**Professional Support Unit – (PSU) Referral Guidelines:**

* The Severn Postgraduate Medical Education (SPME) Professional Support Unit (PSU) aims to promote trainee well-being and personal development by providing support and assistance in tackling obstacles or key transitions, professional or personal. We understand how stressful and demanding working as a trainee doctor can be, as well as the effect events in our personal lives can have on us. This is why we feel it is crucial to offer a support service to SPME trainee. .
* Before completing this referral, you might find it helpful to refer to the SPME *Trainee Support Guide* to consider whether all local support resources have been utilised

<http://www.severndeanery.nhs.uk/about-us/professional-support-unit/trainee-support/>

* We recommend that you complete this form with the trainee in order to ensure transparency and so that everyone understands the reason and purpose for the referral.
* Once we have received your referral, we will email the trainee inviting them to meet with a member of the PSU team at SPME. This is a supportive meeting to discuss what resources we have and what useful next steps might be, our aim is to develop some objectives and actions in order to move forward. The trainee might find it helpful to look at the resources we can offer on our website:

<http://www.severndeanery.nhs.uk/about-us/professional-support-unit/trainee-support/resources/>

* The SPME Professional Support Unit will treat all referrals with confidentiality and will follow processes and procedures described in both the *Trainee Support Guide* and the *Trainee Support Policy*. These documents include details of how data will be used anonymously for service evaluation and research purposes. You and the trainee are advised to refer to these documents when making a referral. They can be found on the Trainee Support section of the SPME website:

<http://www.severndeanery.nhs.uk/about-us/professional-support-unit/trainee-support/>

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| **Professional Support Unit (PSU) Referral Form** | | | |
| **Basic information:** | | | |
| First Trainee:- Surname:  GMC Number: | | Date: | |
| School/Specialty: | Grade: | | |
| Educational Supervisor: | Clinical Supervisor: | | |
| Training Programme Director: | Trust/GP Location (at time of referral): | | |
| Is the trainee working Less Than Full Time (LTFT)? | | Yes  No | |
| Is the trainee currently considered safe to practice? | | Yes  No | |
| If you answered no the previous question, have you informed Clinical /Medical Director and HR? | | Yes  No | |
| Is the trainee registered with a local GP? | | Yes  No | |
| **Please tick any of the below where it is felt the trainee is not meeting the required standards and would benefit from further support** *(based on GMC Good Medical Practice 2013):* | | | |
| 1. **Knowledge skills and performance** | | |  |
| 1. Developing and maintaining professional performance | | |  |
| 1. Applying knowledge and experience to practice | | |  |
| 1. Recording work clearly, accurately and legibly | | |  |
| 1. **Safety and quality** | | |  |
| 1. Contributing and complying with systems to protect patients | | |  |
| 1. Responding to risks to safety | | |  |
| 1. Protecting patients and colleagues from any risk posed by the trainees health | | |  |
| 1. Complying with employer processes and policies | | |  |
| 1. **Communication, partnership and teamwork** | | |  |
| 1. Communicating effectively | | |  |
| 1. Working collaboratively with colleagues to maintain or improve patients care | | |  |
| 1. Teaching, training, supporting and assessing | | |  |
| 1. Continuity and coordination of care | | |  |
| 1. Establishing and maintaining partnership with patients | | |  |
| 1. **Maintaining trust** | | |  |
| 1. Showing respect for patients | | |  |
| 1. Treating patients and colleagues fairly and without discrimination | | |  |
| 1. Acting with honesty and integrity | | |  |
| 1. **Progression in training** | | |  |
| 1. Passing required exam | | |  |
| 1. Satisfactory ARCP outcome | | |  |
| 1. E-portfolio engagement | | |  |
| **Please tick any of the below areas which it is felt are impacting on the trainee (if any):** | | | |
| 1. **Personality** | | |  |
| 1. **Language** | | |  |
| 1. **Cultural background** | | |  |
| 1. **Learning difference (including dyslexia/dyspraxia)** | | |  |
| 1. **Health** | | |  |
| 1. Physical | | |  |
| 1. Psychological | | |  |
| 1. **Work Environment** | | |  |
| 1. **Home Environment** | | |  |
| **Other** (please detail): | | | |
| **Please provide a relevant background information that will help us to understand the situation:** | | | |
|  | | | |
| **Please indicate what support the trainee has received from the employing organisation or elsewhere to date:** | | | |
|  | | | |
| **Please outline the trainee’s aims and expectations in accessing Trainee Support (you may wish to include your expectations or that the School/Trust as appropriate):** | | | |
|  | | | |
| **Name of individual completing this form**:      Position:    Date:      \*Contact Tel.\*:      e-mail:  Trainee Contact Details: e-mail       Mobile  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I confirm that this form has been completed with the knowledge of the trainee:**  Yes  No  ……………………………  Signature of referrer  ……………………………  Signature of Trainee  **Thank you for completing this form.** | | | |

**Please mark as Confidential and return this form to** [SEVTraineeSupport.SW@hee.nhs.uk](mailto:SEVTraineeSupport.SW@hee.nhs.uk) Confidentiality is taken very seriously by Professional Trainee Support and will be adhered to at all times. Exceptional circumstances where information can be disclosed include 1. If it is required by law 2. If it is unequivocally in the public interest 3. If it is demanded to safeguard national security or prevent serious crime 4. If it will prevent serious risk to the health of the trainee or others e.g. patients.