be demonstrated for an entrustment decision to be made.

Some of the clinical learning outcomes are covered and evidenced during a particular placement, whilst the rest are applicable to all of the ACCS placements. This is all detailed in the curriculum. In addition, to assist trainees and trainers in navigating the requirements, theARCP Decision Aid *(Appendix A)* set out clearly the evidence required from each placement and at the end of each year of ACCS training.

**Overall it will require planning and organisation on the part of the trainee in order to demonstrate the requisite level of independence in the clinical LOs and to show satisfactory progress towards the generic LOs.**Failure to achieve this will make if difficult for you as an Educational Supervisor to ascertain whether they have satisfactorily completed their placements, which may affect the outcome of their ARCP. It is therefore vital that you work closely with your supervisee and their Clinical Supervisor to support them in achieving the necessary requirements.

The ACCS LOs are assessed in two ways:

1. *Workplace-based assessments (WPBAs):*
* Mini-Clinical Evaluation Exercise (M-CEX)
* Direct Observation of Procedural Skills (DOPS)
* Multi-Source Feedback (MSF)
* Case-Based Discussions (CBD)
* Acute Care Assessment Tool (ACAT and ACAT-EM)
* Patient Survey
* Audit Assessment
* Teaching Observation
1. *Panel-based judgements*
* *Faculty Education Governance Statement (FEGS) - EM placement, all trainees*
* *Multi-Trainer Report (MTR) and Holistic Assessment of Learning Outcome (HALO) - Anaesthesia placement, all trainees*
* *Multi-Consultant Report (MCR) - IM and ICM placements, all trainees*

**Entrustment**

Assessment in each of the ACCS specialties is built around preparing trainees for thresholds in training. To that end, assessments in the workplace and are also aligned to entrustment i.e independence using a simple rating scale:

|  |  |
| --- | --- |
| 1 | Direct supervisor observation/involvement, able to provide immediate direction or assistance |
| 2a | Supervisor on the ‘shopfloor’ (e.g. ED, theatres, AMU, ICU), monitoring at regular intervals |
| 2b | Supervisor within hospital for queries, able to provide prompt direction or assistance and trainee knows reliably when to ask for help |
| 3 | Supervisor ‘on call’ from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision |
| 4 | Would be able to manage with no supervisor involvement (all trainees practice with a consultant taking overall clinical responsibility)  |

This scale is used for individual WPBAs and for overall entrustment decision at end of placement and end of year for each of the clinical Learning Outcomes.

**Documentation**

Trainees use the e-portfolio of their parent specialty which links to the ACCS and parent specialty curricula and contains the necessary WPBA and other assessment forms. Each time the trainee completes a placement within the ACCS programme a Clinical Supervisor End of Placement Report should be completed by their Clinical Supervisor.

Assessment is the same for all trainees regardless of parent specialty and all three e-portfolios hold the necessary forms for all placements which have the same overall content and which can be linked to the Learning Outcomes/Key Capabilities.

**5.Teaching and Training**

Attending teaching and training sessions is an important aspect of curriculum delivery for trainees and they should ensure they maximise their attendance at teaching unless away on authorised leave. All trainees are expected to attend at least half of the regional training days in person and other half virtually/hybrid way. ST1s are expected to attend all ACCS RTDs and ST2 trainees should attend more anaesthetic/ICM training days and use the rest of their study leave to attend the ACCS RTDs. ST3 trainees can attend Higher EM RTDs if have already covered the ACCS RTDs. All the RTDs are recorded and archived and available to view on NHS learning hub.

Local teaching should comprise at least 1-2 hours weekly and one RTD per month plus attendance of one Sim Day per year (at local County level) plus attend local trust simulation and all learning activities including grand rounds, Clinical governance, and clinical cases.

**KSS ACCS RTDs are on HEE KSS website under Events.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACCS****Parent Specialty:** | ACCS Teaching*(regional, monthly)* | Departmental teaching*(local, usually weekly)* | Novice AnaestheticProgramme*(regional, 8 week block x 2 per year)* | Basic Level Anaesthetic Teaching *(regional, monthly)* | CMT Teaching *(regional, monthly)* |
| **Anaesthetics** | YES | YES – only for current post | YES - only for first Anaesthetics post | YES - only during Anaesthetics post, otherwise in own time/study leave(this includes during ICM block) | NO |
| **Emergency Medicine** | YES | YES – only for current post | YES - only for first Anaesthetics post | NO | NO |
| **Acute Medicine** | YES | YES – only for current post | YES - only for first Anaesthetics post | NO | YES - only during Acute Medicine post, otherwise in own time/study leave |

6.**Portfolio**

Trainees should ensure they are registered with their parent specialty College and that they have access to the relevant e-portfolio which they should use throughout their training in ACCS. They should ensure they provide your details as Educational Supervisor to allow you the necessary access to their e-portfolio.

All three parent specialty e-portfolios have been designed around the new curriculum and enable trainees to access all the necessary information and record their progress. It is important that you encourage your trainee in keeping their e-portfolio up to date and support them in developing a sufficient body of evidence against each Learning Outcome/Key Capability in order that you can make judgements about their progress for ARCP.

In addition, all ACCS trainees, regardless of parent specialty, are advised to register for the e-Learning for Health website at: <http://portal.e-lfh.org.uk/>.

