

**Acute Care Common Stem (ACCS) Educational Supervisor Handbook 2017–2018**

**February 2018**

**Introduction**

This handbook is intended as a supporting reference guide for trainers who have an Educational Supervisor role for ACCS 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.

Whilst there is a lot to digest here it is advisable to ensure familiarity with the contents at the start of the training year as this often saves a lot of time later on. 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.

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**ACCS: Definition and Structure**

ACCS is a three year core training programme that normally follows Foundation Year 2. It is the only core training programme for trainees wishing to enter higher specialty training in Emergency Medicine. It is an alternative core training programme for trainees wishing to enter higher specialty training in General Internal Medicine (GIM), Acute Internal Medicine (AIM) or Anaesthetics. It delivers all elements of the specialty specific core training curricula, with additional augmented outcomes, i.e. competences beyond those areas covered by Core Medical Training and Anaesthetics. The first two years are spent rotating through Emergency Medicine (EM), Acute Internal Medicine, Anaesthetics and Intensive Care Medicine (ICM). The third year is spent providing training that ensures trainees meet the minimum requirements for entry into higher specialty training in their parent specialty.

**Specialty Specific Objectives for ACCS training**

**Emergency Medicine:**

ACCS constitutes the first three years of the CCT in EM in a pre-planned and structured manner. The first two years of ACCS training (EM, AIM, Anaesthetics and ICM) are followed by a further year gaining additional competences in adult EM (including musculoskeletal emergencies) and Paediatric Emergency Medicine; thus fulfilling the requirements 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 GIM, AIM or one of the JRCPTB specialties in a pre-planned and structured manner. The first two years of ACCS training (AIM, EM, Anaesthetics and ICM) are followed by a further year in acute medical specialties. This three year training programme fulfils the requirements for progression to higher training in GIM, AIM or any of the JRCPTB specialties.

**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 first two years of ACCS training (AIM, EM, Anaesthetics and ICM) are followed by a year of Anaesthetic experience at CT2 level thus fulfilling the requirements for progression to higher training at ST3.

**Intensive Care Medicine:**

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

**ACCS Severn**

ACCS has its own training School within HEE Severn. This is different from many other Regions where ACCS sits as a sub-section of another Specialty School.

The ACCS School oversees the trainees first 2 years of ACCS, through the posts of Emergency Medicine, Acute Medicine, Anaesthesia and Intensive Care.

The third training year (ST3/CT3) is overseen by the parent specialty, under the supervision of the appropriate School (e.g. EM, Anaesthesia or CMT).

The structure of the ACCS School is detailed below:

* Head of School – Dr Karine Zander
* Overall ACCS Training Programme Director and EM Lead – Dr Victoria Stacey
* Acute Medicine Lead for ACCS and AM TPD– Dr Mark Mallet
* Anaesthetic Lead for ACCS and Anae TPD – Dr Jo Kerr
* ICM Lead for ACCS – Dr Dom Janssen
* ACCS Education Programme Manager – Lucy Curtis**2. Induction**

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

The ACCS School host a School induction in August to help new trainees settle into the programme and learn about the training requirements of the ACCS programme. The date of the induction is detailed on the ACCS Severn website. <http://accs.severndeanery.nhs.uk/events>

The ACCS training programme is quite complex in its WBPAs and teaching/ training due to it being a multispecialty training programme. The induction helps trainees get to grips with these elements as well as meet the ACCS School team and their peers. Attendance at the induction is compulsory and invaluable for trainees. ACCS trainers are also welcome to attend the School induction if they would like to know more about how the ACCS programme works.

**3. Supervision**

The supervision arrangements in ACCS are different from those in Foundation training which can sometimes cause confusion for trainees and trainers.

The trainee is allocated an Educational Supervisor for each of their 6 month blocks (or 3 month / 9 month in BRI and Weston). The Educational Supervisor should be a Consultant from the specialty the trainee is currently working in. The Educational Supervisor for each placement is who the trainees should initially contact for any training related issues. The Educational Supervisor should meet with the trainee 2 or 3 times during the 6 months.

The Educational Supervisor is responsible for completing the Structured Training Report at the end of the placement.

Within each hospital there are Clinical Tutors for each parent specialty who are able to advise trainees on specifics related to training in that specialty (e.g. exam preparation, careers advice, HST applications, etc). The details of the Clinical Tutors in each Trust are available on the ACCS Severn website <http://accs.severndeanery.nhs.uk/about-us/educational-leads/>

The main roles of the Educational Supervisor are as follows:

* Sets up Learning Agreement
* Helps plan their training and agreed learning outcomes
* Reviews their Portfolio and WBAs
* Prepares them for ARCP
* Brings together all relevant evidence to form a summative judgement at the end of the placement
* Provides the end of placement Structured Training Report (STR) for the ARCP panel
* Offers career guidance and support (or directs to the Clinical Tutor in the trainees Parent Specialty)
* Assists with issues and problems
* Liaises with the TPD.

