

**Professional Support Unit HEE Wessex**

**Quality & Governance Report 2019/20**

**End of Year Update - 31 March 2020**

**Introduction**

This report is a summary of selected areas of PSU practice which have been agreed as key indicators by the PSU Quality and Governance Group in the past. We present the report for information and for critical appraisal of the PSU performance over the financial year 2019/20.

The findings need to be seen within the Wessex PSU vision of empowering trainees to become great providers of health care and its mission statement: “We provide doctors and dentists in training in Wessex with focused support for their well-being and development.”

The findings should also assure our PSU principles are met:

* No compromise on patient care
* Transparent and understood by all
* Evidence based
* Clear criteria for assessment and decisions
* Responsible use of funding and development
* Consistent application of guidelines

Going forward our vision is to utilise the three highlighted areas in this report as a guide for 2020/2021. These three areas are: **Exam support, Mental health and wellbeing and capability**. We will also be working to improve case managers selection process, ongoing support and quality monitoring.

The PSU will be at the heart of HEE Wessex vision to identify early interventions to help trainees achieve a higher success rate.

**Section 1 – Referral management**

**New Referrals Financial Year 2019-20**

The PSU has received 147 new referrals over the last financial year (2019-20), 131 were triaged for PSU support. There were 2619 trainees recorded on trainee information system (TIS) for that reporting period.

Sixteen referrals were triaged and later rejected for various reasons e.g.

* self-referrals where level 1 support was by-passed
* the issue should have been managed locally - level 2 by-passed
* non training-grade doctor was referred

**Table 1 - Total PSU activity 2019-20:**

|  |  |  |
| --- | --- | --- |
| **New Referrals in Financial Year** | **2018/2019** | **2019/2020** |
| ST (incl. Core) |  | TA |
| FT |  | TB |
| GP |  | TC |
| Other |  | TD |
| **Total** |  | **TE** |
|  |  |  |
| Cases Closed within period |  | TF |
| Opened & Closed within financial year |  | TG |

The Covid-19 pandemic that has swept the UK does appear to have affected referrals, as March saw a drop in numbers of referrals.

**Gender of referrals taken from trainee database information (TIS). See Figure 1 below:**

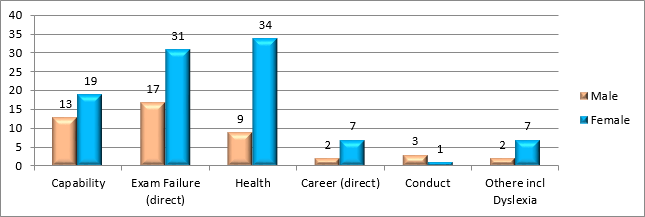
**Fig. 1 - Gender disclosed for all Wessex trainees and PSU referrals (% of baseline trainee numbers)**

Some trainees do not disclose their gender on TIS hence the top bar “unknown”. In this number is included a small percentage of trainees who would prefer not to disclose their gender. The baseline numbers of trainees fluctuates significantly across the year, this data is from March 2020. Similar proportions of each gender were referred i.e. 6.68 % of all female and 5.34 % of all male trainees.

**Reasons for direct referral to the PSU**

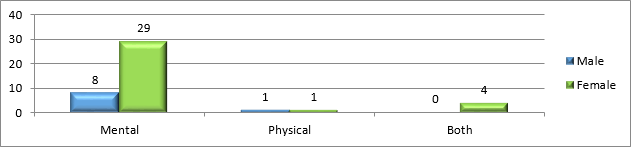
This year’s reasons for referral are shown in figure 2. Table 2 holds data for the last three years. Most referrals have more than one issue. The commonest reasons for referral are exam failure, health and capability. Mental health issues remain the most common reason for health referrals. Exam failure has become a more frequent referral reason and is discussed later in this document.

