## Guidance Notes

* The Health Education England, East of England (HEE EoE) Professional Support Unit (PSU) aims to promote trainee wellbeing and personal development by providing support and assistance in tackling any personal or professional challenges to progression. We understand how stressful and demanding working as a trainee doctor or dentist can be and the effect that events in our personal lives can have on our wellbeing and work life.  Therefore, we feel it is crucial to offer a support service to trainees within the EoE.
* We recommend that this form should be completed by the trainee however, we will accept referral forms from the Training Programme Director (TPD) or Educational Supervisor (ES).
* If you are submitting the referral form on behalf of yourself, please ensure that you have informed the TPD or ES that you have done so. If you do not tick this box, we will automatically inform the TPD upon receipt of the referral.
* To ensure an appropriate and prompt response on receipt of your referral please complete all sections of the referral form.
* Once we have received the referral, the trainee will be contacted directly with information relating to the specific exam support available and next steps.
* Referrals for exam support will only be accepted if they meet the criteria detailed within the Professional Support Unit Policy.

## If there are additional circumstances ongoing that require further input, please ensure the Professional Support Unit Referral Framework is completed.

**Confidentiality Statement**

Information divulged to the PSU will only be shared outside of the PSU where the concerns raised are considered to be in breach of the professional and ethical guidelines of the GMC/GDC. This includes the need to ensure the safety of patients, self and the public and abide by the law. If the Professional Support Unit (PSU) believes that professional ethical principles or laws are being broken by the individual, the trainee will be advised of this and information will be shared with the Postgraduate Dean or nominated representative to determine appropriate action.

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| **Trainee Demographics** |
| **Trainee Name**Click or tap here to enter text. | **GMC/GDC number**Click or tap here to enter text. |
| **Email address (Please do not use Trust email)**Click or tap here to enter text. | **Mobile number**Click or tap here to enter text. |
| **Specialty**Click or tap here to enter text. | **Training grade**Click or tap here to enter text. |
| **Current Placement**Click or tap here to enter text. | **GP Training Scheme (if applicable)**Click or tap here to enter text. |
| **Educational Supervisor name**Click or tap here to enter text. | **ES email**Click or tap here to enter text. |
| **Clinical Supervisor name**Click or tap here to enter text. | **CS email**Click or tap here to enter text. |
| **Training Programme Director name**Click or tap here to enter text. | **TPD email**Click or tap here to enter text. |
| **Referral information** |
| **Referral date**Click or tap here to enter text. | **Name of referrer**Click or tap here to enter text. |
| **Trust HR Contact**Click or tap here to enter text. | **Head of School**Click or tap here to enter text. |
| **Exam information** |
| **Exam failed (e.g. MRCA, AKT)**Click or tap here to enter text. | **Part failed (e.g. Part A, B, 1 or 2)**Click or tap here to enter text. |
| **Number of attempts to date**Click or tap here to enter text. | **Next sitting**Click or tap here to enter text. |
| **Action already taken**Click or tap here to enter text. | **Further actions**Click or tap here to enter text. |

If the TPD/HoS is making this referral, please tick to confirm that the trainee has been **notified that a referral to the PSU has been undertaken.** [ ]

**If you are self-referring, please tick to confirm that your TPD/HoS has been notified that you are making this referral to the PSU.** [ ]

**Signature:**         **Date:**

**Please send this referral to** **psu.eoe@hee.nhs.uk**