Developing people for health and healthcare

Exploring the impact and consequence of non-standard outcomes

March 2015







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To collectively discuss, explore, and understand the impact and consequences of non-standard outcomes

This session will cover the following:



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- The consequences and effects of non-standard outcomes
- The process and timings around work that is delivered in the LETB after communicating a non-standard outcome
- The work of the Training Support Service, the referrals process, and the support and intervention that the LETB provides
- Case studies and scenarios surrounding non-standard outcomes and the feedback process



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Question:

From your perspective as chairs, what is the impact of non-standard outcomes and what are the consequences?

What does the Gold Guide say?



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The Gold Guide refers to two meetings that should follow a nonstandard outcome decision:

- A feedback meeting with the trainee to communicate the ARCP outcome
 - (Paragraphs 7.64 and 7.65 of the Gold Guide)
- An educational review/action plan meeting to determine educational objectives
 - (Paragraphs 7.92 and 7.93 of the Gold Guide)



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These two meetings have a different purpose and format:

- Feedback meeting: the purpose is for the trainee to listen and understand the reason for the decision
- Action planning: The trainee has a voice in this meeting. The purpose is to gain full agreement on timescales and specific actions between the trainee and the programme.

At the ARCP Panel



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The Gold Guide states:

7.64

Where there is an indication that there is likely to be a non-standard outcome, under such circumstances the trainee will have been informed prior to the panel of the outcome and *must* meet with the panel but only *after* the panel has considered the evidence and made it's judgement, based upon it.

7.65

The purpose of the trainee meeting with the panel *after* it has reached it's decision is to discuss the recommendations for focussed or additional remedial training if these are required. If the panel recommends focussed training on the acquisition of specific competences (outcome 2) then the timescale for this should be agreed with the trainee.

Following the ARCP Panel Health



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The Gold Guide states:

7.92

If the outcome is *not satisfactory* then the TPD and Educational Supervisor should arrange to meet with the trainee. A meeting time should have already been agreed prior to the annual panel since the trainee, TPD and Educational Supervisor will have been aware of the possibility/likelihood of an adverse outcome from the panel.



Following the ARCP Panel Health

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The Gold Guide states:

7.93

The purpose of this meeting is to discuss the further action which is required of as a result of the panel's recommendations. The TPD should arrange to have LETB support staff present to document the agreed arrangements. A copy of the outcome documentation and the plan to support further action should be given to the trainee and should also be retained in the trainee's file at the LETB. It is important to note that this meeting is not about the decision Taken by the panel, but is about planning the required action which the panel Has identified must be taken in order to address the areas of competence/experience that require attention.



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Question:

From your practise and experience, once the decision is made, what happens?

Do both of these meetings take place?



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Question:

From your experience, what difficulties arise when feeding back non-standard outcomes?



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After canvassing ARCP Chairs for their thoughts on best practice on delivering these two meetings, the following lists have been compiled:

During the feedback meeting:



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- Stick to the facts:
 - Feedback what has been captured on the ARCP form, as this is what the trainee will sign
 - Make sure to include the reasons that have informed the outcome
- Try to maintain the boundaries between your role as a chair who has been involved in the decision-making process and not your personal relationship to the trainee
- Understand that strong emotions may be present but do not get drawn into them
- If the trainee wishes to discuss further, inform them that this can be done at a different time as part of an educational review and is not part of the feedback panel's remit

During the educational review meeting



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- Make sure you include SMART objectives
- Gain full agreement on time scales and actions
- Be explicit about what the expectations are both the programme's and the trainee's
- When the action plan is completed, make sure that everyone involved (including the trainee, the programme, educational supervisors, and the LETB) receive a copy



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One message that came through was that best practise is to maintain a boundary or clear differentiation/demarcation between the two meetings.



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What happens after a non-standard feedback meeting?

There is further work that the Assessments Team undertakes. Some of this is visible, some may not be.