**Fig. 2 - Referral Reason financial year 2019-20**



\*some trainees were referred for multiple reasons

**Fig. 2a - Health referrals - (breakdown) 2019-20**



**Table 2 - Referral Reason and gender split for financial years 2017-2020**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ref number** | **Year** | **Capability** | | **Exam failure** | | **Health** | | **Career** | | **Conduct** | | **Other** | |
|  |  | M | F | M | F | M | F | M | F | M | F | M | F |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TA | TB | TC | TD | TE | TF | TG | TH | TI | TJ | TK | TL | TM | TN |

**Stage of Training and programme for referrals 2019-20**

15% of referrals were later in training, sometimes related to exit exams. The rest of the referrals were evenly split between the middle years and early years of training (F1-CT2). Figure 3 demonstrates grade on referral and figure 4 shows higher level programme.

**Fig. 3 – Referrals broken down by Stage of Training 2019-20**

**Fig. 4 - Referrals broken down by programme grade for new referrals 2019-20**

Foundation programme referrals were lower this year than in the past, representing 1.8% of the school numbers. This has been a steady trend and could represent enhanced Trust level support from Foundation Programme Directors.

Up until recently, trainees’ engagement with the PSU was regularly communicated to programme teams and heads of schools. However, the meetings were poorly attended, and the feedback suggested that the information was not getting through to ARCP panels. After consultation within PSU and checking processes followed in other PSUs, we will be confirming whether a trainee has engaged with PSU or not via monthly e-mailed messages to the relevant programme team and head of school. We will no longer hold regular meetings but will ensure a quick response to any enquiries to the PSU inbox.

Table 3 shows foundation programme referrals over the last three financial years.

**Table 3 – Foundation Programme referrals to PSU**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | **Referral number (% of FP trainees)** | **Ref no. for the year** | **Percentage of all PSU referrals for the year** | **FP size** | **% of FY1 trainees** | **% of FY2 trainees** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TA | TB | TC | TD | TE | TF | TG |

**Referrals by Trust and Specialty**

The distribution of referrals from different employing Trusts varies each year. In 2019-20, Southampton had the highest number of referrals to the PSU (21% of all referrals) - see table 4, however, as a percentage of its trainees this remained low at 4%. Of note:

* + Higher total referrals from the larger hospitals - Southampton, Portsmouth, Poole and HHFT
  + Looking at percentage of trainees in a Trust referred to the PSU, slightly higher referrals from IOW, Jersey and Poole and lower referrals from Salisbury

**Table 4 – referrals broken down by Trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trust** | **Number of referrals** | **Number in Trust** | **% of Trainees in Trust referred to PSU** | **% of all Wessex trainees** | **% of referrals to PSU** |
| **Bournemouth** | TA | TM | TY | T1K | **T1W** |
| **Dorchester** | TB | TN | TZ | T1L | **T1X** |
| **Dorset** | TC | TO | T1A | T1M | **T1Y** |
| **HHFT** | TD | TP | T1B | T1N | **T1Z** |
| **IOW** | TE | TQ | T1C | T1O | **T2A** |
| **Jersey** | TF | TR | T1D | T1P | **T2B** |
| **Poole** | TG | TS | T1E | T1Q | **T2C** |
| **Portsmouth** | TH | TT | T1F | T1R | **T2D** |
| **Salisbury** | TI | TU | T1G | T1S | **T2E** |
| **Solent** | TJ | TV | T1H | T1T | **T2F** |
| **Southampton** | TK | TW | T1I | T1U | **T2G** |
| **Southern Health** | TL | TX | T1J | T1V | **T2H** |

(Including GP trainees in Trust posts; 7 trainees OOP at time of referral; Dental trainees in Trust not shown above)

Table 5 contains specialty specific data. It’s worth noting that out of the 131 referrals:

* + Nearly half of the trainees supported by the PSU were from General practice (trust and GP posts) and medicine.

