

Deans Case Management Referral Guide

Supporting trainees and when to refer for senior educational
advice and guidance





Introduction

All of us are likely to experience periods of difficulty at some point in our own careers. One starting point when faced with a trainee requiring support is to consider the type of support and guidance you might want if you were in the same situation.

Reaching out can be challenging, such is the deep stigma and embarrassment felt by those struggling. It is also a common myth that a trainee will complain about you if you raise a concern about them. This is very rare. If you have established trust early on, and feedback with kindness and support, the trainee will almost always be grateful.

This updated document aims to give guidance on early management and support of trainees about whom there may be concern. It has been produced for use by Heads of School and Training Programme Directors, although we hope that it will be a useful reference for all educators supervising our trainees.

Acknowledgements:

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Deans Case Management: Definition

A trainee who may benefit from being referred to the Deans Case Management could be defined as the following:

‘Any trainee who has caused concern to his or her Educational Supervisor about the ability to carry out their duties, and which has required unusual measures to be put into place. This would mean anything outside the normal trainer – trainee processes where the Training Programme Director (TPD) has been called upon to take or recommend action’.

Early recognition of problems, appropriate intervention with effective feedback and support for both trainee and trainer are most likely to be successful. In each case, thorough and careful investigation is essential to determine the nature of the problem and identify underlying factors before appropriate action can be taken.

Difficulties usually present as **performance issues**, and less commonly, **conduct concerns**, the range of which can be considerable. The trainee may develop work-related health issues, which may be compounded by other factors. More often than not, there is a complex inter-play between several factors which underlie the concern. These may include:

- **personal circumstances**
- **health**
- **burnout**
- **protected or non-protected characteristics (such as neurodivergence or being new to UK medical practice)**
- **issues with the learning environment**

Potential initial triggers raising concern

Initial concerns are as likely to be apparent to nursing and other clinical staff, other trainees or senior grade doctors/dentists as they are to the trainee’s clinical or educational supervisor. However, it may be difficult for peers or other colleagues to take any action if there is not a clear and confidential channel of communication available. Initial triggers for raising concerns may include:

- Patterns and repetition rather than one-off incidents
- Sudden, ‘out of character’ behaviour with no obvious explanation
- Higher than expected levels of sickness
- Clinical concerns such as slow work rate, poor knowledge or decision-making
- Minor concerns raised as a conduct issue – eg selective leave-taking, small lies

It is important to have clear and fair processes for staff to feed back about all trainees in the department. This might include regular meetings with the senior nurse to get feedback about all trainees, or having a single person to whom any concerns can be raised.



THINK

Is the concern fair and objective?

You will need to be alert to the possibility that the trainee is being singled out unfairly. This is more likely to be the case if the trainee has one or more protected (or non-protected) characteristics. Examples include:

- Having neurodivergent traits
- Being an international graduate, especially if new to UK
- LGBTQ+
- Being Less Than Full Time
- Being from a less-privileged background
- Having a long-term health condition with reasonable adjustments, for example no on call

Having intersectional characteristics, such as being an ethnic minority woman, or a neurodivergent gay man, will create even higher risk.

Beware of a 'story' arising around a particular trainee, whereby many people seem to have opinions, which seem to be self-perpetuating.

Indicators of this include:

- Reports of behaviour not personally witnessed by the person reporting them
- Opinions not consistent with evidence, or a lack of evidence to support the opinion
- The same story being reported by multiple people ("the rumour mill")
- Conflicting opinions

You may also hear comments displaying common biases such as **fundamental attribution bias** (a judgement is attached to the individual rather than the behaviour). An example might be, "He is lazy," rather than, "he does not see as many patients in clinic as his peers," or, "he regularly arrives 10 minutes late for clinic." The latter comments make it easier for you to feedback constructively and fairly to the trainee, to find out what the underlying reason is, and provide the right support.

The fact that a report comes from a colleague who you trust and/or like, does not mean the report is unaffected by bias. In the same way, it is important for you to check yourself for any bias in your response to hearing the concern.



