

Placement Supervision Group Tool:

A useful aid in identifying those trainees requiring additional support?

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Background

- MSF TAB has been shown to be useful in identifying Foundation Doctors (FDs) needing additional support¹
- Supervisors indicated that colleagues provided informal feedback but no consistent way to record any concerns raised
- Placement Supervision Group Tool (PSG) introduced 2012 allows CS to identify senior colleagues to provide formal written feedback on FDs
- The tool is part of the ePortfolio options but not mandated as core content

Is the PSG Tool a useful aid in identifying those trainees requiring additional support?

Reminder of CS Responsibility & PSG

Oversee the training & education of the FD whilst in their placement, monitoring, supporting & assessing clinical and professional work

- Assess whether FD's performance has met min requirements of the Foundation Professional Capabilities (FPCs)
- Seek ***formal feedback from the PSG*** on the FD's performance in the workplace and has met min requirements of FPCs
- Complete mandatory 'CS End of Placement Report' providing detailed feedback & overall assessment and comment on ***“Does this FD satisfy the expected outcomes of this placement at this stage of training?”***

Placement Supervision Group (PSG)

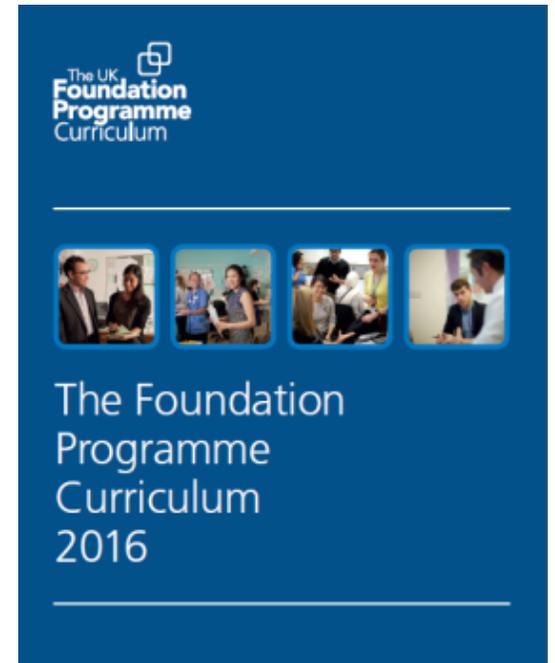
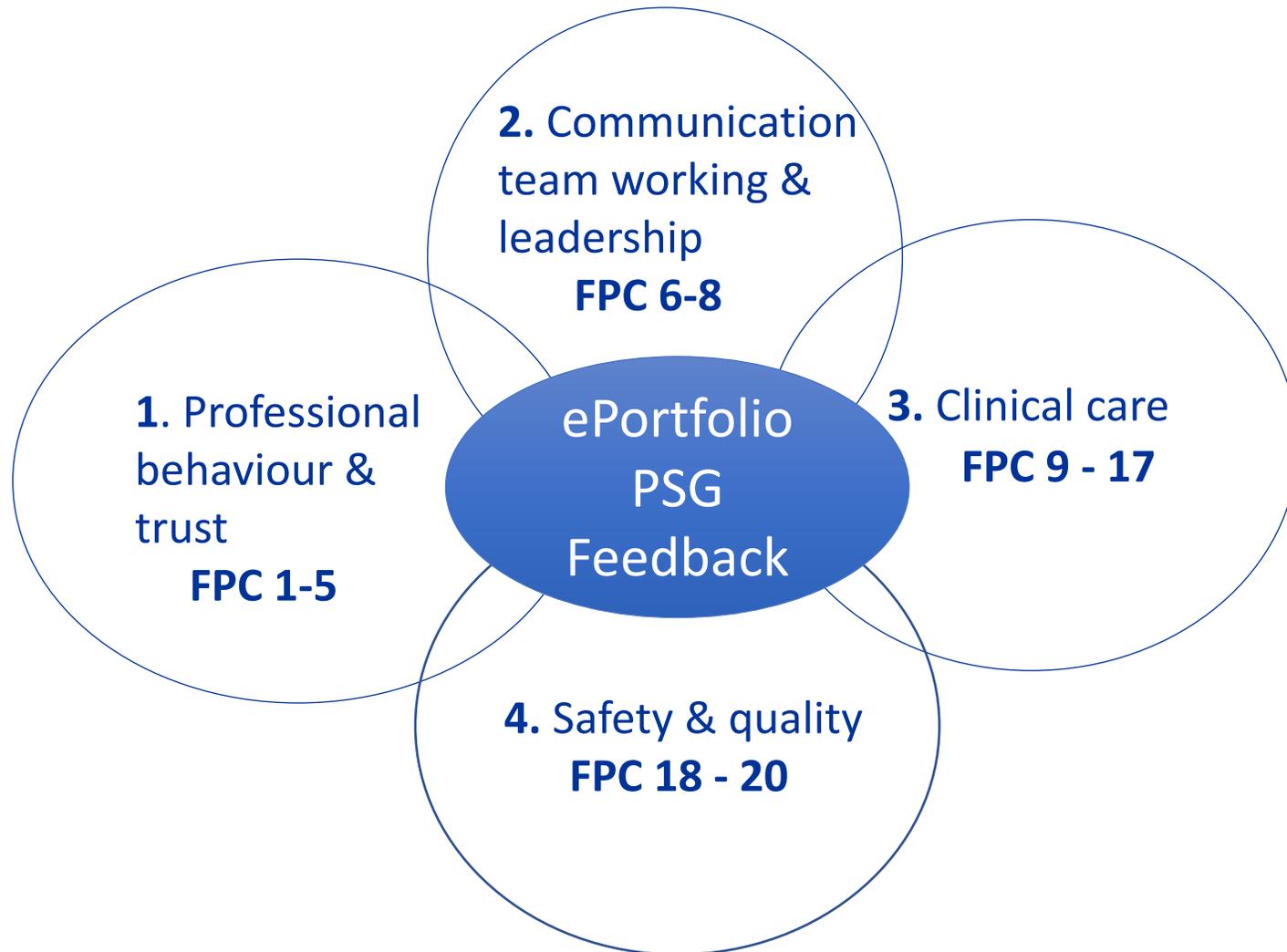
Can consist of