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), WBAs, e-portfolio and requirements for ARCP. Educational Supervisors should work closely with the TPDs 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 and achieve the minimum number and type as specified in the ARCP checklists
* 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

More information on these roles can be found in the [Gold Guide](http://specialtytraining.hee.nhs.uk/files/2013/10/Gold-Guide-6th-Edition-February-2016.pdf).

Please note that Educational Supervisors require Deanery/LETB recognition and GMC approval.

Severn Postgraduate Medical Education (PGME) has analysed the [General Medical Council (GMC/PMETB) training requirements](http://www.gmc-uk.org/education/index.asp) for educational and clinical supervisors and as a result has established seven core training requirements that all educational supervisors must meet. Details on how to become an accredited Educational Supervisor can be found here <http://severndeanery.nhs.uk/about-us/education-and-training/educational-supervisors-core-accreditation-requirements/>

**4. Curriculum and Assessments**

You can find the ACCS Curriculum [here](https://www.rcoa.ac.uk/system/files/TRG-CU-ACCS2012.pdf).

The document is self-explanatory and sets out the full list of required competencies for the component specialties within ACCS. ***It is vital that you familiarise yourself with this document and in particular the competences and assessment framework in order to support your trainees.***

ACCS training is described under the headings of:

1. Common Competencies
2. Major Presentations
3. Acute Presentations
4. Anaesthesia in ACCS
5. Practical Procedures

Some of this training must be obtained and evidenced during a particular placement, but other competencies can be achieved in any of the placements, provided that all are achieved by the end of year 2. This is all detailed in the curriculum.

In addition, to assist trainees and trainers in navigating the requirements, theACCS School developed the ARCP Workbook which clearly sets out the evidence required from each placement and at the end of each year. <http://accs.severndeanery.nhs.uk/assets/Accs/ARCP-Workbook-Aug-17-amended.docx>

The ACRP Workbook is a crucial document for the trainees and is what should be submitted as evidence for the ARCP.

**Overall, the requirements are relatively demanding and will require planning and organisation on the part of the trainee in order to achieve the required number/type.**Failure to achieve this will make it difficult for you as an Educational Supervisor to ascertain whether they have satisfactorily completed their placement, which may affect the outcome of their ARCP. It is therefore vital that you work closely with your supervisee to support them in achieving the minimum requirements.

The Major and Acute presentations and most of the Common Competencies are assessed using the ACCS Workplace-based assessments (WBAs):

* 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

**Documentation**

Trainees should use the e-portfolio of their parent specialty; WBAs for non-parent modules may be completed on e-portfolio or paper, but ACCS-EM trainees are encouraged to use the e-portfolio for all modules. The Anaesthesia e-portfolio only contains Anaesthesia-specific forms, so Anaesthetists must use paper forms for other modules. Each time the trainee completes a module within the ACCS programme a Structured Training Report (STR) should be completed by their Educational Supervisor. All ‘paperwork’, whether on e-portfolio or paper, should be summarised in the ARCP Workbook <http://accs.severndeanery.nhs.uk/assets/Accs/ARCP-Workbook-Aug-17-amended.docx>

WBAs including MSFs differ slightly between specialties, and should be completed using the paperwork specific to the specialty being assessed, not the parent specialty. Specialty-specific MSF and other WBA forms, as well as all the specialty-specific paperwork, can be found within the e-portfolios and on the [ACCS website](https://www.rcoa.ac.uk/accs/assessments-and-appraisals/assessment-forms).

**1. Common Competencies** (ACCS Curriculum pages 26-73)

These are competencies that should be acquired by all doctors during their training period starting within the undergraduate career and developed throughout postgraduate training. For ACCS trainees, competence to at least **level 2** descriptors will be expected prior to progression into further specialty training.

Many of these competencies are an integral part of clinical practice and as such will be assessed concurrently with the clinical presentations and procedures assessments. Trainees should use these assessments to provide evidence that they have achieved the appropriate level. Descriptors of the required performance at each level can be found in the curriculum.

At least 50% of the common competencies must be signed off at level 2 or above by the end of the CT2 ACCS year. For a few common competencies alternative evidence should be used e.g. assessments of audit and teaching, completion of courses, management portfolio, which can be used to record management and leadership competencies.