Initial response to a concern

It is essential to approach any concerns with a compassionate and inclusive leadership style. NHSE (NW) has produced some excellent guidance in the form of a toolkit: The L.O.T.U.S Compassionate Leadership Framework and Toolkit:

https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2024/07/11125-ML-NHS-compassionate-toolkit_FINAL-09.07.24.pdf

When you become aware of an initial concern, you should arrange a meeting with the trainee as soon as possible. The conversation should be somewhere that ensures confidentiality, and where you won't be interrupted. Concerns should be fed back in a compassionate way, using the evidence reported, and describing behaviours or actions. The trainee then needs time to formulate a response. You will need to keep an open mind and employ active listening techniques. Assume the trainee is telling the truth as they see it.

At this stage, you will have a good idea whether there is a genuine basis for the concern (it's possible that the trainee's account reveals a simple misunderstanding). The trainee may have a good understanding themselves of what the reasons are, but they may need a bit of support to establish what is underlying the issue. They may have a good idea, but be anxious about sharing (for example, disclosing a diagnosis of ADHD).

It can be helpful to think of possible factors which may influence the development of a concern under three headings:

- personal circumstances
- personal characteristics
- work circumstances.

Factors to consider

Personal circumstances

Difficult personal circumstances are common and may be short term or longer term. Examples include:

- Being new to the UK
- Mental or physical health condition
- Carer responsibility
- Recent bereavement
- Family member ill health
- Long commute
- Working less than full time



- Relationship breakdown
- Domestic abuse and / or violence
- Financial worries
- Addiction
- Poor sleep or other aspects of self-care / wellbeing

Personal characteristics

Personal characteristics are part of an individual's core identity and may be protected under the Equality Act 2010 or non-protected. As such they should be recognised, where known, and valued by all members of the team. However, it is important to understand that such characteristics are frequently a source of discrimination and exclusion. Multiple experiences of this nature can have profound and wide-ranging impacts on an individual. No two people will have the same experience, or the same response to a similar experience.

It can be very helpful for a trainee to be able to talk about their experiences and be believed. Whilst it may feel tempting to minimise or excuse the behaviour which has caused these experiences, either because you know the person involved, or through a wish to reduce the distress, this will usually make the trainee feel worse. If a trainee reports this type of experience, it is an expression of trust, and it is important to respond in a compassionate and non-judgemental manner.

Examples include:

- International graduate
- Ethnic minority
- Religious minority – especially if visible indicator such as hijab
- Neurodivergent (e.g. autism, ADHD, dyslexia)
- Disability or long-term health condition
- Pregnancy, recent parental leave, or adoption leave
- Older age
- LGBTQ+
- Female
- From a less-advantaged background (e.g. first in family to go to university)

Work circumstances

Workplaces are rarely perfect, and it is important to consider how issues in the workplace may be affecting performance or health.

- Lack of training opportunities
- Excessive workload
- Lack of supportive supervision
- Failure to feed back appropriately
- Poor culture in department



- Bullying or undermining
- Discrimination / exclusion / microaggressions (from staff or patients)
- Unsupportive rotas
- Lack of support following incident or complaint

As previously mentioned, there is often a complex interplay of these factors. To take the example of a GP trainee who is new to the UK and placed in an acute specialty for their first placement. The trainee will have all the stresses associated with migration – leaving family and friends, finding housing, financial worries, and adjusting to the culture and language. In addition, they are working outside their chosen specialty, having to navigate all the complexities of the NHS, and frequently deal with stereotyping, microaggressions and exclusion. It's easy to see how problems occur, and how vital it is for supervision to be supportive, holistic and compassionate.

Ensuring trainee wellbeing

These are often not easy conversations for either yourself or the trainee. So it's important to have established a trusting relationship with your trainee, ideally before any problems have come to light. If the trainee has had difficult experiences previously, they will find it more difficult to trust you. On the other hand, if they feel that you are genuinely interested in all aspects of their lives, and that you are there to support them, whatever happens, trust can be built up. When there is trust, you will be able to give the challenging feedback in a way that lets you both focus on support and solutions.

It is also important to understand what a difficult experience this will be for the trainee, and to remind them of their strengths, as well as emphasising that you will work with them to come up with solutions.

