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| **Trainee Support Referral Form** | | | |
| Always act fairly, equitably, supportively and confidentially within the training accountability framework | | | |
| **Basic information:** | | | |
| Trainee Name: GMC Number: | | Date: | |
| School/Specialty: | Grade: | | |
| Educational Supervisor: | Clinical Supervisor: | | |
| Training Programme Director: | Trust/GP Location (at time of referral): | | |
| Is the trainee working Less Than Full Time (LTFT)? | | Yes  No | |
| Is the trainee currently considered safe to practice? | | Yes  No | |
| If not have you informed Clinical /Medical Director and HR? | | Yes  No | |
| Is the trainee register with a local GP? | | Yes  No | |
| **Please highlight or circle any of the below areas where it is felt the trainee is not meeting and would benefit from further support** *(based on GMC Good Medical Practice 2013):* | | | |
| |  |  | | --- | --- | | **TRIGGER INDICATORS** | | | **PERFORMANCE** | **Descriptor** | | 1 Patient safety | Any issue that could immediately threaten patient safety. | | 2 GMC | Any GMC referral. | | 3 Unsatisfactory ARCP | Any unsatisfactory ARCP outcome may potentially threaten progress of training. | | 4 Significant Incidents | Significant untoward incidents from LEPs or Exit reports. | | 5 Clinical competence | Unsatisfactory demonstration of knowledge, skills, work place based assessments (including logged cases) & mandatory course such as ALS. | | 6 Examination failure | Postgraduate professional examinations, part(s) of Membership/Fellowship. | | 7 Complaints | Complaints from patients and colleagues which have been investigated and verified. | | **BEHAVIOUR** | **Descriptor** | | 1 Non-clinical attributes | This includes *unsatisfactory demonstration* of non-clinical attributes such as organisation, leadership, team working, situation &/or self-awareness, prioritisation, communication, cognition (loss of memory, concentration and attention), decision making, stress management and ability to cope under pressure (trainees utilising coping mechanisms such as avoidance, dismissal and denial are more prone to experience high stress level). | | 2 Professionalism | Fail to demonstrate professionalism which defines a set of values (work, social & culture), behaviours, and relationships; specifically including integrity, compassion, altruism, continuous improvement, excellence, and engagement in working partnership with members of the wider healthcare team and their training portfolio. | | 3 Personality Traits | Personality factors that impact on performance: conscientiousness, emotional stability, openness, extraversion & agreeableness (The Five Factor Model). | | **HEALTH** | **Descriptor** | | 1 Physical | Physical ill health | | 2 Psychological | Non-physical ill health e.g. depression, bereavement, PTSD | | 3 Substance misuse | Alcohol and drugs misuse | | **ENVIRONMENT** | **Descriptor** | | 1 Work | Underperformance secondary to or contributed by work system and infrastructure issues | | 2 Home & family | Underperformance secondary to or contributed by domestic problems | | | | |
| 1. **Please provide a summary of how we can support the trainee and provide us with any background information that will help us to understand the situation:** | | |  |
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| **Please indicate what support the trainee has received from the employing organisation to date:** | | | |
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| **Please outline the trainee’s aims and expectations in accessing Trainee Support (you may wish to include supervisor expectations also):** | | | |
|  | | | |
| Name of individual completing this form:      Position:      Date:      \*Contact Tel.\*:  Trainee Contact Details: email       Mobile  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I confirm that this form has been completed with the input and in the presence of the trainee:**  Yes  No  ……………………………  Signature of referrer/supervisor  ……………………………  Trainee Signature  **Thank you for completing this form.** | | | |
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