**Professional Support & Well-being (PSW) - Referral Guidelines:**

* ***Before proceeding, we recommend that you complete this form with the trainee’s knowledge and input, or alternatively, that you encourage them to complete a self-referral form themselves. This encourages autonomy and engagement in the PSW process.***
* **Aim:** Professional Support & Well-Being (PSW) 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. We therefore feel it is crucial to offer a support service to our trainees.
* **The PSW:** Before completing this referral, you might find it helpful to refer to the *Professional Support & Well-Being* section on the [Severn](http://www.severndeanery.nhs.uk/about-us/professional-support-and-well-being/) or [Peninsula](http://www.peninsulaeanery.nhs.uk/about-us/professional-support-and-well-being/) Postgraduate Medical Education websites.

* **Resources:** Once we have received your referral, we will contact the trainee inviting them to meet with a member of the PSW team. This is a supportive meeting to discuss the challenges they are facing and what useful next steps might be, our aim is to help the individual 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 [Severn](http://www.severndeanery.nhs.uk/about-us/professional-support-and-well-being/trainee-support/resources/) and [Peninsula](https://www.peninsuladeanery.nhs.uk/about-us/professional-support-wellbeing/trainee-support-services/) websites.
* **Confidentiality and data management:** PSW will treat all referrals confidentially and will follow processes and procedures described in accordance with HEE guidelines. Anonymised data will be used for service evaluation and research purposes. Please note that as this is a confidential service, the trainee has the right to keep confidential the outcome of the meeting, unless it is felt confidentiality cannot be maintained due to a risk to self, others, or security.

Please refer to [Health Education England’s Privacy Notice](https://www.hee.nhs.uk/about/privacy-notice) regarding how data is collected and protected.

**Please can the trainee doctor with which the referral relates confirm that you are happy for the PSW to collect and store your confidential details for appropriate management of the referral and for anonymous reporting and evaluation purposes. Further explanation is available upon request.**

**Please tick box to confirm.**

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| **Professional Support & Wellbeing (PSW) - Referral Form** | | | |
| **Trainee’s personal information:** | | | |
| First Name: | Surname: | | |
| GMC/GDC Number: | Date: | | |
| Home address: |  | | |
| **Trainee’s training details:** | | | |
| Postgraduate School (Training Programme): | Current specialty (attachment): | | |
| Grade: | Current trust/work location: | | |
| Educational Supervisor + email: | Clinical Supervisor + email: | | |
| Programme Director (TPD, FPD) + email: | Last ARCP outcome (including date): | | |
| Training type: Full time  LTFT  Supernumerary  LAT | | | |
| Have you accessed support through the PSW before? Yes  No | | | |
| **Reason for accessing PSW:** | | | |
| **Area:**  Please select which area/s the trainee feels or you feel they would like extra support with. Please select a level of concern for each area selected so that we can appropriately support the trainee. | | **Area of concern(s)** | **Level of concern**  1 = Little to no impact on trainee, 6 = Significant impact on trainee and becoming or already unmanageable |
| **Work Environment –** including the learning environment, opportunities in the workplace, the physical environment, support in the workplace, feeling valued in the workplace, job location/commute | |  | 1 2 3 4 5 6  Low      High |
| **Home Environment** – including parental or other care responsibilities, bereavement, relationship difficulties, financial issues | |  | 1 2 3 4 5 6  Low      High |
| **Health –** Including physical, psychological (stress, anxiety, depression), sleep deprivation, substance misuse and neurological/cognitive functioning | |  | 1 2 3 4 5 6  Low      High |
| **Job Performance** – as outlined in GMC GMP and training programme, including professionalism; knowledge skills and performance; safety and quality; communication, partnership and teamwork; maintaining trust, e-portfolio, ARCP, examinations | |  | 1 2 3 4 5 6  Low      High |
| **Individual Factors –** including communication style; leadership style; decision making style; organisation, prioritisation and time management; values and beliefs; insight and self-awareness; coping style/resilience; career uncertainty | |  | 1 2 3 4 5 6  Low      High |
| **Other** – please detail: | |  | 1 2 3 4 5 6  Low      High |
| **Please select the level of influence (if any) if you consider Covid-19 has contributed to the above reasons for accessing PSW** | |  | 1 2 3 4 5 6  Low      High |
| **Please provide further information that will help us to understand the situation:** | | | |
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| **Please indicate what support the trainee has received from their employing organisation, local training team or elsewhere to date:** | | | |
|  | | | |
| **Please outline your aims and expectations in accessing PSW (please ensure you are including the trainee in this discussion):** | | | |
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| Trainee Contact Details: email\*       Telephone/Mobile  *\*(If possible, please provide an email that the trainee will check regardless of where they rotate to during their training)*  ……………………………  Trainee Name and Signature  Referrer Contact Details: email       Telephone/Mobile  ……………………………  Referrer Name and Signature  **Please mark as Confidential and return this form to** [psw.sw@hee.nhs.uk](mailto:psw.sw@hee.nhs.uk) Confidentiality is taken very seriously by PSW 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.  **Thank you for completing this form.** | | | |