**7.Examinations**

The trainee's parent specialty determines their exam requirements for satisfactory progression through training. *The current requirement is that no exam progress is required during the two core years of ACCS training*. After this the following requirements are in place:

**ACCS Internal Medicine trainees:** must achieve the full MRCP (UK) Diploma to successfully complete Stage 1 Internal Medicine training.

**ACCS Anaesthesia trainees:** must achieve the full Primary FRCA to successfully complete Stage 1 Anaesthetics training.

**ACCS Emergency Medicine trainees:** must achieve the full MRCEM to successfully complete Intermediate Emergency Medicine training (ST3).

It is vital that both trainees and trainers familiarise themselves with the exam regulations for the relevant exam, when the various parts can be sat, when to apply etc.

**ST3 trainees** will remain as remedial ST3 + trainees until they have passed al parts of the MCREM (training extension will be given as per national guidance).

**ST3- intermediate and Higher training**: Please refer to RCEM curriculum- 12 SLOs for ST3/6 training and ARCP decision aids circulated.

**8.Annual Review of Competency Progression (ARCP)**

The ARCP is the annual review of trainees' progress.

Detailed information relating to the Annual Review ofCompetencyProgression, (ARCP) is documented in the Gold guide edition 9. All supervisors and trainees should make themselves familiar with this document as well as local Deanery processes.

The Decision Aids detailing the overall requirements for ARCP are found at the end of this Handbook in *Appendix A*.

### The ARCP has two broad functions:

1) Fitness to Progress

The ACCS ARCP is the mechanism for reviewing and recording evidence and a means whereby the evidence of the outcome of assessments is recorded to provide a record of a trainee’s progress within their training post including Out of Programme Training (OOPT). It makes judgements about the competencies acquired by a trainee and their suitability to progress to the next stage of training and provides a final statement of the trainee's attainment of the curricular competencies and thereby the completion of the stages of the training programme.

2) Fitness to Practice

The ACCS ARCP also gives advice to the Deanery Revalidating Officer about revalidation of the trainee to enable a recommendation to the GMC.

**ARCP Panel**

The ARCP panel reviews the evidence submitted by each trainee on a set, pre-agreed date. The panel should consist of a minimum of 3 members and include representatives from each of the four ACCS placements (Anaesthetics, ICM, EM and IM). The Chair of the panel should be trained for their role and is usually a TPD or Postgraduate Dean’s representative. The panel should include Educational Supervisors, and others who are involved in medical education. A proportion of the panels will involve either a lay representative and/or an external representative from the appropriate Royal College(s). All panel members should have Equality and Diversity training.

**The Evidence**

It is each trainee's responsibility to submit the required evidence by a set date before the ARCP panel convenes. This should include:

* The **Educational Supervisor’s Report (ESR)** covering a full training year and completed by the Educational Supervisor
* **End of Placement Clinical Supervisor Reports** (CSRs) for each of the placements covered during the year and completed by the Clinical Supervisor
* Evidence of progress against each of the ACCS Learning Outcomes including **FEG/MTR/HALO/MCRs and WPBAs**
* **Enhanced Form R** (a form giving demographic details, a description of their scope of practice and a self-declaration statement for revalidation purposes; not required in Scotland).
* **MSF- At least 12 responses with 3 Consultants. One MSF per year for both ACCS and Higher EM (ACCS should ideally have responses from both specialties done in the year i.e. EM/IMT and Anaesth/ICM).**

The panel reviews the evidence provided and awards an ARCP outcome, which is then communicated to the trainee. *Only the pre-agreed documentary evidence can be considered* so it is vital that the Educational Supervisor provides a full and detailed ESR including details of any concerns raised by trainers, incidents etc.

**Educational Supervisor’s Report**

|  |
| --- |
| USEFUL TIPS  |
| Educational Supervisor’s Report [ESR] should be filled by the Educational supervisor at the end of your year prior to ARCP. |
| Cautions  |
| ACCS End of placement report is designed to be filled by the Clinical supervisor at the **end of each placement so every six months if full time working.** |

As an Educational Supervisor you will write a structured report for your trainees for the ARCP panel. The ESR must:

* **reflect the** **learning** **agreement and objectives** developed between the trainee and their Educational Supervisor
* **be supported by evidence** from the panel-based judgements and WPBAs
* make a definitive statement regarding entrustment level for each of the clinical LOs and progress against the generic LOs
* consider any **modifications to the** **learning** **agreement** or remedial action taken during the training period for whatever reason
* **provide a summary comment** regarding overall progress during the period of training under review, including where possible an indication of the recommended outcome supported by the views of the training faculty

The report and any discussion which takes place following its compilation must be **evidence-based**, timely, open and honest. The discussion and actions arising from it should be documented. The Educational Supervisor and trainee should each retain a copy of the documented discussion. If there are concerns about a trainee’s performance, based on the available evidence, the trainee must be made aware of these prior to ARCP. Trainees are entitled to a transparent process in which they are assessed against agreed published standards, told the outcome of assessments, and given the opportunity to address any shortcomings. Trainees are responsible for listening, raising concerns or issues promptly and for taking the agreed action.

The Educational Supervisors should also support the trainees to **develop an action plan** to tackle any concerns and deficiencies and objectives should always be written using **SMART** objectives or another validated educational method.