**Table 5 – referrals broken down by Specialty**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Specialty** | **Number of referrals** | **Number in specialty** | **% of trainees in Specialty referred to PSU** | **Specialty as % of Wessex trainees** | **% of referrals to PSU** |
| Anaesthetics | TA | TP | T1E | T1T | **T2I** |
| Dental | TB | TQ | T1F | T1U | **T2J** |
| Emerg Medicine | TC | TR | T1G | T1V | **T2K** |
| Foundation | TD | TS | T1H | T1W | **T2L** |
| GP (trust and GP) | TE | TT | T1I | T1X | **T2M** |
| Medicine | TF | TU | T1J | T1Y | **T2N** |
| Obs & Gynae | TG | TV | T1K | T1Z | **T2O** |
| Occupational Health | TH | TW | T1L | T2A | **T2P** |
| Paediatrics | TI | TX | T1M | T2B | **T2Q** |
| Pathology | TJ | TY | T1N | T2C | **T2R** |
| Pharmacy | TK | TZ | T1O | T2D | **T2S** |
| Psychiatry | TL | T1A | T1P | T2E | **T2T** |
| Public health | TM | T1B | T1Q | T2F | **T2U** |
| Radiology | TN | T1C | T1R | T2G | **T2V** |
| Surgery | TO | T1D | T1S | T2H | **T2W** |

**Open case review**

Case Managers with cases that have been open a long time are encouraged to discuss them in peer supervision sessions. These are also often flagged to the Serious Concerns Group as they tend to be associated with high ongoing costs breaking the notional £1000 ceiling per training for PSU support.

* Figure 5 compares the duration of currently open cases over the last 3 years
* The graph shows a slight drop in cases remaining open for >2 years
* There are significant numbers of trainees with health issues in this second peak – figure 6

**Fig. 5 - Duration of PSU input for current open cases**

**Fig. 6 - Reasons for referrals open longer than 24months**

**Rolling Analysis of Case Closure (Form F)**

Every Case Manager completes a Form F at the point of case closure; part of that form is a categorisation of outcome, and the breakdown of all case closure categories is shown below. We have data from 681 closed cases between September 2013 and March 2020. It is difficult to quantify a positive outcome as for some trainees leaving medicine is the best outcome. The Outcomes are listed below.

**Fig. 7 – Rolling Analysis of case closures**

**Specialist Support Group (SSG) referral reasons**

Case managers have access to the specialist support group as per the updated Asperger’s, Dyslexia and Exam support pathways.

Coaching training for the CMs took place early in 2018, and we noted a significant reduction in requests for formal external coaching following this. The reduction in costs as a result covered the costs of the course. This is reflected in the finance graphs below (see figures 10-11). Also noted is the increase in exam/dyslexia support in Q4.

A new dyslexia pathway is agreed, and three new registered dyslexia support coaches and assessors have joined the SSG. Work will continue to take place through 2020 to refine the pathway and develop an innovative screening process for doctors in training. The current screening tools have limitations, and although adapted for 2019-20 this will be reviewed and adapted again as necessary this year.

**Exam support and dyslexia**

**Table 6 – breakdown of Exam referrals 2019-20**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Gender** | **Grade** | **School** | **Add referrals** | **Country of Medical Training** | **Age** | **Ethnicity** | **Sexual Orientation** | **Religion** | **Disability** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

There were 49 trainees referred for exam support. Of these 20 were male and 29 were female. All had failed at least 2 exams prior to referral.

Ages at referral ranged from 27 to 55 years. The peak ages for referral were 28-34 years reflecting common ages for taking exams, however there were 11 trainees over 40 years old across the specialties.

11 referrals from secondary care were for Exit exams.

By way of Country of Primary Medical Qualification, data was not complete but 21 of the 45 (47%) trainees for whom there was data trained outside the UK. Amongst GP trainees, 11 of the 14 (79%) of the trainees with data trained outside of the UK.

By specialty, there were higher numbers of GP trainees and surgical specialties referred but these appropriately reflected higher number of trainees in these specialties. Amongst the larger specialties in Wessex, Anaesthetics had the lowest number of exam referrals.