- Even if the concern seems minor to you, the trainee may be severely affected by the feedback. This is especially likely if they:
 - Are from a marginalised group
 - Have previously had difficult experiences of feedback
 - Have not received 'negative' feedback before
 - Are being bullied
 - Have low self-esteem
 - Poor mental or physical health
 - Difficult personal circumstances
 - Emotional dysregulation (e.g. in ADHD)

Trainees do not always respond outwardly in the same way, and you may not know what they are feeling, or the factors that underlie that. It is therefore important to ask explicitly how they



are feeling and make empathic comments if they are obviously upset or angry. Have tissues available.

***Have a low threshold for offering occupational health referral.**

***Remember that an initial response which is defensive does not mean that the trainee lacks insight - it can just be a normal human reaction. They may need time and support to reflect on the situation, so that you can both agree an action plan.**

***It may be necessary to have more than one meeting with the trainee, especially if they are struggling. It is more important to do things properly than quickly.**

Pastoral support

- Try to avoid having these conversations on a Friday afternoon
- Check that the trainee has someone they can speak to outside of the immediate work environment – it may be worth involving the Wellbeing TPD if you have access to one, or identifying a suitable mentor
- If further meetings are required, check whether the trainee would like to have someone with them
- Check the Lead Employer website for resources and sources of support.
- If you have a concern that the trainee may be having suicidal thoughts, you should ask them about this. **Asking someone if they are considering suicide or are currently suicidal will not incite suicidal intentions. It is well evidenced that it is a protective factor to be asked this question, but a common misconception is that you can cause unwarranted harm.**



REMEMBER

Do not minimise or underestimate the importance of early signs.

Ask yourself what the signs are. It is better to start with the evidence, rather than seeking out evidence to justify a feeling.

Problems can arise at any time, for any trainee, and can usually be rectified with supportive intervention.

Acting early when a problem arises could rescue rather than destroy a career



LEVELS of CONCERN

(Adapted from the Revalidation Support Team, 2011)

LEVEL 1

A concern raised to an educator by any colleague, Clinical Supervisor (CS) or by the Educational Supervisor (ES) themselves.

- No harm to patients, trainee or staff
- No risk to patients, trainee, staff or their reputations

Examples:

- Incidents
- Complaints
- Failure to attain expected training goals
- Self-limiting or well controlled chronic illness

Actions:

- Minor investigation / gather information (examples of observed specific behaviours) which then can be fed back to the trainee to give them the opportunity to respond
- Feedback and discussion with trainee
- Offer pastoral support
- Action plan with SMART* educational outcomes
- Resolution over short period of time

Management:

A level 1 concern should be dealt with locally, documented by the ES and passed on to the TPD.

For *foundation trainees*, please inform the Foundation School and Patch Associate Dean at NHS England Northwest, Workforce, Training & Education (NHSE NW WTE) so that appropriate support and advice can be facilitated. Referral to local HR and OH may be appropriate.

For all *specialty trainees* please consider informing the LE team who may wish to involve OH.

In addition, for *GP trainees* please inform the Patch Associate Dean to ensure appropriate support being provided.

If a level 1 type incident recurs the ES should then treat the concern as level 2 and refer into the PSW

*SMART = Specific, Measurable, Achievable, Realistic, Timely



LEVEL 2

A concern raised to an educator by any colleague, Clinical Supervisor (CS) or by the Educational Supervisor (ES) themselves.

- Potential or actual harm to patients, trainee or staff
- Potential or actual risk to patients, trainee, staff or their reputations

Examples: As level 1 plus:

- Recurrent or persistent behavioural issues
- Any issue requiring an extension of training e.g. health

Actions: As level 1 plus;

- Formal investigation
- HR involvement via Lead Employer
- OH involvement via Lead Employer
- Action plan with defined objectives
- Special interventions

Management:

A level 2 concern should be referred into PSW using the local referral protocol:

For *foundation trainees*, the Foundation Programme Director (FPD) or Director of Medical Education (DME) should refer to the Patch Associate Dean and Deputy Foundation School Director using **Form F1**

For *specialty trainees* (except GP), the Training Programme Director (TPD) or Head of School (HoS) should refer to the specialty Associate Dean and Deputy Dean of Professional Support & Wellbeing Service using **Form S1**. **The Lead Employer team should also be notified of the concerns.**

For *GP trainees* the Patch Associate Dean and Head of School should be made aware and will complete a **Form S1** and ensure the Lead Employer is aware of concerns.

