Demystifying professional support for trainees: what does it mean?

'Professional support' is a commonly used term in medical training but it is not always clear what is meant by it and what the implications are for an individual trainee and his/her trainer. This article explores the concept of professional support in medical training.

In all professions, it is recognized that employees may encounter difficulties at some point during their career. The reference guide to UK Postgraduate Specialty training, 'the Gold Guide', gives guidance on what support is required (Departments of Health, 2014). If there is poor performance or professional competence issues then the 'Postgraduate Dean and employer must work closely together to identify the most effective means of helping/supporting the trainee, whilst ensuring that patient safety is maintained at all times' (Departments of Health, 2014). This includes considering ill health and disability when training placements are made.

Following the Gold Guide, each of the 13 deaneries (also known as local educational and training boards) have evolved their own system of support so that postgraduate deans can exercise their duty of care; however, a primary consideration has to be patient safety. Systems vary in their style and this will be discussed later in this article. It will first consider issues faced by doctors in training.

'Everyday' issue encountered by trainees

Throughout a medical career, all doctors will need to cope with the ups and downs that life brings. *Table 1* gives examples of issues to which doctors, just like their peers in society, are not immune. These may be encountered, to a greater or lesser extent, depending on age and personal circumstances. The 'everyday' label should not be confused with trivialization; the impact on the individual and consequently on his/her educational and clinical performance can be considerable, multifactorial and of varying duration. If these are within the normal ranges of experience, notwithstanding the stress engendered, it is anticipated that the resources accessed by the individual trainees would parallel those in general society rather than requiring specialist support.

Everyday support for trainees

All trainees should be registered with a local GP and visit their general practice when ill (*Table 2*). In the past, doctors have tended to conceal problems, not seek formal consultations and use colleagues for informal advice (Department of Health, 2008). The average annual number of sick leave days is three for doctors compared to eight in general (Department of Health, 2008), also resulting in the risk of presenteeism (being at work when too unwell).

If the trainee is unwell, the employer's sickness absence policy should be consulted and an occupational health opinion sought if required. This is particularly so for straightforward, time-limited health conditions with little potential impact on performance, or necessitating simple reasonable adjustments within the workplace, and that are unlikely to impact significantly on training. An example is when a leg injury has been sustained, time-limited support in the workplace may be needed for accessibility. Perhaps one of the biggest challenges to

Table 1. Examples of everyday issues faced by trainees
Failure in a critical exam, previously not experienced
Dilemma over career
Bereavement of a close friend or family
Physical accident
Ill health, episodic or chronic
Financial troubles
Impactful life events including divorce, breakup with girlfriend/boyfriend, difficult house moves

Table 2. Sources of everyday help
General practice
Trust occupational health
Local educational faculty, i.e. clinical, educational supervisors, tutors (college and postgraduate)
Human resources (medical staffing) – approach if need acute compassionate leave
Time out of programme
Less than full-time training

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> “The trainee’s context, both personal and professional, is highly relevant and in some cases will reveal an adverse impact of a particular training environment.”

overcome is that trainees sometimes believe that they will not need help so that they fail to engage or register with a local GP as ‘I won’t need it, it will never happen to me’.

The local educational faculty (postgraduate educators in both trust, general practice and postgraduate school) play a key role in supporting trainees. Pastoral care and support can be provided by faculty for short-term acute situations. For instance, individual or group exam preparation can be provided locally; mentoring or peer support facilitated, e.g. a middle grade doctor helping to support a trainee in the first 2 years of training (or ‘buddy system’). Additionally a short-term specialty-based senior mentor or coach can assist in the acquisition of a specific clinical skill that the trainee seems slow to master.