- doctors more senior than F2, (at least one consultant or GP principal)
- senior nurses (band 5 or above)
- Ward pharmacists
- allied health professionals
- In GP the faculty may be limited to one or two GP's

Responsible for

- observing the foundation doctor's practice in the workplace
- undertaking and facilitating SLE
- providing ***contemporaneous*** feedback on practice to the foundation doctor
- providing structured feedback to the CS
- ***Raising concerns immediately if unsatisfactory performance identified***

Syllabus Sections 1- 4 in PSG feedback form



Use of PSG tool nationally

We explored utilisation of PSG for 2016/2017 cohort and whether it had independently identified trainees needing support or just validated the already identified concerns

Completion of PSG forms

NES reviewed the PSG form completion for the cohort 2016/17 and compared which tools had identified concerns

- Of the **12,471** FDs in total **1,420** FDs had PSG forms completed = **11.3%**
- **15 FDs** having one or more area identified as ‘Major concern’
- **7** of these also had at least one major concern raised within one or more of the following forms
 - CSEoP report
 - ESEoP report
 - ESEoY Report
- **8** of the FDs with major concerns via PSG had no major concerns raised elsewhere!

Identification of Concerns in PSG & Elsewhere

Major Concern 135 FDs

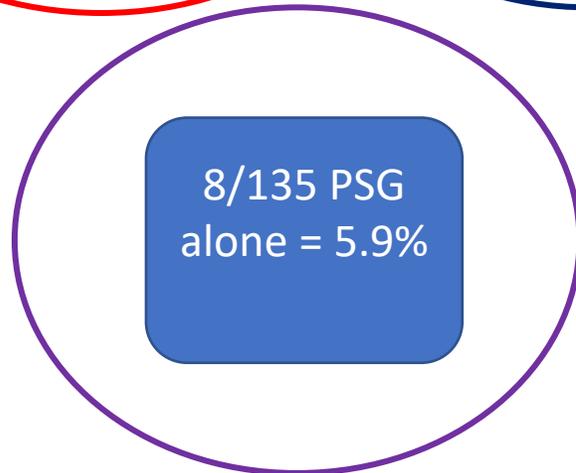
- PSG form **15/135**
- CSEoP Report 41/135
- ESEoP Report 95/135
- ESEoY Report 26/135