### ARCP Outcomes (From the Gold Guide)

The following outcomes can occur after an ARCP panel:

* **Outcome 1: Satisfactory Progress** - Achieving progress and the development of competencies at the expected rate
* **Outcome 2: Development of specific competences/capabilities required – Additional training time not required** - The trainee’s progress has been acceptable overall but there are some competences/ capabilities that have not been fully achieved and need to be further developed. It is not expected that the rate of overall progress will be delayed or that the prospective date for completion of training will need to be extended or that a period of additional remedial training will be required.
* **Outcome 3: Inadequate progress – Additional training time required -** The panel has identified that a formal additional period of training is required that will extend the duration of the training programme (e.g. FPCC end date, core training programme end date or anticipated CCT/CESR(CP)/CEGPR(CP) date). Where such an outcome is anticipated, the trainee must be informed in advance. The trainee, Educational Supervisor and employer will need to receive clear recommendations from the panel about what additional training is required and the circumstances under which it should be delivered (e.g. concerning the level of supervision).
* **Outcome 4: Released from training programme – With or without specified competences/ capabilities** - The panel will recommend that the trainee is released from the training programme if there is still insufficient and sustained lack of progress despite having had additional training to address concerns over progress. The panel should document relevant competences/capabilities that have been achieved by the trainee and those that remain outstanding. The trainee will have their National Training Number (NTN)/ Dean’s Reference Number/training contract withdrawn and may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training, service-focused career pathway.
* **Outcome 5: Incomplete evidence presented – Additional training time may be required** - The panel can make no statement about progress or otherwise where either no information or incomplete information has been supplied and/or is available to the ARCP panel. The panel should agree what outstanding evidence is required from the trainee and the timescale in which it must be provided to be able to issue an outcome
* **Outcome 6: Gained all required competencies**

For outcomes 2 - 6 the trainee is required to meet with the panel after the panel has reached their decision.

Trainees on Outcomes 2, 3 and 4 should meet with their Educational Supervisor and TPD afterwards, and a written educational plan should be agreed. The educational plan should be written using SMART objectives and should be agreed by all parties.

***COVID outcome is no longer being used from 2022 onward***

**Understanding the historical Covid outcomes 10.1 and 10.2**

Outcomes 10.1 and 10.2 recognise that progress of the trainee has been satisfactory but that acquisition of competencies/capabilities by the trainee has been delayed by COVID-19 disruption.

These are therefore ‘no-fault’ outcomes.

**Outcome 10.1** is used when a trainee is not at a critical progression point in their programme and facilitates the trainee to progress to the next stage of their training. Any additional training time necessary to achieve competencies/capabilities will be reviewed at the next ARCP.

Outcome 10.1 should be used when a trainee is at a critical progression point in their programme where the relevant Medical Royal College or Faculty has amended the curriculum and mandated that the competencies/capabilities can be acquired at the next stage of training. Any additional training time necessary to achieve competencies/capabilities will be reviewed at the next ARCP

 **Outcome 10.2** when a trainee is at a critical progression point in their programme where there has been no derogation to normal curriculum progression requirements given by the relevant Medical Royal College or Faculty (e.g. specific professional examination; mandatory training course). Additional training time is therefore required before the trainee can progress to the next stage in their training. (Outcome 10.2 should be used when a trainee is at the critical progression point of approaching CCT as additional training will be required before the trainee can complete their training).**9. Leave and courses**

Study leave should be applied for all RTDs and other courses. Please find below guidance on study leave claiming. [Study leave : PGMDE Support Portal (hee.nhs.uk)](https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000016490) and refer to the course lists and categories for claiming courses- Mandatory/discretionary.

As Educational Supervisor you should support your trainee(s) in making decisions about best use of study leave time and funding to ensure they complete all mandatory courses as well as could explore areas of individual interest.

**10. ACCS and EM events**

Information on ACCS events and the annual Trainers and Trainees Days plus any other events will be posted on the ACCS website. Local events for both ACCS/other specialties will be on NHS England KSS website.

**11.Social Media**

Please see the BMA’s guidance on the use of social media [here](https://www.bma.org.uk/advice/employment/ethics/social-media-guidance-for-doctors) and that of the GMC [here.](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/doctors-use-of-social-media)

**12. Out of programme time (OOP)**

Trainees may, subject to the approval of the Deanery, spend some time out of the specialty training programme to which they were appointed.  This can be for a career break or educational/training opportunities elsewhere. Whilst occasions where OOP is granted to core trainees are likely to be exceptional given the short length and the nature of their training, these opportunities are explained in detail inthe Gold Guide and by the GMC [here.](https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/out-of-programme)

 Further information from the Deanery is found at:

<https://lasepgmdesupport.hee.nhs.uk/support/solutions/articles/7000019131-how-do-i-apply-for-an-oop->

**13. Changing specialty and moving region**

**Changing Parent Specialty**

It is not possible for ACCS trainees to automatically switch from one parent specialty programme to another (e.g. Internal Medicine to Anaesthesia). The ICACCST have previously had discussions with the GMC, Health Education England and the UK’s Deans to try and find some way of resolving this, but there has been no change to the current situation.

**Trainees wishing to change ACCS specialty should apply for an ACCS CT1 post within the specialty that they wish to change to.** If successful, the Deanery/School may approve the counting of competencies already gained towards the new specialty. Please note this would be entirely at the Deanery’s discretion, and it is therefore not guaranteed that this will occur.