**2. Major Presentations** (ACCS Curriculum pages 75-84)

These are seen as the cornerstone of the clinical skills of ACCS trainees and they should all be signed off by the end of the second year.

Two must be completed in the Emergency Medicine placement and must be summatively assessed using the Mini-CEX descriptor tool or a pass/fail CbD (see Curriculum pages 222-228). Summative tools are available for Major trauma, Shock, Altered level of consciousness and Sepsis.

Two should be assessed in the Acute Medicine placement and the other two can be done in any of the modules but it is recommended that Septic Patient should be signed off in the Intensive Care Medicine placement. The knowledge, skills and behaviours to be achieved for each presentation are listed in the curriculum.

**3. Acute Presentations** (ACCS Curriculum pages 85-134)

There are 38 Acute Presentations (APs) which need to be signed off by the end of the second year of ACCS. These are generally most applicable to AM and EM and whilst a minimum of 10 in AM and 10 in EM should be signed off, trainees should be strongly encouraged to complete them all during those placements. There are 5 APs that require the trainee to complete specific summative WBAs in the EM attachment. Up to 5 APs can be covered by a single ACAT in either EM or AM. The knowledge, skills and behaviours to be achieved for each presentation are listed in the curriculum.

**4. Anaesthesia in ACCS**

**Introduction**

The Anaesthesia training in ACCS is identical to the first six months of training core Anaesthesia trainees receive. During the Anaesthesia component of ACCS, trainees complete the ‘Introduction to Anaesthesia’ and achieve the Initial Assessment of Competency (IAC). All trainees must pass the IAC in their Anaesthesia placement.

All trainees should use the RCOA guide for novices found [here](http://www.rcoa.ac.uk/careers-and-training/the-rcoa-guide-novice-trainees).

**Initial assessment of Competency (IAC)**

Paper certificate and further information can be found [here](http://www.rcoa.ac.uk/training-and-the-training-programme/initial-assessment-of-competencies-iac). The IAC is the first milestone in Anaesthetic training and will normally be achieved within the first 3 to 6 months of 1:1 supervised Anaesthetic training. Once trainees have achieved the IAC they may work without direct supervision and join the on call rota but they will at all times remain under the supervision of a named Consultant Anaesthetist. Anaesthetic-streamed ACCS trainees may complete the IAC directly on the RCoA e-portfolio whilst for EM and AM trainees the IAC is completed on paper and both pages of the certificate should then be uploaded to their e-portfolio. To obtain the IAC, trainees must complete a total of 19 WBAs.

**Logbook**

All trainees should maintain a logbook of their Anaesthetic cases, from the start of their ACCS Anaesthesia training, which needs to include a summary report by age, specialty, ASA grade and level of supervision. There is an [electronic logbook](http://www.logbook.org.uk/)  available from the Royal College of Anaesthetists that is free to down load regardless of speciality and trainees are strongly advised to use this for their records, as it will generate the required reports.

**Intensive Care Medicine**

During Basic training in ICM, the trainee works under direct supervision for the majority of the time, being introduced to the knowledge and skills required for ICM. A broad-based outline knowledge of the wide range of problems which are seen in ICM is necessary at Basic level. Greater understanding and expertise can then be built upon this during higher stages of training should trainees wish to pursue ICM as a career.

The ICM assessment schedule includes the ICM matrix, 11 ICM-specific DOPs as well as covering a further 2 practical procedures and 2 of the Major Presentations - ideally Septic Patient plus one other.

**5. Practical Procedures**

There is a list of 44 Practical Procedures in the ACCS Curriculum. 39 out of 44 (ideally all) are expected to be completed by the end of the second year, and all by the end of the third year. Some are General Practical Procedures, 17 are associated with the Anaesthetic Initial Assessment of Competence, and 11 are associated with ICM training.

**Multi-source Feedback (MSF)**

This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. "Raters" are individuals with whom the trainee works, and includes doctors, administration staff, and other allied professionals.

Instructions:

* The trainee should trigger an MSF from their e-portfolio and choose a range of raters from healthcare professionals and clerical staff.
* The majority of raters should be Consultants, senior trainees and experienced nursing and allied health professional colleagues.
* A minimum of twelve assessments must be received, including at least three Consultants and both Clinical and Educational Supervisors can view the individual and collated responses within the e-portfolio.
* These results of the MSF should be discussed between the Educational Supervisor and the trainee during an appraisal meeting and the supervisor should then release the anonymised collated results to the trainee.
  1. **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.

**Guidance on attendance at Regional Training days during the ACCS rotation**

* All ACCS trainees (regardless of base specialty) can attend the Regional ACCS teaching during their AM and EM posts. The programme will be directed to cover the AM and EM elements of the curriculum.