Some Concern 2,165 FDs

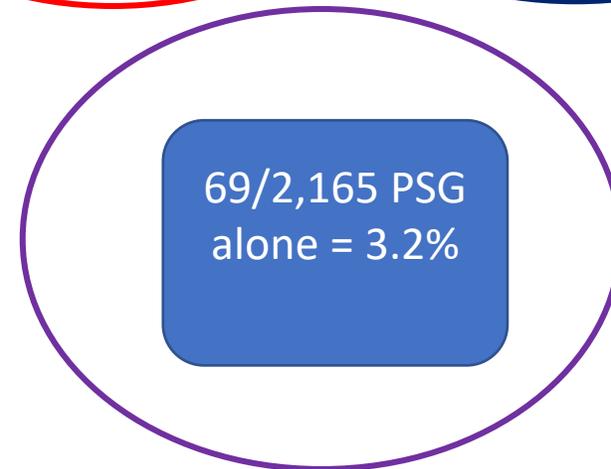
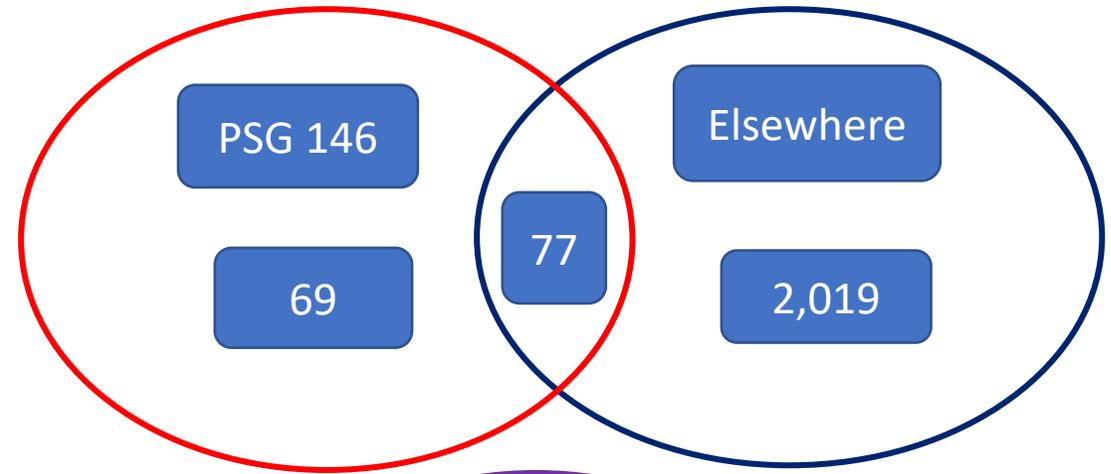
- PSG form **146/2,165**
- CSEoP Report 619/2,165
- ESEoP Report 1,838/2,165
- ESEoY Report 392/2,165

Major Concerns (135) & Some Concerns (2,165)