**Inter Deanery Transfer (IDT)**

The National Inter Deanery Transfer (IDT) process has been established to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a move to a different region. The process is managed by the National IDT team (Health Education South London) on behalf of the Conference of Postgraduate Medical Deans (COPMeD), Health Education England (HEE) and all UK regions.

In order to provide a consistent, transparent and robust process for all trainees, the National IDT team will make all decisions on eligibility and allocations in accordance with the published guidelines and criteria. You can read these guidelines and criteria as well as find out more about the process [here](http://specialtytraining.hee.nhs.uk/inter-deanery-transfers/). You can also contact the National IDT team directly with any queries you may have.

As part of the application process, all trainees are required to submit a ‘Deanery Document’. This form can be found on the National IDT website above and should be sent to their current region’s administrative team for completion.

For details regarding the next opportunity to submit an application for the National IDT process please see the [website](http://specialtytraining.hee.nhs.uk/inter-deanery-transfers/).

There are two IDT application windows every year for changeover in Aug or Feb.

<https://lasepgmdesupport.hee.nhs.uk/support/home?idt>

**14. Part time working (Less Than Full Time Training)**

**There is detailed NHS guidance on LTFT that can be found** [here](https://www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/less-full-time-training-doctors) **and** <https://lasepgmdesupport.hee.nhs.uk/support/solutions/7000006974>

**Who is Eligible for LTFT Training? Everyone is now eligible to apply for LTFT.**

**The list of criteria for which a trainee can apply to train LTFT is not limited to the below:**

* Trainees with a disability or ill health – This may include ongoing medical procedures such as fertility treatment.
* Trainees (men and women) with caring responsibilities (e.g. for children, or for an ill/disabled partner, relative or other dependant)
* Welfare and wellbeing – There may be reasons not directly related to disability or ill health where trainees may benefit from a reduced working pattern. This could have a beneficial effect on their health and wellbeing (e.g., reducing potential burnout).
* Unique opportunities – A trainee is offered a unique opportunity for their own personal/professional development, and this will affect their ability to train full time (e.g., training for national/international sporting events, or a short-term extraordinary responsibility such as membership of a national committee or continuing medical research as a bridge to progression in integrated academic training).
* Religious commitment – A trainee has a religious commitment that involves training for a particular role and requires a specific time commitment resulting in the need to work less than full time.
* Non-medical development – A trainee is offered non-medical professional development (e.g., management courses, law courses or fine arts courses) that requires a specific time commitment resulting in the need to work less than full time.
* Flexibility for training and career development with the option to train less than full time with flexibility that might enable development of a broad career portfolio.

LTFT training will only be offered if there are trainers and training experience available and the employing Trust agrees.  There are sometimes difficulties with funding which may delay the commencement of a LTFT training post, particularly at points of re-entry into training.

Information on applying for LTFT can be found at: <https://lasepgmdesupport.hee.nhs.uk/support/home?trainee>

**All applications must be discussed with TPD/ES prior to submitting a ticket**

**Changes in LTFT % also need a new form completion with the usual 16 weeks notice.**

**Any time throughout the training year:**

The notice period is generally 16 weeks, less will only be considered in exceptional circumstances.

* Parental care
* Trainees with a disability or ill health
* Trainees with caring responsibilities

**Application within Windows:**

Trainees that wish to apply under any of the criteria listed below must do so within the given HET LTFT Windows. **The Windows are determined by the month in which** you rotate.

* Welfare and wellbeing
* Unique opportunities
* Religious commitment
* Non-medical development
* Flexibility for training and career development

**Notice periods:**

We require a minimum of **16 weeks’ notice for all LTFT applications** (including Childcare, Health, Disability, Caring Responsibilities) however there is an exception to this which will be by individual circumstances. If less than 16 weeks’ notice is provided/required, you must submit evidence of written agreement from your employing Trust that they can accommodate an earlier change.

**Changes to WTE:**

Any requests to change a WTE (increase, decrease, return to full time) must be made during windows provided above.

**15. Trainees needing support**

Medicine is a stressful profession, and core training can be particularly difficult because of frequent changes of post, a steep learning curve, and exam pressures. The GMC makes clear that a good doctor looks after their own health and well-being as well as that of their patients.

Supporting trainees needing support can be a very challenging and a very rewarding part of the role of a named Clinical or Educational Supervisor. The difficulties a trainee experiences may be many and varied, and may impact on their work, and patient safety. One of the roles of an Educational Supervisor or teacher is to provide ‘pastoral’ care for students and trainees. This sometimes extends outside the normal educational or clinical role and impinges on an individual’s personal life.

Sometimes trainees will find themselves in a situation where their performance falls below required standards. In most cases the individual recognises the problem and is able to solve it. However, a small number of trainees will get into difficulty which they either fail to recognise or acknowledge, or which they are unable or unwilling to seek help for.

Any issues that have the potential to impact on training progression or which may require additional evaluation/support should be alerted to the Training Programme Director at the earliest opportunity.

Notes should be kept from all relevant trainee/trainer meetings and necessary information handed over as a trainee rotates through their ACCS/EM placements.

***Please see Appendix B for detailed guidance on how to deal with the doctor in difficulty***

**Kent Surrey and Sussex ACCS/EM trainee Support**

Educational supervisors are one one’s first point of contact followed by Specialty tutor, Training programme director and Head of School. Our Supported Return to training champions will support return to training .