* EM and AM trainees can continue to attend this training throughout their 2 years of ACCS.

* Anaesthetic trainees are invited to attend the FRCA and FICM training throughout their 2 years of ACCS training. EM and AM trainees whilst working in Anae and ICM can also attend the FRCA and FICM training if they wish.

In addition to the regional training days every department runs ‘in-house’ teaching. It is expected that the trainee immerses themselves in the specialties local teaching whilst working in that department.

**Regional ACCS Training Days**

The Regional ACCS training days are held on the second Tuesday of each month. The training days rotate through the 6 Trusts around the Region. Please see [ACCS Teaching programme](http://accs.severndeanery.nhs.uk/about-us/teaching-days-and-courses/accs-emergency-medicine-regional-training-programme/) for more details.

An exact attendance figure is not stipulated however it is expected that trainees will attend the training days unless they are on nights, annual leave, sick leave or other approved study leave. We fully appreciate that staffing/rota crises happen and there may be occasional circumstances when trainees can’t gain study leave to attend a day but if this becomes a recurring problem this will be followed up by the ACCS School.

**‘New 2’ Introductory Days**

There are four introductory modular training days that you trainees are expected to attend when they start in a new specialty: New2ICU, Novice Anaesthetist, New2AM and New2EM.

The courses are each run twice a year in Jan/Feb and again in Aug/Sept, to coincide with the rotation changes.  Trainees should not apply to attend these days when they are not on the associated rotation.

All of these courses are fully funded by the School of ACCS however the trainees do need to apply for study leave to attend. Places are limited, and failure to register in good time may mean they are unable to attend.

**Registering for ‘New 2’ Training Days**

New2ICU.  This course provides practical, hands-on experience enabling the trainee to be capable and proficient in the basic requirements of a junior doctor in the running of an intensive care unit both during the day and at night. It will also teach trainees the skills and knowledge they will require to manage emergency situations prior to the arrival of senior help.

Links to the course can be found here [Events page](http://accs.severndeanery.nhs.uk/events/).

Novice Anaesthetist.  This course covers management of critical incidents with a focus on airway, respiratory, and cardiovascular problems.   Links to the course can be found here [Events page](http://accs.severndeanery.nhs.uk/events/).

New2EM. This course provides an introduction to emergency medicine to complement local departmental induction. Links to the course can be found here [Events page](http://accs.severndeanery.nhs.uk/events/).

New2AM. Links to the course can be found here [Events page](http://accs.severndeanery.nhs.uk/events/).

**Attending other Regional Teaching**

ACCS trainees may wish to use some of their study leave time to attend other regional teaching on offer and the ACCS School supports this. This is within the parameters of the trainees 15 days of internal study leave and 15 days of external study leave per year.

Anaesthetic Primary FRCA teaching

Anaesthetic core training days are aimed at those in CT1/2 anaesthetic training, preparing for the primary FRCA exam. ACCS-anaesthetic trainees are encouraged to attend where possible.  EM and AM ACCS trainees are welcome to attend the Primary FRCA teaching but it can be quite exam focused. You should discuss which training days you would like to attend with your Educational Supervisor at your first appraisal meeting.

Please see the [Events tab](http://www.accs.severndeanery.nhs.uk/events/?subcategory=54&category=Training) for a detailed list of all forthcoming primary teaching days for CT1 and 2's in Anaesthesia.

These training days take place in various hospitals around the region; the topics in the syllabus are mapped to the expertise in different locations. In order to maximise the learning opportunities attendees may be asked to complete either on-line Anaesthetic e-learning modules or specific reading tasks prior to each session, so that these act more like a workshop/tutorial and less like a lecture.

FICM teaching

ACCS trainees are invited to attend the FICM teaching days. These occur monthly and are held around the Region. ACCS trainees can attend free of charge. The details are available on the Severn ACCS website.

Core Medical Training Days

CMT training days are designed primarily for those working in medical specialties and preparing for MRCP, but ACCS-AM trainees are able to attend where possible. The content is relevant for all ACCS trainees currently working in acute medicine.

The ACCS School has ring-fenced 3 spaces at each CMT training day for ACCS trainees to use. This means you do not have to pay to attend but you do need to complete the online registration form. If more than 3 trainees would like to attend a CMT training day then please contact Lucy Curtis (ACCS Education Programme Manager) and we can arrange to increase our quota. All forthcoming CMT Training Days appear under [Events](http://www.accs.severndeanery.nhs.uk/events/?subcategory=54&category=Training) where you will also find an online registration form.

* 1. **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.