21 of these 49 (43%) of trainees referred for exam support were found to have dyslexia, highlighting the importance of dyslexia screening at an earlier stage - before they fail exams. A screening tool and instructions are available on the PSU website.

**Section 2 - Case Activity and financial management**

**Monthly open case management**

Figure 8 demonstrates the monthly case load for the first half of the year, a slight drop from the last financial year.  The end of the year saw a decrease in referrals due to COVID-19 and the changes in workload, last minute rota changes and exam cancellations.

Heightened awareness across the Specialty schools concerning differential attainment also may have contributed to the recent increases in referrals for exam support. Focus work on prevention in these areas has started, with an initial focus on courses to prepare trainees for exams.

**Fig. 8 - PSU open case load overall by month**

Case manager (CM) and Specialist support group (SSG) demand for input varies through the year, this data has helped with our budget setting for the year (see figure 10).

We updated the process to ensure invoices are signed off and crossed-checked before they are paid. This helped the PSU to manage the budget actively and predict overspends and mitigate as needed. Understanding activity trends means we can set our run rate for the year and monitor performance. This has become essential with increasing budget constraints. This financial monitoring forms a significant part of our bimonthly PSU business review meetings. This also helps with planning new case manager induction as demand rises in the third and fourth quarters of the financial year.

**Fig. 9 - Total Hours for PSU CMs and SSG Experts by month**

Figure 10 describes the monthly budget demand for 2019-20 that of course maps to figure 11. The 2020-21 run-rate will be adjusted to match last year’s activity trends.

**Fig. 10 - Monthly invoice trends for PSU CM and SSG Experts**

**Fig. 11 - Monthly breakdown of CM and SSG invoices 2019-20**

**PSU Annual Budget and Expenditure**

The PSU budget was kept at the same level set last year - see table 6.  The average cost per PSU trainee was £814 which is slightly lower than previous years.

**Table 7 - Summary of PSU total spending**

|  |  |  |
| --- | --- | --- |
| Budget Year | Budget set | Overspend |
|  |  |  |
|  |  |  |
|  |  |  |
| TA |  |  |

**Table 8 – PSU expenditure**

|  |  |  |
| --- | --- | --- |
| SSG trainee cost |  | TA |
| SSG non-trainee cost\*\*\* |  |
| CM trainee cost |  | TB |
| CM non-trainee cost\*\*\* |  |
| \* SRTT Recharged (claimed back) |  |  |
| **Total Cost** |  | **TC** |

\* SRTT Recharged (Supported Return to Training)

\*\*\*Non-trainee costs include development days, peer supervision, appraisals, management assistance and other meetings