For *dental trainees*, the TPD should refer to the Associate Dental Director using **Form D1**

Consideration for inclusion into the Deans Case Management Group (DCM) will then be made by the Deputy Foundation School Director, Deputy Dean of Professional Support & Wellbeing Service, or the Deputy Dean or Head of School of general practice, or Deputy Dean of dental training in consultation with the Associate Deans/Associate Dental Deans managing trainees requiring extra support.



LEVEL 3 *The Postgraduate Dean **must** be informed of the likely referral

A concern raised to an educator by any colleague, Clinical Supervisor (CS) or by the educational supervisor (ES) themselves.

- Harm has occurred to patients, trainee or staff
- Reputations (personal / corporate) are at serious risk

Examples: As level 2 plus;

- Serious Untoward Incident
- Formal complaint
- Death
- Criminal act e.g. theft, assault
- Consideration of a GMC / GDC / NHS Resolution referral*

Action: As level 2 plus:

- Formal investigation
- Situation dependent but including consideration of cessation, or restriction of, clinical practice

Management:

Direct referral to the Postgraduate Dean and the Lead Employer team.

For *foundation trainees*, the Foundation Programme Director (FPD) or Director of Medical Education (DME) should refer to the Patch Associate Dean and Deputy Foundation School Director using **Form F1**. The Deputy Foundation School Director will refer into the DCM group and ensure that the Postgraduate Dean is made aware. **Local Trust HR and OH should be notified of the concerns.**

For *specialty trainees* (except GP), the Training Programme Director (TPD) or Head of School (HoS) should refer to the specialty Associate Dean and Deputy Dean of Professional Support & Wellbeing Service using **Form S1**. The Deputy Dean of Professional Support & Wellbeing Service will refer into the DCM group and ensure that the Postgraduate Dean is made aware. **The Lead Employer team should also be notified of the concerns.**

For *GP trainees* the Patch Associate Dean and Head of School should be made aware and will complete a **Form S1** and ensure the Lead Employer is aware of concerns. The Head of School will refer into the DCM group and ensure that the Postgraduate Dean is made aware.

For *dental trainees*, the TPD should refer to the Associate Dental Director using **Form D1**

In the event of an emergency, direct referral to the Postgraduate Dean / local Responsible Officer is advised.



Recording information

Once a concern has been raised it is vital that detailed factual records are kept from the beginning of the process in order to support action which may need to be taken as the case progresses. This can take the form of:

- Trainee e-portfolio
- Own notes of meetings or discussion with colleagues relating to the trainee
- Own notes of meetings or discussions with the trainee
- Documents produced by other colleagues

An initial fact-finding internal review should take place to gather all relevant information by the referrer i.e. the Training Programme Director / Foundation Programme Director who has the concerns. This information should be documented as above. If performance is normally good, a change in health, personal circumstances or environmental factors should be considered. Consideration as to whether the problem is a health, conduct or performance (or multiple issues) should be undertaken.

It is then vital that the FPD/TPD makes a referral to the appropriate specialty Associate Dean/Associate Dental Dean using **Form F1 (Foundation), S1 (Specialty) or D1 (Dental)** (attached), with a copy to Head of School (HoS) (not in the case of dental). This will facilitate early identification of trainees who may require extra support or training if problems persist.

Note: For **GP trainees** The Head of School will complete the **Form S1**

The TPD / FPD should inform the following departments or individuals of the trainee requiring extra support, as appropriate, and coordinate the ongoing communication trails between the relevant bodies as appropriate:

- Clinical Supervisor (CS)
- Educational Supervisor (ES)
- Head of School (HoS) / Dental Associate Dean
- Specialty Associate Dean (AD) (via Form F1 or S1)
- Lead Employer team
- Occupational Health (OH) via the LE team.
- Medical Director / Director of Medical Education (MD/DME)
(responsibility of the Lead Employer for non-FY trainees)

Once the specialty Associate Dean has been informed, they will be classed as the “Case Supervisor” for that case and will liaise with the TPD, HoS, patch AD and DDs with responsibility for trainees requiring extra support and will liaise with the DCM Group as appropriate.