Details on enrolling for e-portfolio can be found via the relevant College websites:

Anaesthesia: <http://www.rcoa.ac.uk/trainee-e-portfolio/e-portfolio-contacts>

Emergency Medicine: <http://www.rcem.ac.uk/Training-Exams/E-portfolio>

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

Any queries/problems that your trainee may have with this should be directed to their specialty.

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

* 1. **Exams**

The trainee's parent specialty determines their exam requirements for satisfactory progression through training. The current requirement is that by the end of the 1st 2 years of ACCS trainees must have passed FRCEM Primary for Emergency Medicine or the MRCP Part 1 Examination for AM. By the end of year 3, ACCS AM trainees need to have passed the MRCP (including PACES) to complete the programme satisfactorily, and to be eligible for entry to higher training in a medical specialty. Anaesthetic trainees should aim to sit the FRCA Primary MCQ Examination by the end of the second year and must achieve both parts of the Primary by the end of the third year. They should ensure they discuss this with you as their Educational Supervisor and consult their College/Specialty School as necessary.

It is also vital that your trainees familiarise themselves with the exam regulations for the relevant exam, in particular when they can first sit the various parts, when to apply etc.

The FRCEM exams will be undergoing some changes over the next 1-2 years so Emergency Medicine trainees should ensure they check the RCEM website [exam section](http://www.rcem.ac.uk/Training-Exams/Exams) regularly to clarify which exams they will need to sit.

* 1. **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](http://copmed.s3.amazonaws.com/publications/gold-guide/Gold%20Guide%206th%20Edition%20February%202016.pdf?AWSAccessKeyId=AKIAIGEGZICS6K7TFJ5Q&Expires=1467990186&Signature=mkxvBtgsYvRSqy%2Fja%2Ffa6JikeSQ%3D). All supervisors and trainees should make themselves familiar with this document as well as local Deanery/LETB processes.

Checklists 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 posts (Anaesthetics, ICM, EM and AIM). The Chair of the panel should be trained for their role, and is usually a TPD or Postgraduate Deans 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 Structured Training Reports (STR) from each Educational Supervisor
* Evidence of the competencies covered by WBAs detailed in the ARCP Workbook
* 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).

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 STR including details of any concerns raised by trainers, incidents etc.

**Structured Training Report**

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

* **reflect the** **learning** **agreement and objectives** developed between the trainee and their Educational Supervisor
* **be supported by evidence** from the WBAs planned in the learning agreements
* take into account 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 competencies required** - Additional training time not required. The trainee’s progress has been acceptable overall but there are some competencies which 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 which will extend the duration of the training programme (e.g. the anticipated CCT/CESR (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 competencies. 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 trainee will be required to give up their National Training Number, but may wish to seek further advice from the Postgraduate Dean or their current employer about future career options, including pursuing a non-training but service-focused career pathway. An outcome 4 may also be recommended in some circumstances where there has not been additional training, for example for disciplinary reasons or where the trainee has exhausted all attempts at passing an exam without having received additional training time.
* **Outcome 5: Incomplete evidence presented** - Additional training time may be required. The panel can make no statement about progress or otherwise since the trainee has supplied either no information or incomplete information to the panel.
* **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.

**9. Leave and courses**

The arrangements for study leave are detailed on the Deanery website here:

[**http://severndeanery.nhs.uk/about-us/policies-and-procedures/severn-study-leave/**](http://severndeanery.nhs.uk/about-us/policies-and-procedures/severn-study-leave/)

**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 have the opportunity to explore areas of particular individual interest.**

The following list constitutes useful courses and conferences that the ACCS School Board deem appropriate for study leave.

The list is not exhaustive and other study leave courses may be approved following discussion with the Educational Supervisor. If there are any queries about the appropriateness of a course please contact Dr Vicky Stacey the ACCS TPD ([v.stacey@nhs.net](mailto:v.stacey@nhs.net)) and/or Dr Karine Zander, ACCS Head of School ([karine.zander@nbt.nhs.uk](mailto:karine.zander@nbt.nhs.uk)).