Major Concerns would not have been identified if PSG tool was not used



Some Concerns would not have been identified if PSG tool was not used

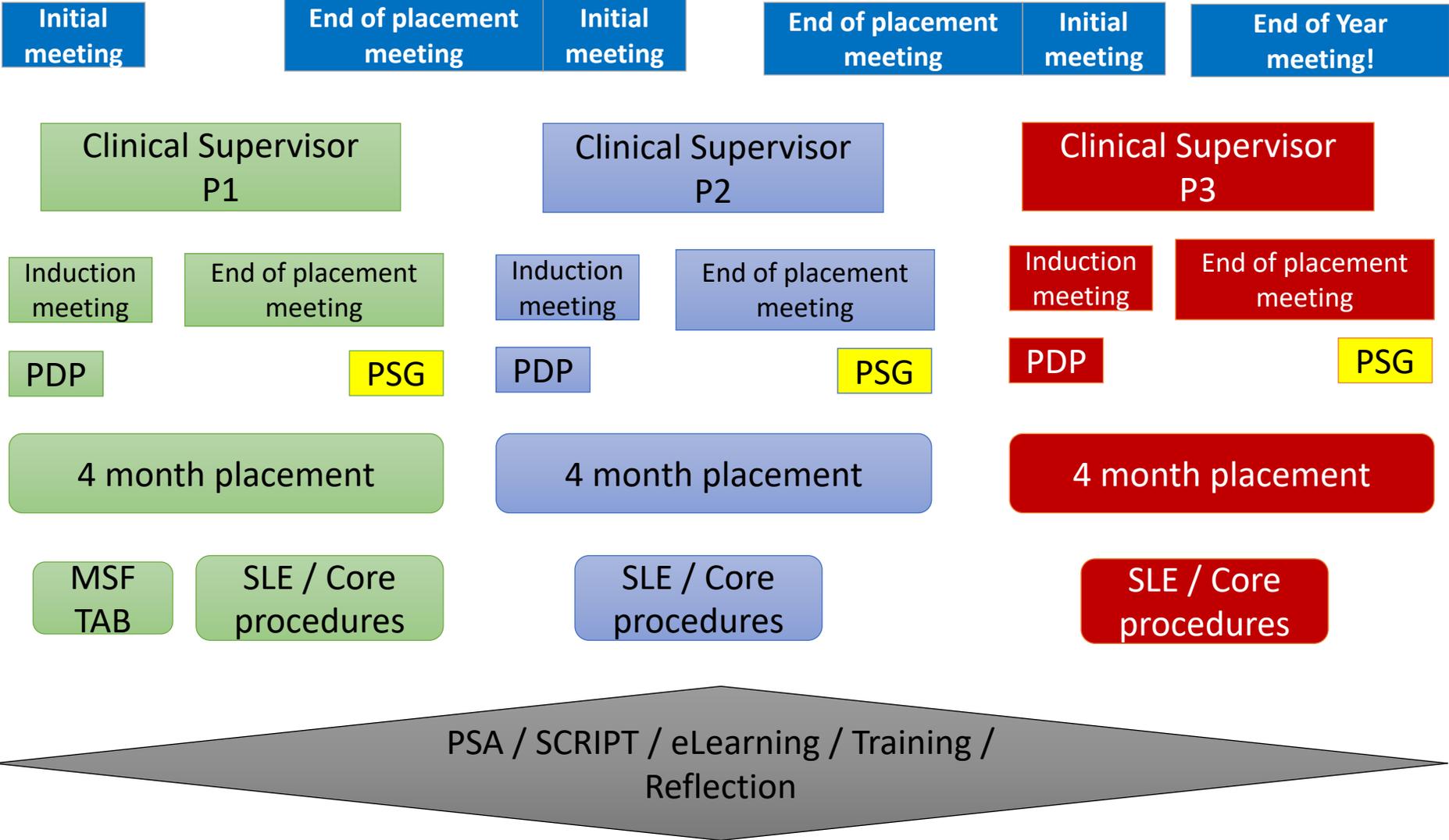


Summary

Is the PSG Tool a useful aid in identifying those trainees requiring additional support?

- The use of the PSG tool has been variable across the UK. We have demonstrated that it can independently identify FDs needing additional support.
- Encouragement of its wider use would help trainers & supervisors to add detail to the evidence they document in their reports.
- The PSG is a useful independent tool in the identification of FDs needing additional support and its wider use should probably be encouraged

Educational Supervisor



Thank You!



Guidance on how to gain PSG Feedback using Horus ePortfolio accessed at:

<https://supporthorus.hee.nhs.uk/media/1207/how-to-gain-psg-feedback-updated-13122017.pdf>

References

1. Team assessment of behaviour: a high stakes assessment with potential for poor implementation and impaired validity

Andrew Whitehouse,^A Laura Higginbotham,^B Kamal Nathavitharana,^C Baldev Singh,^D and Andrew Hassell,^E



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