Document concerns raised in a factual and contemporaneous manner

***This can help inform further intervention and act as an
aide memoir for the future***

Any written documents are disclosable





Form F1 – Foundation Trainees

Deans Case Management Form

This form is to be completed by the appropriate FPD following a trigger incident of Level 2 or 3 concern. A fact-finding exercise should initially take place to aid completion of the form. Forward the completed form to the Deputy Foundation School Director / regional Foundation team and to your local patch AD

** delete as appropriate*

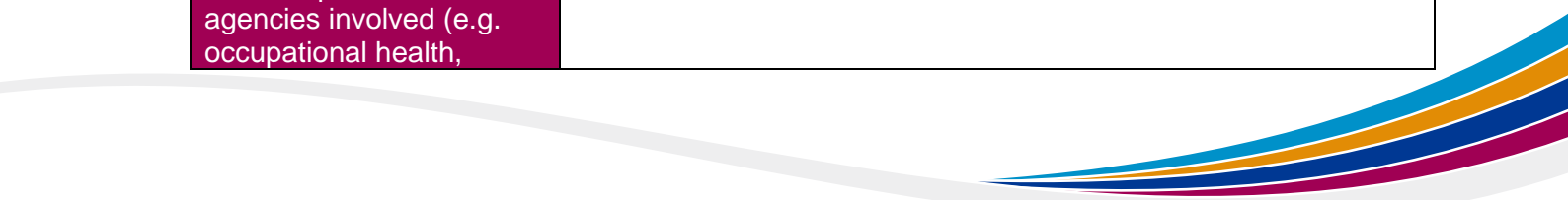
Date of Initial Concern:	
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Name of Trainee:	
Date of Birth:	
Gender:	
Ethnicity:	
GMC Number:	
Specialty:	
Current Trust / Post:	
Trainee Training Level:	
Medical School:	Date of Graduation:
Transfer of Information:	Tier 4 (if applicable):
Start date of Foundation:	
Outcome of previous ARCP/ FY Sign off:	

Description of Issues Identified and action taken:	
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Progress through training so far (ARCP outcomes, career support, significant time out of programme etc):	
--	--

Other departments / agencies involved (e.g. occupational health,	
--	--





human resources, named links at HEE NW etc):

Have these issues been discussed with the trainee and are they aware of this referral?

SAMPLE





Form S1 – Specialty trainees

Deans Case Management Form

This form is to be completed by the appropriate TPD following a trigger incident of Level 2 or 3 concern. A fact-finding exercise should initially take place to aid completion of the form. Forward the completed form to the specialty AD. Note: for GP training, this is to be completed by the Head of School

Date of Initial Concern:	
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Name of Trainee:	
Date of Birth:	
Gender:	
GMC Number:	
Specialty:	
Current Trust / Post:	
Trainee Training Level:	

Placement Details (starting with the most recent:			
Date	Location	Specialty	RITA / ARCP

Current Educ Supervisor:	
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Description of Issues Identified and action taken:	
--	--

Progress through training so far (ARCP outcomes, career support, significant	
--	--



time out of programme
etc):

Other departments /
agencies involved (e.g.
occupational health, lead
employer, named links at
HEE NW etc):

Have these issues been
discussed with the trainee
and are they aware of this
referral?

SAMPLE





Form D1 – Dental Trainees

Deans Case Management Form

This form is to be completed by the appropriate TPD following a trigger incident of Level 2 or 3 concern. A fact-finding exercise should initially take place to aid completion of the form. Forward the completed form to the postgraduate dental dean.

** delete as appropriate*

Date of Initial Concern:	
Name of Trainee:	
Date of Birth:	
GDC Number:	
Foundation Scheme:	
FY2 / CDP:	
NTN: if applicable	
Specialty:	
Trainee Training level:	
Start date:	
Outcome of previous ARCP/ FY Sign off:	
Description of Issues Identified and action taken:	
Progress through training so far (ARCP outcomes, career support, significant time out of programme etc):	
Other departments / agencies involved (e.g. occupational health, lead employer, named links at HEE NW etc):	



Have these issues been discussed with the trainee and are they aware of this referral?

SAMPLE

