## 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 the form should be completed by the Training Programme Director (TPD) or Educational Supervisor (ES) in conjunction with the trainee to ensure transparency as well as a holistic approach so that everybody understands the reasons and purposes for the referral.
* To ensure an appropriate and prompt follow up to your referral please complete all sections of the referral form.
* Once we have received the referral, this will be triaged appropriately, and we will either;
  + email the trainee inviting them to meet with a member of the PSU team at Victoria House, Fulbourn
  + email the trainee inviting them to have a meeting, generally over the telephone with a Non-Clinical Case Manager
  + email the referrer requesting further information or offering advice and guidance for local management.
* PSU meetings are supportive and designed to discuss the resources available and what useful steps could be put in place to support the trainee.
* A brief summary of the discussion, including an action plan and support provided along with the contact details of the Case Manager will be shared with the referrer for transparency and to ensure continuation of support.

**Confidentiality Statement**

Other than a brief summary sent to the referring doctor, 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.

**TRAINEE REFERRAL FRAMEWORK**

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| --- | --- | --- | --- | --- | --- |
| **Trainee Demographics** | | | | | |
| **Trainee Name**  Click or tap here to enter text. | | | **GMC/GDC/PH 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. | | |
| **Does this trainee have GMC undertakings?** | | | | | |
| **Yes** |  | | **No** | |  |
| **Do you have concerns about Fitness to Practice (FtP)?** | | | | | |
| **Yes** |  | | **No** | |  |
| Details of any current investigation:  Click or tap here to enter text. | | | | | |
| **Type of Concern**  (please put an x in the relevant boxes and use the free text box below to provide further information) | | | | | |
| **Clinical Performance, Knowledge and Skills** | | Click or tap here to enter text. | | **Health and Social Issues** | Click or tap here to enter text. |
| **Professional Behaviour and Attitude** | | Click or tap here to enter text. | | **Communication, Team Working and Time Management** | Click or tap here to enter text. |
| **Significant Life Event (i.e. divorce, relationship break up etc)** | | Click or tap here to enter text. | | **Environmental Issues**  **(I.e. Inappropriate workload, poor culture, training environment, lack of support in the workplace)** | Click or tap here to enter text. |
| **Engagement with Education and Training** | | Click or tap here to enter text. | | **Training Environment/ Support Issues** | Click or tap here to enter text. |
| **Repeated Exam Failure**  **(if this is the only concern please use the Form E)** | | Click or tap here to enter text. | | **Conduct, Capability, Probity** | Click or tap here to enter text. |
| Other:  Click or tap here to enter text. | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please provide the reasons for the concerns you have about this trainee and attach any relevant supporting documentation which you think will be useful (E.G. MSF,TAB etc).**  (If repeated exam failure is raised as a concern, please state the number of attempts) | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | |
| **Please use an ‘x’ to indicate the actions/support/intervention which have already taken place.**  (If you wish to provide further detail, please use the ‘other’ box below) | | | | | | | | | |
| **Occupational Health Referral** | | |  | | | **Repeat MSF/TAB** | |  | |
| **Additional Supervision/ Coaching/Mentoring** | | |  | | | **Trust investigation** | |  | |
| **Access to Work** | | |  | | | **Other (please specify):** Click or tap here to enter text. | | | |
| **Referral Made By** | | | | | | | | | |
| **Name of individual completing this form**: Click or tap here to enter text. | | | | | | | | | |
| **Position** | Click or tap here to enter text. | | | | **Contact details** | | | Phone: Click or tap here to enter text.  Email: Click or tap here to enter text. | |
| **Signature of referrer** | | | | | **Signature of trainee** | | | | |
| **Risk Assessment:**  (Please use an ‘x’ to indicate the overall level of concern. This will only be used for administrative purposes in order to triage the referral appropriately) | | | | | | | | | |
|  | | **Trainee** | | **Patient** | | | **Employer** | | **Other** |
| **Low** | |  | |  | | |  | |  |
| **Intermediate** | |  | |  | | |  | |  |
| **High** | |  | |  | | |  | |  |