If acute compassionate leave is needed, the employer can be approached via human resources or medical staffing, with the support of a trainer, or clinical or educational supervisor. Other personal pressures may be alleviated or managed by a break from training. The application process for out of programme for a career break is clearly laid down in the Gold Guide. However, it would be unusual for this to be approved for trainees within 1 year of entry to a training programme. Another option is less than full-time training; an option available to those unable to work full time, usually on the grounds of ill health or carer responsibilities. All local educational faculty and trusts should be aware of these options. They can make the difference between being able to continue successfully, and go on to complete training, rather than leaving a chosen medical career because of adverse life events. It is to be expected that the appropriate programme director would be involved in such decisions.

What does deanery professional support entail?

Despite the differences in structure of deanery support with a variety of models or personnel, the aim is the same: a managed support system for trainees. A referral to the deanery professional support unit or training support service is often initially thought of with suspicion by trainees and as a punitive measure, reinforcing their sense of failure. A thoughtful referral will help a trainee to engage positively with the process. To some doctors, the experience of admitting need or weakness in themselves is perceived as shameful. Engagement with professional support is usually experienced as career enhancing and has been used for a surprising number of highly successful clinicians.

Common to the variety of models for delivering support is access to an initial point of contact. This may or may not be a medical professional, but involves active listening and enabling the trainee to see the contributors to his/her situation. This will have been elaborated in part by the educator’s referral which will include information about performance concerns; these should be shared with the trainee. The trainee’s context, both personal and professional, is highly relevant and in some cases will reveal an adverse impact of a particular training environment. Some performance units feedback their cumulative findings about specific training environments confidentially to their deanery quality assurance systems. This process enables adverse factors in the training environment to be identified and managed more easily by programmes. The starting point for all is an open, listening trainee-centred approach.

There may be underlying issues which the trainee did not previously realize were connected to the situation or did not disclose to his/her trainers or employers. This could relate to matters of personal conduct, professional conduct, performance or health and in many cases are multifactorial. Distinguishing unacknowledged ill health from temporary distress and other educational factors that may affect performance is a core task. It is essential to stress that trainee support is confidential and aims to get people ‘back on track’, helping them to manage themselves and progress appropriately in their career.

There will be a variety of time-limited generally work-focused interventions, offered according to the assessment (*Table 3*). Dyslexia screening after repeated examination failure is relatively new and emphasizes the need to consider educational psychology input. The rate of newly ascertained specific learning difficulties has been frequent and surprising, not least to the trainee. Some deaneries report rates of one in five referred trainees testing positive for dyslexia. This identification of educational difficulty can help the trainee to understand his/her learning needs, obtain study support and lead to eligibility for additional time in written examinations.

Occupational health

Poor health is often concomitant to performance issues and struggling to perform well can lead to stress, and vice versa. Good quality, specialist occupational health provides a vital role in understanding the link between health fitness for work, training and assessment and the ability to complete training in the long term.

These doctors have a responsibility to the trainee as a patient. While maintaining trainee confidentiality and duty of care, they enable the organization – here the deanery, alongside trust or practice employers – to make appropriate decisions. For example they advise about return to work and can determine when assessment periods should be discounted on grounds of ill-health. There are increasing numbers of doctors and medical students with disabilities and there is General Medical Council (2015a) guidance about disabled people within medicine. There are also doctors who become newly unwell with long-term conditions or mental health problems.

Table 3. Possible interventions by deanery support unit
Educational psychology and study skills
Clinical psychology
Specialist occupational health
Counselling
Careers counselling
Coaching or mentoring
Language, cultural and communication skills
Assertiveness and confidence skills
Time management and organizational skills
Deanery-financed mental health services (variable access)

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The occupational health physician will advise on reasonable adjustments. While the doctor may be fit to return to work (with or without a 'phased' return), it is important to establish if the illness or disability will prevent full acquisition of competence for his/her chosen specialty. In rare cases, the ill health may be incompatible with ultimate certificate of completion of training attainment, e.g. a rapidly deteriorating condition impacting on technical abilities. This is a highly complex area, particularly in neurological and mental health, and beyond the scope of this article. Occupational health physicians also have in-depth knowledge of situations where a trainee needs to refer him-/herself to the General Medical Council, or be referred.