The Professional support Unit PSU (Newly formed KSS PSU) provide an exceptional service. Pls refer to : [Professional Development | London (hee.nhs.uk)](https://london.hee.nhs.uk/professional-development)

The Professional Support Unit (PSU) is a free service primarily dedicated to supporting the progression of postgraduate training for NHS healthcare professionals. They work independently of Specialty Schools, training Programme or Trusts and can offer confidential and impartial support or advice for those who need it. Referral is by Self and in exceptional circumstances via Educational supervisor (as of July 21).

The services currently offered via the PSU include:

* Confidential 1:1 support or advice via the Single Point of Contact (SPOC)
* Individual Support Team (IST)
* Coaching
* Careers advice
* Access to confidential Mental Health services for doctors & dentists
* Specialist Communication & Linguistics skills support
* Access to Dyslexia assessments
* Support for those Returning to Practice
* Free development courses, conferences & e-leaning
* Access to wellbeing & self-management resources

**PSU support post COVID-19 pandemic**

PSU has increased and adapted the range of our services to support unprecedented circumstances during the COVID-19 pandemic. PSU COVID-19 Wellbeing hub has further information regarding:

* Online Wellbeing Resources (podcasts, webinars, self-support advice, links to HEE & external resources available for trainees)
* 1:1 Support (free, confidential & independent 1:1 conversation with a senior PSU lead via telephone or on-line teleconferencing platforms)
* Virtual Group Support (free, confidential trainee peer support groups facilitated by a trained group facilitator)
* Online Courses (a range of e-learning and wellbeing/support courses we will be delivering via teleconferencing platforms)

**Urgent/immediate psychological support in a crisis**

One can access free & confidential psychological or mental health support 24/7 via:

* The NHS Frontline service for all NHS staff: Call 0300 131 7000 (between 7am-11pm) or Text 'FRONTLINE' to 85258 (24hrs/day)
* NHS Bereavement & Loss Helpline for NHS staff: Call 0300 303 4434 (between 7am-11pm)
* The BMA's 24/7 counselling service for all doctors (including non-BMA members): Call 0330 123 1245 or visit the BMA
* The Samaritans: Call 116 123 or visit Samaritans
* The Practitioner Support Programme's crisis line: Text NHSPH to 85258 or visit Practitioner Health

**16. Contacts and Who’s Who in Kent Surrey and Sussex?**

|  |  |
| --- | --- |
| Regional and KSS Postgraduate Dean  | Dr Jo Szram |
| ACCS Chair and Head of School for Emergency Medicine until Sept 30 2024ACCS Chair and Head of School for Emergency Medicine from Oct 1 2024 | Dr Nandita ParmarNandita.Parmar1@nhs.netNandita.Parmar@nhs.netDr Lorraine AppsLorraine.Apps2@nhs.net |
| Head of School for Medicine | Prof Nik PatelNik.Patel4@nhs.net |
| Head of School for Anaesthetics | Dr Mark WayMark Way@nhs.net |
| **Training Programme Directors and Deanery team** |  |
| ACCS EM ST1/2  | Dr Jonathan Leung Jonathan.Leung4@nhs.net |
| ACCS EM ST3 / EM ST4  |  |
| ACCS Anaesthetics | Dr Nicky DeacyNicola.Deacy@nhs.net |
| ACCS/ IMT AM | Dr Amir JehangirAmir Jehangir4@nhs.net |
| HST EM ST5 -6  | Dr Helen Cannon Helen.Cannon5@nhs.net |
| ACCS HET team | England.accs.lase@nhs.net |
| EM HET team | England.em.lase@nhs.net |
| **Specialty tutors** |  |
| Royal Sussex County, Brighton | Dr Alison Ogilvie |
| Conquest HospitalEastbourne Hospital | Dr Danielle VidlerDr Uthamalingam Shanker |
| Worthing Hospital | Dr Wendy Collyer |
| St Richards, Chichester | Dr David Neal |
| East Surrey |  |
| St Peters | Dr Santosh Pradhan |
| Royal Surrey County, Guildford | Dr Rachel Vivian |
| Frimley Park | Dr Lorraine Apps |
| Darent Valley | Dr Asghar A Wain |
| Willian Harvey | Dr Jonathan Leung |
| Medway | Dr Mandy Morrice |
| Maidstone and TW | Dr Jamie Manuell |
| Maidstone and TW | Dr Peter Martin |
| PEM leads | Drs Helen Milne, Rachel Parish and Nicola Biggs |
| Frimley Park  | Dr Rachel Parish ACCS lead |
|  |
| Supported Return to training champions | Dr Helen CannonDr Mandy Morrice |
| KSS Sim lead | Dr Matthew Staniforth |
| USS lead [Sussex based] | Dr Evan Coughlan |
| USS Deputy Lead [Surrey based] | Dr Robert Kalebka |
| USS Deputy Lead [Kent based] | Dr Jonathan Leung |
| KSS Leadership lead | Dr Behnaz Mahmoodian  |
| Trainee Reps- To be confirmed |

**17. Key links**

**Deanery website:** [**https://kss.hee.nhs.uk/**](https://kss.hee.nhs.uk/)

**Regional training days – on events calendar- for boiking in advance- atleast 6 weeks notice.** [Events from March 21 – September 26 – Working across Kent, Surrey and Sussex (hee.nhs.uk)](https://kss.hee.nhs.uk/events/)

