**Professional Support Unit (PSU) - Self-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 trainees.
* Before completing this referral, you might find it helpful to refer to the *Professional Support Unit* section on the SPME website:

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

* Once we have received your referral, we will email you inviting you to meet with a member of the PSU team here 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. You 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 on how data will be used anonymously for service evaluation and research purposes. You are advised to refer to these documents when making a referral. These 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) - Self-Referral Form** | | | |
| **Basic information:** | | | |
| First Name:       Surname:  GMC Number: | | Date: | |
| School/Specialty: | Grade: | | |
| Educational Supervisor: | Clinical Supervisor: | | |
| Training Programme Director: | Trust/GP Location (at time of referral): | | |
| Are you working Less Than Full Time (LTFT)? | | Yes  No | |
| Are you currently considered safe to practice? | | Yes  No | |
| If no to the question above, have you informed Clinical /Medical Director and HR? | | Yes  No | |
| Are you registered with a local GP? | | Yes  No | |
| **Please tick any of the below areas where you feel you would benefit from further support and development** *(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 you feel are impacting on you (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 summary of any background information that will help us to understand the situation:** | | | |
|  | | | |
| **Please indicate what support you have received from your employing organisation or elsewhere to date:** | | | |
|  | | | |
| **Please outline your aims and expectations in accessing Trainee Support (you may wish to include your supervisor’s expectations if appropriate):** | | | |
|  | | | |
| Contact Details: email       Mobile  ……………………………  Trainee Signature  **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 the PSU team will be adhered to at all times. Exceptional circumstances where information can be disclosed includes 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.