Mental health

Some professional support units combine easy access to mental health services. There is variation as to whether this is via occupational health or direct into generic or specialist mental health services for doctors. There is real difficulty for doctors in recognizing and accepting help with mental health problems. Suitably timely, confidential, accessible and qualified services need to be formally available to all doctors in training. 'Counselling' offered by a professional support unit varies from, in effect, a mental health treatment to clearly delineated work-focused counselling, managing at the most short-term stress in those who do not have underlying and ongoing mental health need (General Medical Council, 2015b). All such services will need to exercise both a duty of care to the doctor-patient and ensure appropriate occupational health liaison.

Dr Julia Whiteman, the national lead postgraduate dean for professional support, sums up the remit of the professional support unit:

> **'to provide an expert shared service of resources, separate from employing organisations to support the professional development of the medical and dental workforce... This unit will adopt an holistic clinician-centred approach supporting clinicians develop as professionals and as individuals. It will incorporate the broad range of factors and influences that can contribute to practitioner performance including matters relating to health and disability. Patient safety will be the underpinning ethos and the unit will ensure it actively manages the balance between a formative (developmental) and summative input in cases of remedial support' (Whiteman and King, 2011).**

Whiteman et al (2013) argue that the costs of medical training are high and maintaining doctors in work has to be cost effective. As the responsible officer for revalidation for trainees, the postgraduate dean has an obligation and duty of care to learners including recognition of people trained outside the NHS who may need to adapt culturally and communicatively to optimize their functioning as doctors in the UK.

'Mixing it' and 'fixing it' – common traps in managing training

A majority of doctors go into medicine to help people (McManus et al, 2006), an important career anchor. As a trainer, despite good intent, it is possible to be diverted into maladaptive approaches when implementing or interacting with professional support systems for trainees, which are now described.

Feeling the need for rapid 'fix it' – not acting as part of a wider system

Professional support unit not a quick fix

The referral to the professional support unit itself may be perceived as a 'quick fix' for a problem to be resolved just before an ARCP (annual review of competence progression). Professional support consists of a number of services. It is a common perception that this support system might provide a curative mechanism – cleansing any training faults – into which a trainee is sent and emerges 'sorted' or with difficulties explicitly diagnosed and treated.

Some trainers are skilled at instilling confidence, observing, supervising and shaping a trainee's performance. This is commendable and can be successful. If this situation is beginning to show signs that the trainee lacks insight and/or interpersonal conflict arises then the trainer rapidly needs to discuss with those in other educator roles rather than 'go it alone', often before referral to the professional support unit.

However, professional support cannot be a type of educational 'washing machine', working outside the normal training environment. The professional support unit has to interlink with the training provided in the programme and the trust, including obtaining full information and accurate observations regarding the trainee's performance. It is important for trainees to engage fully with professional support unit processes. Routine formal training assessment processes will continue. The efficacy of the intervention will be demonstrated in the trainee's clinical performance.

Awareness of the wider training system

Trainers, in their care for an individual, will sometimes advocate individual solutions without regard for the wider system. For example, providing placements to address one person's needs can override other trainees' requirements. Trainers therefore need to consult the relevant training programme director in order to ensure a balanced approach for all trainees in the programme, as there are likely to be many and varied personal and educational needs. Sometimes it is forgotten that trainees are employees and that trainers need to work closely with the employer's human resource team in making exceptional adjustments, as well as having due consideration for the curricular training requirements in the post.

Colluding in over-optimism

Trainers and trainees can face various pitfalls (*Table 4*). More rarely, it is also possible to be over-optimistic and ill advise a trainee. For example, one who cannot perform a basic aspect of the training, for whatever reason, should not be told that it can always be 'fixed'. If such a fundamental difficulty is suspected, the trainee must be referred in a timely manner with good communication between all those involved – professional support unit, senior faculty, the trainer and trainee (and the employer where necessary). This situation requires fair and transparent detailed assessment, clear recorded communication by all concerned, including the trainee, and robust, trusted support to the trainee.