**National ACCS website:** [**https://www.accs.ac.uk**](https://www.accs.ac.uk)

**RCEM Curriculum info**: <https://www.rcem.ac.uk/curriculum/>

 <https://rcemcurriculum.co.uk>

**Royal College/Faculty websites:**

<http://www.rcoa.ac.uk/>

<http://www.rcem.ac.uk/>

<http://www.rcplondon.ac.uk/Pages/index.aspx>

**Joint Royal Colleges of Physicians Training Board**

<https://www.jrcptb.org.uk/>

**Faculty of Intensive Care Medicine:**

<http://www.ficm.ac.uk/>

**Gold Guide 2020:**

<https://www.copmed.org.uk/images/docs/gold-guide-9th-edition/Gold-Guide-9th-Edition-August-2022.pdf>

**ACCS Curriculum:**

<https://www.accs.ac.uk/accs/2021-curriculum>

**RCEM Curriculum:**

<https://rcemcurriculum.co.uk/>

**JRCPTB Internal Medicine & Curriculum:**

<https://www.jrcptb.org.uk/internal-medicine>

**Anaesthetics Curriculum:**

<https://rcoa.ac.uk/training-careers/training-anaesthesia/2021-anaesthetics-curriculum>

**Health Education England Specialty Training website:**

<https://hee.nhs.uk/our-work/doctors-training>

**GMC website:**

<https://www.gmc-uk.org/>

**RCEM Learning website:**

<https://www.rcemlearning.co.uk/>

**e-Learning for Health:**

<https://portal.e-lfh.org.uk/>

**e-Portfolios:**

**Anaesthesia**

<https://www.rcoa.ac.uk/training-careers/lifelong-learning>

**Emergency Medicine:**

**Kaizen-RISR portfolio:**

<https://rcem.ac.uk/kaizen-eportfolio/>

<https://kaizenep.com>

**Acute Medicine:**

<http://www.jrcptb.org.uk/ePortfolio/Pages/Introduction.aspx>

Gold guide- for overall training guidance: [Gold Guide - 9th Edition - Conference Of Postgraduate Medical Deans (copmed.org.uk)](https://www.copmed.org.uk/gold-guide/gold-guide-9th-edition)

**RCEM Induction resources- lots of excellent presentations**

[RCEM Induction - RCEMLearning](https://www.rcemlearning.co.uk/rcem-induction/)

**STMELYN’S INDUCTION RESOURCES:** [St Emlyn's Lesson Plans Library - Induction • St Emlyn's (stemlynsblog.org)](https://www.stemlynsblog.org/st-emlyns-lesson-plan-library-induction/)

**18.Timeline**

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| **August changeover**  | First day, local (Trust/Corporate) Induction. |
| **1st few days** | Meeting with Clinical Supervisor, departmental/clinicalInduction. |
| **1st 2 weeks** | Initial meeting with Educational Supervisor (trainee to arrange). |
| **Late October**  | Midpoint meeting with Educational Supervisor (trainee to arrange); review of progress against LOs. |
| **January** | MSF takes place (via e-Portfolio). |
| **January** | End of placement meetings with Clinical and Educational Supervisors (trainee to arrange); Clinical Supervisor completes End of Placement report and liaises with Educational Supervisor as required.Deanery Interim Review- to catch up and check progress with TPD/Head of School. |
| **February changeover** | First day, local (Trust/Corporate) Induction (as necessary). |
| **1st few days** | Meeting with Clinical Supervisor, departmental/clinical induction. |
| **1st 2 weeks** | Meeting with Educational Supervisor (trainee to arrange); MSF review. |
| **Late March** | Midpoint meeting with Educational Supervisor (trainee to arrange); review of progress against LOs. |
| **Early June** | End of placement meetings with Clinical and Educational Supervisors (trainee to arrange); End of Placement report and liaises with Educational Supervisor as required. |
| **Early June** | Pre-ARCP meeting with Educational Supervisor; review of clinical supervisor reports, WPBAs, FEG/MTR/HALO/MCRs, MSF and other evidence with reference to ARCP Decision Aid. Educational Supervisor completed ESR form. |
| **Late June** | Trainee ensures all necessary evidence is on e-portfolio prior to ARCP. |
| **Late June/early July** | ARCP panel meetings and issuing of outcomes. |

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**Appendix A: ARCP Decision Aid**

[ACCS ARCP Requirement Guide.pdf (rcoa.ac.uk)](https://www.rcoa.ac.uk/sites/default/files/documents/2023-11/ACCS%20ARCP%20Requirement%20Guide.pdf)

**ST3 and Higher ARCP Decision aids to be circulated**

**Appendix B: Resources for Educators**

 **E Learning for healthcare free online modules**: [Educator Training Resources - eLearning for healthcare (e-lfh.org.uk)](https://www.e-lfh.org.uk/programmes/educator-training-resources/)

**KSS Website- educator development section**: [Educator Development - Working across Kent, Surrey and Sussex (hee.nhs.uk)](https://kss.hee.nhs.uk/medical-and-dental-education/educator-development/)

**KSS EM School ES update days** – please refer to KSS Website for regular update sessions- face to face and virtual

RCEM and other Royal College educator development CPD- please refer to college pages.