**Resuscitation courses**

ALS

APLS

ATLS

European Trauma Course

PHTLS (Pre-Hospital Trauma Life Support)

HMIMMS (Hospital Major Incident Medical Management)

MIMMS Course (Major Incident Medical Management)

**Simulation courses**

UK Training in Emergency Airway Management (TEAM) Course (endorsed by RCEM, FICM, RCOA)

Transport of the Critically Ill Course (run by NBT and BMSC)

Training the Trainers course (for simulation and medical education)

Team Training for Critical Incident (e.g. BMSC)

Confidence with kids – Emergency Real-life scenarios (CONKERS – BMSC)

Acute Medical Emergencies course (BMSC)

Ill Medical Patients’ Acute Care & Treatment (IMPACT) course

Acute Life-threatening Events Recognition and Treatment (ALERT)

Basic Assessment and Support in Intensive Care Course

**Ultrasound courses**

Level 1 Emergency Ultrasound course (or equivalent)

Other basic ultrasound courses e.g. Focused echo, pleural ultrasound, etc

FICE (Focused Intensive Care Echocardiography)

**Conferences**

ACCS National Trainees Day (hosted by RCOA)

Emergency Medicine Trainee Association (EMTA conference)

RCEM Annual Scientific Conference

RCEM Annual CPD Conference

Society for Acute Medicine (SAM) Conference

SICOWE : Society of Intensive Care for West of England Annual Scientific meeting

SODIT: Society of Devon Intensive Therapy Annual Scientific meeting

SASWR: Society of Anaesthetist of the SW Region Annual Scientific meeting

GAT: Group of Anaesthetists in Training (AAGBI) Annual Scientific meeting

ICS: Intensive Care Society Annual Scientific meeting

Study days organised and recognised by RCEM, RCP, RCOA, RSM

**10. ACCS events**

Information on ACCS events and the annual Trainer and Trainee Day will be posted on the ACCS website [here](https://www.rcoa.ac.uk/accs/events).

**11. Social Media**

Please see the GMC’s guidance on the use of Social Media [here](http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp) and that of the BMA [here](https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/socialmediaguidance.pdf).

**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 in the [Gold Guide](http://www.copmed.org.uk/publications/the-gold-guide) and further information from the Deanery is found at:

<http://severndeanery.nhs.uk/about-us/policies-and-procedures/out-of-programme-experience/>

**Global Health OOPEs**

The Severn ACCS School have forged links with African Health Placements to offer ACCS trainees the opportunity to undertake a 1 year placement in rural South Africa. This Global Health Training opportunity is available to ACCS trainees at the end of their ST3 year whereby successful applicants will travel to a rural South African community for 12 months. During this placement the successful candidates will be working with African Health Placements <http://www.ahp.org.za/> and will receive a salary directly from the South African Government.

This opportunity is open to all ACCS trainees. For EM trainees this placement would be an ‘Out of Programme Experience’ (OOPE) and they would return to their ST4 EM post in Severn at the end of the year. For AM and Anaesthetic trainees this opportunity would be outside of the training programme and is offered at the end of the CT3 AM / Anaesthetic year, however it is hoped that this opportunity would significantly enhance a trainees CV for future HST applications.

The first ACCS trainee embarked on this programme in August 2016.

Further information about the Global Health Placements can be found via the African Health Placements website <http://www.ahp.org.za/> and the Severn Primary Care School, who offer a similar OOPE to their trainees <http://primarycare.severndeanery.nhs.uk/recruitment/sopc-global-health-placements/>

If you would like any further information please contact [v.stacey@nhs.net](mailto:v.stacey@nhs.net)

**13. Changing specialty and moving region**

**Changing Parent Specialty**

It is not currently possible for ACCS trainees to switch from one parent specialty programme to another (e.g. Acute Internal Medicine to Anaesthesia). The ICACCST have recently had discussions with the GMC, Health Education England and the UK’s Deans to try and find some way of resolving this, but unfortunately 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](mailto:IDTinfo@southlondon.hee.nhs.uk) 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/).

HEE Severn’s guidance on IDTs can be found here <http://severndeanery.nhs.uk/about-us/policies-and-procedures/peninsula-idt/> **14. Part time working (Less Than Full Time Training)**

**Who is Eligible for LTFT Training?**

Those wishing to apply for less than full-time training must show that training on a full-time basis would not be practical for them for well-founded individual reasons:

**Category 1:**Doctors in training with:

* disability
* ill health (those who have health reasons will be required to attend an appointment with the LETB Occupational Health before being eligible for the scheme)
* responsibility for caring for children (men and women)
* responsibility for caring for ill/disabled partner, relative or other dependant.

**Category 2:**Doctors in training with:

* unique opportunities for their own personal/professional development, e.g. training for national/international sporting events, courses that contribute to the wider curriculum delivered by Health Education East Midlands
* religious commitment - involving training for a particular role which requires a specific time commitment
* non-medical professional development such as management courses, law courses, fine arts courses, etc.

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: <http://severndeanery.nhs.uk/about-us/careers-support/less-than-full-time-training/>

**15. Supporting trainees**

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 in difficulty can be a very challenging and a very rewarding part of the role of an 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 placements.