Sometimes trainers and trainees collude in the hope that there is a simple linear

> **"There is real difficulty for doctors in recognizing and accepting help with mental health problems."**

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KEY POINTS

- Professional support starts with local educational faculty in the trusts including clinical and educational supervisors.
- Each deanery has a support unit called either the professional support unit or trainee support service.
- Depending on individual need, trainees may be referred to a number of services including occupational health, psychology, coaching, mentoring, psychology, dyslexia screening, careers counselling, for communication, time management or organizational skills and to mental health services.
- Despite good intent trainers need to avoid maladaptive approaches of 'mixing it' or 'fixing it' for the individual trainee and have awareness of the wider training system.
- The overwhelming majority of trainees (around 95%) referred for professional support have a positive outcome.

solution to be sought and found to what is often complicated and with multilayered issues. It is important that the trainee him-/herself considers his/her own aptitude and circumstances but also that trainers help to guide the trainee sensitively. Unfortunately this can be fraught, particularly for a trainee unused to barriers to success and set on a career that has been personally costly to achieve. On the other hand, a trainee may find that his/her situation and skills are suited either to another specialty or may choose to step out of training into a career grade post. A number have found these options to be beneficial in the long term.

Mixing it

Multiple roles

Trainers often have a multiplicity of roles in respect of trainees. They may be a clinical or educational supervisor and also a training programme director, faculty adviser or associate dean. Less formally they may also take on the role of a mentor, but occasionally tip into becoming medical adviser or therapist. The role may vary with the context, both inside and outside of work. Trainees may not perceive the need for contextual behavioural change, e.g. in the training context *vs* social contact. If a trainer finds the role of supportive educational manager compromised he/she may have to explicitly drawback from a role and signpost to more formal services. It is possible for a trainer to hold more than one role for a trainee but overt explanation to the trainee about which role is being prioritized at any one time can prevent misunderstanding in the long term.

Boundaries

Maintaining a healthy open educational management system requires that roles are clear, distributed and balanced – both supportive to the trainee and avoiding conflicts of interest. Clarity of role and boundaries are reflected in the professional support unit system. The professional support unit will keep a boundary between itself and the main assessment system, negotiating with the trainee and trainer, where it is appropriate, about training needs and interventions. As with all transactions within medicine, there is always a potential override where General Medical Council referable matters are disclosed and/or patient safety is implicated.

What is the outcome of professional support?

The overwhelming majority of trainees (around 95%) referred to a professional support unit have a positive outcome in that they return to training 'back on track'. This does depend on criteria selected for success which may not be that the doctor returns to safe practice in the team from which he/she came. A successful outcome may be the trainee returning to safe practice in another team or trust or that the trainee leaves the specialty grade and in rare cases the trainee decides to leave medicine altogether (Curson et al, 2013).

Conclusions

Professional support for trainees starts within the trusts and is provided by local educational faculty including clinical and educational supervisors and tutors, both college and postgraduate ones. The key factor is listening to the individual trainee and being very careful about not falling into a 'fixing it' or 'mixing it' mindset, with an open mind as to the outcome. A minority of trainees (5%) will need specialized professional support unit input. In the overwhelming majority of cases the outcome is positive for the individual. **BJHM**

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Table 4. Pitfalls when supporting trainees
Failure to realize that a trainee is unwell
Lack of appreciation that an emotional reaction is legitimate
Denial of ill health and psychological impact, myth of invulnerability by the trainee
Danger of supervisors or tutors trying to be the doctor or therapist for the trainee as patient and bilateral collusion
Not adopting appropriate roles ensuring trainee is a patient in the right system
Adjusting the system or acting without it in order to make it right for an individual trainee without regard for others

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