**RCEM Promoting Excellence document**: [Promoting Excellence in Emergency Medicine Training | RCEM](https://rcem.ac.uk/promoting-excellence-in-emergency-care/)

**CESR/ Portfolio training advice**: [sat---ssg---emergency-medicine---kse\_pdf-103451191.pdf (gmc-uk.org)](https://www.gmc-uk.org/-/media/documents/sat---ssg---emergency-medicine---kse_pdf-103451191.pdf)

**ES/CS courses**- Miad: [Educational & Clinical Supervision - MH25.2 - Miad Healthcare Library](https://miadhealthcare.com/courses/educational-clinical-supervision-mh25-2/)

**Autism/Neurodiversity guidance**: [Dyslexia and other neurodivergence support | London (hee.nhs.uk)](https://london.hee.nhs.uk/professional-development/dyslexia)

**Differential attainment** : [Differential Attainment Resources - Trainers - Working across Kent, Surrey and Sussex (hee.nhs.uk)](https://kss.hee.nhs.uk/resources-information/differential-attainment-resources/)

**Appendix C: Doctors needing support**

Please note: the processes involved for dealing with a doctor needing support may be Deanery/LETB-specific. Please undertake early discussion with senior educators to ensure you gain sufficient guidance and support.

Dealing with the doctor can be broken down into the following stages:

1. Identifying the problem
2. Managing the problem in the workplace
3. Identifying the cause of the problem
4. Supporting the trainee in finding a solution

#### 1. Identifying the problem

Trainees may struggle with the transition from undergraduate training to becoming more self-directed postgraduates, or the transitions from Foundation doctor to core trainee to higher trainee. Trainees often have to move geographical areas for work, and this may result in a disruption to their social support, relationships, friendships etc.

Signs of a trainee in difficulty may fall into the three following areas:

*Behaviour*

* Anger and verbal or physical aggression
* Rigidity/obsessionalism
* Bullying, arrogance, rudeness
* Emotional or volatile behaviour
* Failure to answer bleeps
* Lack of team working
* Avoiding feedback and/or defensive reactions to feedback
* Not engaging in the learning process via meetings or e-portfolio

*Health*

* Absenteeism
* High sickness record

*Competence*

* Poor time keeping, personal organisation and record-keeping
* Failure to prioritise
* Lack of insight and poor judgement
* Clinical mistakes
* Failing exams and work-based assessments
* Communication problems with patients, relatives, colleagues or staff
* Staff and/or patient complaints (360-degree assessments)

**Addressing the problem:**

*Trainee has insight*

* If the trainee has insight into their problem then a discussion can take place about how best to fix the problem and support them (see later).

*Trainee has little or no insight*

* If there is no apparent insight then it is necessary to document the behaviour that is causing the problem.
* The trainee can then be given feedback on the basis of well documented observations of problematic behaviour (see later).

*Documentation*

It is important to start documenting as early as possible if you suspect a trainee is needing support. If other staff have reported concerns, they should be encouraged to write it down. However, what is required are objective descriptions of problematic behaviour *without* personal opinions. Feedback is much easier to give to a trainee when it is a description of behaviour and when it has caused concern for other staff or patients.

#### 2. Managing the problem in the workplace

The first priority after identifying a problem trainee is to *ensure patient safety*. This will require an assessment of the trainee’s ability to continue working safely in their particular role.

* How closely do they need to be supervised?
* Are they safe to continue prescribing?
* Are other members of the team ‘carrying’ the trainee?

When you have identified early signs that a trainee is in difficulty you should:

* Meet and discuss these openly with the trainee
* Talk to and give feedback to the trainee
* This can be a difficult experience for both trainer and trainee, but the sooner it is done the better
* Most trainees who have insight into their problems will welcome the opportunity to bring them out into the open and to be given help and support in resolving them
* Some trainees with insight might deny there is a problem because of a defensive nature or because they fear the consequences
* Some trainees might completely lack insight
* Use of a reflective template may help a trainee identify the key issues and options for improvement

In the latter two situations the supervisor should use the documented evidence acquired to make the trainee aware that problems have been identified but should try to reassure the trainee that help and support can be provided.

* Agree an educational plan – and document this. The plan should include some SMART objectives (Specific, Measurable, Achievable, Relevant, Timed)
* Make sure the feedback meeting and plan is documented and shared with appropriate people, including the trainee. These individuals might include:
* Clinical Supervisor
* Training Programme Director (TPD)
* Head of School (HoS)
* Clinical Managers/Directors
* Directors of Medical Education
* If there are any patient safety concerns, or for any significant events, the practices/Trusts policy on Significant Untoward Events needs to be initiated and followed. The Educational Supervisor and TPD should not be the Trust's investigating officer. If there is a practice/Trust investigation, HEE needs to be made aware of this. The TPD and HoS should be notified.
* The educational plan should be shared with the TPD, and a copy should be sent to the specialty school administrator so it can be held on the trainees file.
* Finally set a review date/venue to meet to review the trainees progress against the objectives made

**Significant concerns**

LETB Case Conference

These can be called for any trainees causing significant concern and are a useful way for trainers to meet and support one another and the trainee.