**Table 9 - Protected Characteristics of PSU Trainees appendix**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specialty** | **Gender** | | **Trained** | | **Age** | | | | **Ethnicity** | | | | | **Religion** | | | | | | | | | **Disability** | | **Sexual Orientation** | | | **Marital status** | |
|  | Male | Female | UK | Non-UK | 23-29 | 30-35 | 36-40 | >40 | White B | White O | Asian | African | Other | Christian | Islam | Hindu | Atheist | Sikh | Judaism | Buddhism | Other | Prefer not to say | Yes | No | Heterosexual | Lesbian | Prefer not to say | Single | Married |
| Anaesthetics (4) | 3 | 1 | 3 |  |  | 4 |  |  | 2 |  |  |  |  | 1 |  |  | 2 |  |  |  |  |  |  | 4 | 3 |  |  |  |  |
| Dental (5) | 1 | 4 |  |  | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dermatology (1) |  | 1 | 1 |  |  | 1 |  |  | 1 |  |  |  |  | 1 |  |  |  |  |  |  |  |  |  | 1 | 1 |  |  | 1 |  |
| Endocrinology & Diabetes (1) | 1 |  | 1 |  |  | 1 |  |  |  |  |  |  | 1 |  |  |  |  |  |  | 1 |  |  |  | 1 | 1 |  |  | 1 |  |
| Foundation (11) | 3 | 8 | 8 |  | 8 | 1 |  | 2 | 5 | 2 | 3 |  |  | 4 |  |  | 1 | 1 |  | 1 |  | 1 | 2 | 6 | 8 |  |  |  |  |
| Gastroenterology (2) | 1 | 1 | 2 |  |  | 2 |  |  | 1 |  |  |  |  | 1 |  |  |  |  |  |  | 1 |  |  | 1 | 2 |  |  |  |  |
| General Practice (31) | 14 | 17 | 9 | 16 | 2 | 8 | 10 | 7 | 6 | 3 | 4 | 2 | 2 | 11 | 2 | 2 |  |  |  | 2 |  |  | 2 | 4 | 15 | 1 | 3 | 3 | 2 |
| Haematology (2) | 1 | 1 | 2 |  |  | 2 |  |  | 1 |  | 1 |  |  |  |  |  |  |  |  | 1 |  | 1 |  | 2 | 2 |  |  | 1 |  |
| Histopathology (4) | 2 | 2 | 2 | 2 |  | 1 | 1 | 2 | 1 |  | 1 | 1 | 1 |  |  |  |  |  |  | 1 |  |  |  | 1 | 1 |  |  |  |  |
| Emergency Medicine (10) | 4 | 6 | 8 | 2 | 2 | 4 | 2 | 2 | 4 |  | 1 |  | 2 | 2 | 2 |  | 2 |  |  |  |  |  |  | 4 | 6 |  |  |  |  |
| Medicine (18) | 7 | 11 | 8 | 6 | 4 | 7 | 2 | 1 | 4 |  | 6 |  |  | 4 | 2 | 5 |  | 1 |  |  |  |  |  | 3 | 11 |  | 2 | 1 | 1 |
| Neurology (1) |  | 1 | 1 |  |  | 1 |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  |  |  |  | 1 |  |  | 1 | 1 |  |
| Obs and Gynae (5) | 1 | 4 | 4 |  | 1 | 2 | 1 | 1 | 4 |  |  |  |  | 3 |  |  |  |  |  |  |  |  |  | 2 | 3 |  |  |  | 1 |
| Occupational Health (1) |  | 1 |  | 1 |  |  | 1 |  |  |  | 1 |  |  |  | 1 |  |  |  |  |  |  |  |  | 1 | 1 |  |  |  |  |
| Oncology (2) |  | 2 | 1 |  |  | 2 |  |  | 2 |  |  |  |  | 2 |  |  |  |  |  |  |  |  |  | 2 | 2 |  |  | 1 |  |
| Ophthalmology (1) | 1 |  | 1 |  |  |  | 1 |  | 1 |  |  |  |  | 1 |  |  |  |  |  |  |  |  |  | 1 | 1 |  |  |  |  |
| Paediatrics (6) | 1 | 5 | 4 | 2 | 1 | 3 | 1 | 1 | 3 |  |  | 1 |  | 1 |  |  | 1 |  |  |  |  | 1 |  | 4 | 4 |  | 1 | 1 | 1 |
| Pathology (1) | 1 |  |  | 1 |  |  |  | 1 |  | 1 |  |  |  | 1 |  |  |  |  |  |  |  |  |  | 1 | 1 |  |  |  |  |
| Pharmacy (1) |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychiatry (4) | 1 | 3 | 2 | 2 | 1 | 2 |  | 1 | 1 | 1 |  |  | 1 | 2 |  |  | 1 |  |  |  |  |  |  | 2 | 4 |  |  |  | 1 |
| Public Health (2) | 1 | 1 |  | 1 |  |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Radiology (3) |  | 3 | 3 |  | 2 |  | 1 |  | 1 |  |  |  |  | 1 |  |  | 2 |  |  |  |  |  |  |  | 3 |  |  |  |  |
| Sexual Health (1) |  | 1 | 1 |  | 1 |  |  |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  | 1 | 1 |  |  |  | 1 |  |  |