***Please see Appendix D for detailed guidance on how to support trainees***

HEE Severn has a Professional Support Unit which promotes trainee well-being and personal development. They are a very useful source of support and guidance if you have a trainee requiring additional support. Further details can be found here: [**http://severndeanery.nhs.uk/about-us/careers-support/**](http://severndeanery.nhs.uk/about-us/careers-support/)

**16. Contacts and Who’s Who?**

The structure of the ACCS School is detailed below:

ACCS Head of School – Dr Karine Zander ([karine.zander@nbt.nhs.uk](mailto:karine.zander@nbt.nhs.uk))

Overall ACCS Training Programme Director and EM Lead – Dr Victoria Stacey ([v.stacey@nhs.net](mailto:v.stacey@nhs.net))

Acute Medicine Lead for ACCS and AM TPD– Dr Mark Mallet ([mark.mallett@nhs.net](mailto:mark.mallett@nhs.net))

Anaesthetic Lead for ACCS and Anae TPD – Dr Jo Kerr ([Jo.Kerr@ydh.nhs.uk](mailto:Jo.Kerr@ydh.nhs.uk))

ICM Lead for ACCS – Dr Dom Janssen ([Dominic.Janssen@nbt.nhs.uk](mailto:Dominic.Janssen@nbt.nhs.uk))

ACCS Education Programme Manager – Lucy Curtis ([Lucy.Curtis@hee.nhs.uk](mailto:Lucy.Curtis@hee.nhs.uk))

ACCS Trainee Rep – Tom Roberts ([tomkieranroberts@gmail.com](mailto:tomkieranroberts@gmail.com))

**17. Key links**

***Severn ACCS Website***

[***http://accs.severndeanery.nhs.uk/***](http://accs.severndeanery.nhs.uk/)

**Deanery website:**

[**http://severndeanery.nhs.uk/**](http://severndeanery.nhs.uk/)

**National ACCS website:**

<https://www.rcoa.ac.uk/accs>

**Royal College/Faculty websites:**

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

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

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

**Society for Acute Medicine:**

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

**Faculty of Intensive Care Medicine:**

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

**Gold Guide 2016:**

<http://specialtytraining.hee.nhs.uk/files/2013/10/Gold-Guide-6th-Edition-February-2016.pdf>

**ACCS Curriculum:**

<https://www.rcoa.ac.uk/accs/2012-curriculum>

**Assessment Forms:**

<https://www.rcoa.ac.uk/accs/assessments-and-appraisals/assessment-forms>

**Health Education England Specialty Training website:**

[Specialtytraining.hee.nhs.uk/](file://C:\Users\troche\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\3WNB6I72\Specialtytraining.hee.nhs.uk\)

**GMC website:**

<http://www.gmc-uk.org/education/postgraduate/specialty_including_gp_training.asp>

**RCEM Learning website:**

<http://www.rcemlearning.co.uk/landing/>

**e-Learning For Health:**

<http://e-lfh.org.uk/projects/ela/index.html>

**e-Portfolios:**

**Anaesthesia**

[Anaesthesia: http://www.rcoa.ac.uk/trainee-e-portfolio/e-portfolio-contacts](Anaesthesia:%20http://www.rcoa.ac.uk/trainee-e-portfolio/e-portfolio-contacts)

**Emergency Medicine:**

<http://www.rcem.ac.uk/Training-Exams/E-portfolio>

**Acute Medicine:**

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

**RCoA guide for novices:**

<http://www.rcoa.ac.uk/careers-and-training/the-rcoa-guide-novice-trainees>

1. **Timeline**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **August changeover** | First day, local (Trust/Corporate) Induction. | | **1st few days** | Departmental/clinicalInduction. | | **1st 2 weeks** | Initial meeting with Educational Supervisor (trainee to arrange).  ACCS School Induction – held at Severn Deanery | | **Late October** | Midpoint meeting with Educational Supervisor (trainee to arrange); WBA review/planning. | | **January** | MSF takes place (via e-Portfolio). | | **January** | End of placement meeting with Educational Supervisors (trainee to arrange) | | **February changeover** | First day, local (Trust/Corporate) Induction (as necessary). | | **1st few days** | 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); WBA review/planning. | | **Early June** | End of placement meetings with Educational Supervisor (trainee to arrange) | | **Early June** | Pre-ARCP meeting with Educational Supervisor; review of WBAs and checklists, MSF and likely ARCP outcome. Educational Supervisor does STR form. | | **Late June** | Trainee submits STR x 2, ARCP Workbook to Assessments Team prior to ARCP | | **Late June/early July** | ARCP panel meetings | |  |
|  |  |

**Appendix A: ARCP Workbook**

The purpose of this ARCP Workbook is to give trainees and trainers a central document where all the required competencies and clinical procedures can be recorded. It also includes all 4 modular (Educational) supervisor reports. As each trainee completes a module within the ACCS programme an end of module Educational Supervisor’s Structured Training Report should be completed by the trainee with their supervisor. This is the person that has had direct responsibility for the educational and clinical needs of the trainee during that particular module.

