**Referral Assessment Form**

**Professional Support Unit**

**\*Please note that the content of this referral assessment form should be shared with the trainee before being sent. The referral agreement page must be signed by the trainee.**

**\*Please complete every section (Light Green) in full. Failure to do so may hinder the process and subsequently the support that can be offered by the PSU.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Trainee Information** | | | |
| **Trainee name** |  | **GMC/GDC**  **number** |  |
| **Email address** |  | **Mobile number** |  |
| **Specialty & Grade** |  | **Site of work** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Referrer Information** | | | |
| **Referrer name** |  | **Position (TPD/ES/CS/HOS)** |  |
| **Email address** |  | **Mobile number** |  |
| **Date completed** |  |  |  |

Exam referrals - important information

Please be aware that referrals for exam failure may be returned as the process for PSU referrals has been reviewed.  This includes referrals for trainees who are yet to sit an exam or have only failed one attempt.

Referrals will be decided on a case by case basis meaning that we will factor in signs of dyslexia/dyscalculia, language issues, health issues and other possible causes for failure.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Current Performance** | | | | | | | |
| **Most Recent ARCP Outcome** |  | | **Date (MM/YY)** |  | | **Expected CCT Date (MM/YY)** |  |
| **Any Mitigating Circumstances while being assessed** |  | | | | | | |
| **Is the trainee currently on OOP?**  **(tick)** | | **Is the trainee currently on Sick leave? (tick)** | | | **Is the trainee currently on Parental leave? (tick)** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4) Referral Reason** | | | |
| **Please highlight the reason that best fits (more than one may apply)** | | | |
| Anxiety | Attitude & Behaviour | Health | Communication |
| Confidence | Cultural | Organisation/Time Management/Stress | Exams |
| Please explain in further detail:  We no longer accept Leadership, E-portfolio, Career and personal reasons but we do understand that other issues can impact on training, therefore please put as much detail as possible. | | | |

|  |
| --- |
| **5) Actions taken to date** |
| **Please list the actions that you have already taken** |
| E.g. Meetings, regular appraisal, SMART targets set, involvement from TPD/HOS, Occupational Health  Please provide evidence |

To submit, please send this to our inbox: [psu.em@hee.nhs.uk](mailto:psu.em@hee.nhs.uk)

**Professional Support Unit Referral agreement**

*As you have been referred to the Professional Support Unit (PSU) we would be grateful if you could read*

*through the following information and sign to show you understand and agree with this:*

Please note that the details of your discussions with the PSU will be confidential, except where there is a clear risk to yourself, others, including patients, or where there are significant concerns about health. All illegal activities will also be discussed with appropriate agencies. Whilst the content of your discussion will remain confidential to PSU, an initial report will be sent to your educational supervisor which will outline the reason for referral and the action plan that has been generated by the PSU. These reports will be made available to the ARCP panel to inform the decision made about your educational progression. Summary reports will also be provided for ARCP to include Occupational Health and Educational Psychology Assessments.

Providers of support are external to the NHS and hold qualifications in their particular area of expertise. Once you receive the contact details of a support provider you must either e-mail or phone them within two working days to arrange an initial session. If you do not contact them within this timeframe the PSU will suspend support and contact your educational supervisor. If you need to re-arrange or cancel a support session you must give 48 hours’ notice to the provider. If 48 hours’ notice is not given the PSU will be required to pay a cancellation fee and this will count as one of your allocated sessions.

The aim of the PSU is to provide support for educational progression and hence to successful completion of your training programme. It is therefore expected that you will fully engage with the support that you are offered and that you will do so openly and respectfully. Support will be suspended if there are displays of anti-social behaviour.

If you do not engage, this will be discussed with your Training Programme Director and/or an Associate Postgraduate Dean and ultimately if necessary to the Postgraduate Dean for suitable action. If you choose not to take up all of the support that has been offered to you this may be taken into consideration in the ARCP decision process and any appeal process should this follow.

The support of the PSU is contingent as your agreement to the above. It is your responsibility to ensure that any report that arises from your attendance at PSU is made available to Occupational Health at your employing Trust and Educational Supervisor as appropriate.

I confirm that I have read and accepted the above terms (tick)

Please signify your agreement to the information above by signing here:

|  |  |  |
| --- | --- | --- |
| Full name: | Date: | Signature: |