What it means:



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Outcome 2s and 3s:

- Trainee notified of outcome in writing, informing them of their right to review or appeal (as covered in previous Chairs' Training)
- Databases are updated; the Royal College, DMEs, & other members of the LETB are informed
- TSS referral should be completed by the programme if necessary

Outcome 4s:

All of the above plus:

 Once the outcome is finalised (either the end of the appeal deadline or following Step 2), the LETB inform the employer and trainee that their NTN/DRN will be withdrawn with the relevant notice period (usually 3 months for hospital specialties)



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Trainees who require additional support will be referred to the Training Support Service. This next part of the presentation will focus on this.

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Training Support Service (TSS)

Supporting Trainees in Difficulty



The Team



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Training Support Lead

Caroline McCarthy

Deputy Training Support Lead

Kate Evans

Case Managers

Chloe Gisborne, Laura Abbott and Stephanie Markham

Supported by: Associate Postgraduate Deans





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- 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





During past 3 years (Jan 2012 – Dec 2014)

- 586 new referrals
 - Main themes include difficulties with exams, confidence, communication skills and health.
- Of those exiting the TSS system during this time
 - 85% continued in training or achieved CCT
 - 8% chose to leave training programme (i.e. IDT, change of specialty, left medicine)
 - 7% NTN removed

Currently supporting 220 trainees



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Methods of Referral

 Referral by trainer/supervisor/panel (Referral assessment form available on the TSS website)

 Self-referral (although information is still gathered from Training Programme)

With both types of referrals...



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- Gather feedback
- Trainee meets with TSS
- Access profiling tools if necessary
- Agree an action plan
 Clear objectives and ways of monitoring progress
- Make referrals to external providers
- Regular updates to training programme
- Reports provided for ARCP panels on request



Non Standard Outcomes

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- Please note that if TSS is recommended at panel, a referral still needs to be made by a member of the training programme (or self-referral by trainee).
- Please consider, on a case by case basis, whether short term solution focussed support would be appropriate. (for example if 'needs more clinical experience' is given as a reason for referral – TSS unlikely to be useful)



Examples of support options

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- Counselling
- Coaching
- Communication skills development
- Occupational Health
- Career guidance
- Occupational psychology
- Educational psychology

- Leadership Judgement assessment and coaching
- Specific learning disability tutoring
- English as an additional language tutoring
- Cultural coaching



Complex Circumstances

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 TSS are unable to accept referrals where a trainee is under Trust or Police investigation.

 TSS will consider referrals for trainees under GMC investigation on a case by case basis but please get in touch if you are unsure.

 In these circumstances trainers are advised to refer to the Doctors' resource list.



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TSS staff are available Monday – Friday during office hours

Heem.trainingsupportservice@nhs.net 0115 823 3330



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Coffee Break



Case Studies:

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In groups, we want you to work through the following scenarios. You have 20 minutes for this:

You are required to lead the feedback meeting to the trainee and communicate the outcome from a panel that has already met and a decision has been made on the outcome. You have been supplied with supportive information to back up the decision. You need to prepare notes to feedback the outcome to the trainee who is timetabled to attend their feedback meeting this morning.

Some further scenarios will be presented to you as a group and will require you to decide upon an outcome as an ARCP chair.



So far today:

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We have:

- Talked about some of the consequences and effects of nonstandard outcomes
- Presented the process and timings around work that is delivered in the LETB after communicating a non-standard outcome
- Presented the work of the Training Support Service, the referrals process, and the support and intervention that the LETB provides
- Worked through some case studies and delivered some feedback in a 'live' situation

Recap Tips for Feedback:



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- Stick to the facts:
- Try to maintain the boundaries between your role as a chair and the trainee
- Understand that strong emotions may be present but do not get drawn into them
- If the trainee wishes to discuss further, this can be done at a different time and is not part of the feedback panel's remit



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Taking today forward

Either individually or in groups, think about the following (feel free to write this down):

- What learning will you take away from today's session?
- What actions you will take back to your school or specialty?