* Chance for all involved to meet including Head of School/TPD, APDs, Trainee Support Service, and the Trust, (Clinical and Educational supervisors, Clinical Managers, DME, etc.)
* Chance to share information and review what has been tried/offered
* Action plan of where to go next to support the trainee and trainers and to ensure that patients are safe
* Trainee may not be present for all of the meeting. The trainee should meet some or all the panel to discuss the concerns openly, and agree a further action plan

**3. Identifying the cause of the problem**

In supporting a trainee with problems, you should attempt to determine the underlying cause so that the situation can be managed in the most appropriate way. Some common situations that may lead to trainee problems are:

* Ill health – physical or mental
* Drug/alcohol abuse
* Family issues – e.g. the birth of a child
* Language barrier
* Attitudinal/personality problem
* Financial difficulties
* Relationship problems
* Poor interpersonal skills
* Lack of knowledge
* Lack of confidence
* Poor role models
* Cultural background
* Bullying/harassment
* Dysfunctional team working

#### 4. Supporting the trainee in finding a solution

Assuming that problems have been acknowledged and the causes identified the trainee can work with the supervisor to create an action plan for remediation.

* Trainees can be reassured that their careers can be put on the right track and that solutions can be found.
* As much as possible the trainee should be given the responsibility for working out solutions and for providing an action plan.
* Sometimes solutions can be found via the supervisory relationship and within the working team, but sometimes other agencies and professional advisors might need to be consulted.
* The supervisor should then have regular meetings with the trainee to ensure that problems and behaviour have been rectified.

**Suggestions for Support – Competency issues**

* Increase the number of WBAs above the minimum number – this should not be seen as punitive. The WBAs can be used as learning events, where trainees can be given feedback, and can be used to document improvement in specific skills or competencies.
* State exactly how many of each type of WBAs
* With whom (variety of senior people – specify them)
* Covering what topics
* Consider fitness for specific types of work. For example, the decision may be made that the individual is safe to work during the day in specific locations where support is available, but it may not be safe for the individual to be on call. The Clinical Managers and Director of Medical Education make these decisions to amend a trainee’s work, with input from the Clinical and Educational Supervisors, TPD etc. The reasons for this need to be documented, as well as what the trainee needs to demonstrate to return to work fully. This might include a period of shadowing, or discussing emergency situations as WBAs etc. Trainees may also require a period of working in a supernumerary capacity in some situations.
* Arrange for the individual to meet regularly with both their named Clinical and named Educational Supervisor. These individuals should also remain in close contact.
* Ensure the trainee uses reflection and a suitable template (*Appendix C*) to support their improvement efforts.
* An extra 360 appraisal may be helpful in certain situations. The supervisors should be clear who the trainee should ask if you want individuals to give feedback.

**Suggestions for Support – Health issues**

* All doctors should be registered with a GP and supervisors can encourage attendance.
* We must be mindful that we are supervisors of trainees, and not be drawn into acting as a trainee’s doctor. Whilst this might sound obvious it is something that as doctors, we sometimes find difficult to avoid.
* Referral to Occupational Health – with specific questions:
* Is Dr X medically fit for his/her current role?
* If Dr X is not medically fit, can you give an indication of likely duration of absence?
* Is Dr X medically fit to be assessed in training?
* If Dr X is not medically fit to be assessed, can you indicate whether a period of training is likely to have been affected?
* Could Dr X’s medical problems be contributing to problems with behaviour and/or performance at work?
* Can you make any recommendations regarding adjustments or modifications to his/her workplace/role?
* Can you recommend any help or support that the Department can offer Dr X?
* Are there any workplace factors contributing to Dr X’s ill health?

**Suggestions for Support – Behaviour issues**

For inappropriate behavioural issues:

* Provide feedback, and use any appropriate trust policies
* Put concerns into writing to the trainee
* Agree clear SMART objectives with the trainee, and be clear what is expected of the trainee
* Involve management within the Trust whenever appropriate
* Supervisors never act as a formal Trust investigator as there may be a conflict of interests. You may need to give evidence to an investigation, but you may also have a role in supporting the trainee.

**Training Support Services**

Within the Deanery there are training support services provided by Specialty tutors in conjunction with Training programme directors and Heads of School.

These services can:

* Assess need, provide support services and case management for trainees in difficulty
* Signpost to specialist interventions where appropriate
* Aim to work together with training programmes to address performance and progress problems

Broadly speaking these services will:

* Gather feedback
* Meet with trainees
* Access profiling tools if necessary
* Agree an action plan
* Identify clear objectives and ways of monitoring progress
* Make referrals to external providers for further assessment or support
* Monitor progress
* Provide regular updates to training programme
* Provide reports for ARCP panels on request

Examples of support options include

* Counselling
* Coaching
* Communication skills development
* Specialist Occupational Health
* Career guidance
* Occupational and/or Educational Psychology assessments
* Clinical Psychology
* 360-degree feedback assessments
* Leadership Judgement assessment and coaching
* Sensory Intelligence profiling and coaching
* Specific learning disability tutoring

**Support for Supervisors/trainers**

Supporting a trainee needing support can be extremely time consuming and can be very difficult for trainers. It is important that as trainers there is a mechanism where you can also get help and support. For Clinical and Educational Supervisors, the TPDs and/or Heads of Schools are there to support you. Organise to meet and share your concerns. Please keep a log and email /communication trail confidently and share with TPD/HoS as needed.

Some supervisors worry that they will be accused of bullying and harassment with trainees needing support, and again we would encourage you to share these concerns with colleagues.