At the end of the year each trainee will submit this booklet having had a Structured Training Report completed for each module they have undertaken that year; there will usually be 2 of these. In addition there will also be a record of the competencies, presentations and practical procedures that they have achieved, signed off by their modular (Educational) supervisor. This booklet along with an up-to-date CV will be required for the trainees ARCP outcome to be determined for the year.

The ARCP Workbook can be found here <http://accs.severndeanery.nhs.uk/assets/Accs/ARCP-Workbook-Aug-17-amended.docx>

**Appendix B: Learning Agreement**

**ACCS TRAINING**

**LEARNING AGREEMENT**

**Training Agreement for ACCS Trainees**

This is a training agreement between an ACCS CT1/2 trainee and their educational supervisor

***Training agreement declaration:***

**As a trainee**

I understand and agree that during my ACCS training I shall:

* Arrange the necessary regular meetings and sign-offs with my clinical/educational supervisors
* Develop a personal educational plan with my educational supervisor at the start of each placement.
* Familiarise myself with the ACCS Curriculum and the assessment requirements.
* Complete the required Workplace based assessments for each post and minimum of 1 x MSF each year.
* Engage in e-learning to complement and support my training.
* Participate fully in the relevant regional and departmental teaching programmes and be prepared to spend some of my own time on educational activities.
* Complete promptly all training and assessment documentation
* Maintain an up-to-date training College e-Portfolio of evidence and log book (as applicable).
* Participate as required in assessment meetings, i.e. ARCP feedback.
* Ensure the Deanery have up to date contact details for me at all times and respond promptly to communications from my trainers and Deanery personnel.
* Ensure that I request study leave in good time and complete the relevant trust leave form/online requests so that suitable arrangements can be made for cover.

**As a trainer**

I understand and agree that:

* I will do my best to see that the trainee receives all the necessary support which will enable them to train successfully
* I will help my trainee to develop a personal educational plan at the start of each placement. This plan will take into account their current training needs and the time and resources available.
* I will be available to meet with the trainee on at least 3 separate occasions during each placement: at the beginning, mid point and end for appraisal.
* I will liaise as required in a timely manner with the Training Programme Director and any other relevant trainers to support my trainee as and when necessary
* I will complete a structured training report prior to the trainee's ARCP.

Trainee name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please scan the completed original form into your e-Portfolio and give a photocopy to your Educational Supervisor.

**Appendix C: Reflective Learning Template**

**REFLECTIVE LEARNING FOR MEDICINE**

|  |  |
| --- | --- |
| 1 Identify an event in the recent past that made you feel uncomfortable*/made you aware of something you did not know/understand*. |  |
| 2 Describe the circumstances. |  |
| 3 What happened? |  |
| 4 What did you do? |  |
| 5 What did others do? |  |
| 6 If you could replay that event, what would you have done differently? |  |
| 7 Why? |  |
| 8 What would be different if you were able to replay this event? |  |
| 9 How would you feel? |  |
| 10 How would others feel? |  |
| 11 Focussing on what you would have done differently, what do you need to make sure that you are able to be different in the future? | Reminder: have you identified with question 11 something that can be done differently? This is the learning need. |

|  |
| --- |
| Trainer Comments: |

|  |  |
| --- | --- |
| Trainer name |  |
| Trainer Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Trainee name |  |
| Trainee Signature |  |
| Date |  |

**Appendix D: How to support trainees**

HEE Severn has a Professional Support Unit which promotes trainee well-being and personal development. They are a very useful source of support and guidance if you have a trainee requiring additional support. Further details can be found here: [**http://severndeanery.nhs.uk/about-us/careers-support/**](http://severndeanery.nhs.uk/about-us/careers-support/)

Please undertake early discussion with senior educators to ensure you gain sufficient guidance and support.

Dealing with the a trainee who requires additional support 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 in difficulty. 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* (see *Appendix C*) 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 of 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 particular 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 [**http://severndeanery.nhs.uk/about-us/careers-support/**](http://severndeanery.nhs.uk/about-us/careers-support/)

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 in difficulty 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. Doctors in difficulty can cause a lot of distress to people with whom they work, and it is important that you are mindful of this. Some supervisors worry that they will be accused of bullying and harassment with trainees in difficulty, and again we would encourage you to share these concerns with colleagues.