| Rheumatology (1) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surgery (12) | 2 | 10 | 10 |  | 4 | 5 | 2 | 1 | 6 |  | 3 |  |  | 2 |  |  |  |  | 2 |  |  | 4 |  | 5 | 7 |  | 1 | 2 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 10 - Protected Characteristics of PSU IMG Trainees** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Specialty | Gender | | Age | | | | Ethnicity | | | | | Religion | | | | | | | Sexual Orientation | | Marital status | | Disability | |
|  | Male | Female | 23-29 | 30-35 | 36-40 | >40 | White B | White O | Asian | African | Other | Christian | Islam | Hindu | Atheist | Buddhism | Other | Prefer not to say | Heterosexual | Prefer not to say | Single | Married | Yes | No |
| Anaesthetics (1) | 1 |  |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dental (5) | 1 | 4 | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Foundation (3) |  | 3 | 1 | 1 |  | 1 | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Practice (22) | 12 | 10 |  | 6 | 7 | 6 | 1 | 2 | 3 | 2 | 1 | 6 | 1 | 2 |  | 2 |  |  | 10 | 2 | 2 |  | 1 | 2 |
| Histopathology (2) | 2 |  |  |  | 1 | 1 |  |  | 1 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency Medicine (2) | 2 |  |  | 1 | 1 |  |  |  | 1 |  | 1 |  | 1 |  |  |  |  |  | 1 |  |  |  |  |  |
| Medicine (10) | 5 | 5 | 1 | 3 | 2 | 1 | 1 |  | 2 |  |  | 3 | 1 | 3 |  |  |  |  | 7 |  |  |  |  |  |
| Obs and Gynae (1) |  | 1 |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Occupational Health (1) |  | 1 |  |  |  | 1 |  |  | 1 |  |  |  | 1 |  |  |  |  |  | 1 |  |  |  |  | 1 |
| Oncology (1) |  | 1 |  | 1 |  |  | 1 |  |  |  |  | 1 |  |  |  |  |  |  | 1 |  |  |  |  | 1 |
| Paediatrics (2) | 1 | 1 |  | 1 |  | 1 |  |  |  |  |  |  |  |  | 1 |  |  |  | 2 |  |  |  |  | 1 |
| Pathology (1) | 1 |  |  |  |  | 1 |  | 1 |  |  |  | 1 |  |  |  |  |  |  | 1 |  |  |  |  | 1 |
| Pharmacy (1) |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychiatry (2) | 1 | 1 |  | 1 |  | 1 |  | 1 |  |  |  | 1 |  |  |  |  |  |  | 2 |  |  | 1 |  | 2 |
| Public Health (2) | 1 | 1 |  |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Conclusion:**

The key points highlighted in this report are:

* 65% of all PSU referrals were for secondary care speciality trainees, 23% GP trainees and 8% foundation trainees
* Although more referrals were for female trainees, this reflected that 65% of Wessex trainees are females
* Many trainees were referred for multiple reasons but the main three reasons for referrals were exam failure (37%), Health (33%) and capability (24%)
* Mental health issues were the direct reason for a referral in 28% of trainees
* GP trainee referrals were 23% compared to 32% in 2018-2019 and speciality trainees’ referrals went up to 65% from 55%
* Rolling analysis of case closures between 2013 and 2020 show satisfactory outcomes in 70% of all referrals (681)
* 43% of the trainees referred for exam support also needed dyslexia assessment and/or coaching. It is important that trainees are screened at an earlier stage
* The average cost of a PSU referral remains relatively low at approximately £800 per trainee especially considering the overall cost of training and extensions and the 70% successful closure rate
* This report demonstrates the complex nature of the work undertaken by the PSU and the high quality and cost-effective service provided to support trainees

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