

**Severn Postgraduate Medical Education**

**Trainee Support Guide**

For educators and trainers involved in supporting trainees

October 2013



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1. **Acknowledgements and Introduction**

The Severn Postgraduate Medical Education (SPME) Trainee Support team provides advice and guidance to trainees who have self-referred or been referred to us for additional support during their training programme. Further information on who we are and what we do can be found on our website:

<http://www.severndeanery.nhs.uk/about/support-and-development/trainee-support/>

Trainee Support aims to help promote trainee well-being and personal development by providing support and assistance in tackling obstacles that they may be facing, be it in their professional or personal lives. We have developed this guide for trainers involved in supporting trainees at a local level as a resource to ensure appropriate support and action has been provided.

The following guide has been developed from advice offered in the NACT guidelines and also advice offered by NCAS through their ‘Back on Track’ framework. We would therefore like to express our thanks to these bodies for their helpful documentation.

This guide offers a practical framework on how to support trainees who have been experiencing difficulties or obstacles during their training programme. It is aimed at those responsible for the education and supervision of trainees in any of the training programmes offered within the SPME. This guide might be useful to:

|  |  |
| --- | --- |
| * Educational and Clinical Supervisors | * Heads of School |
| * Directors of Medical Education | * GP Educators |
| * Specialty (College) tutor | * Training/Foundation Programme Directors |

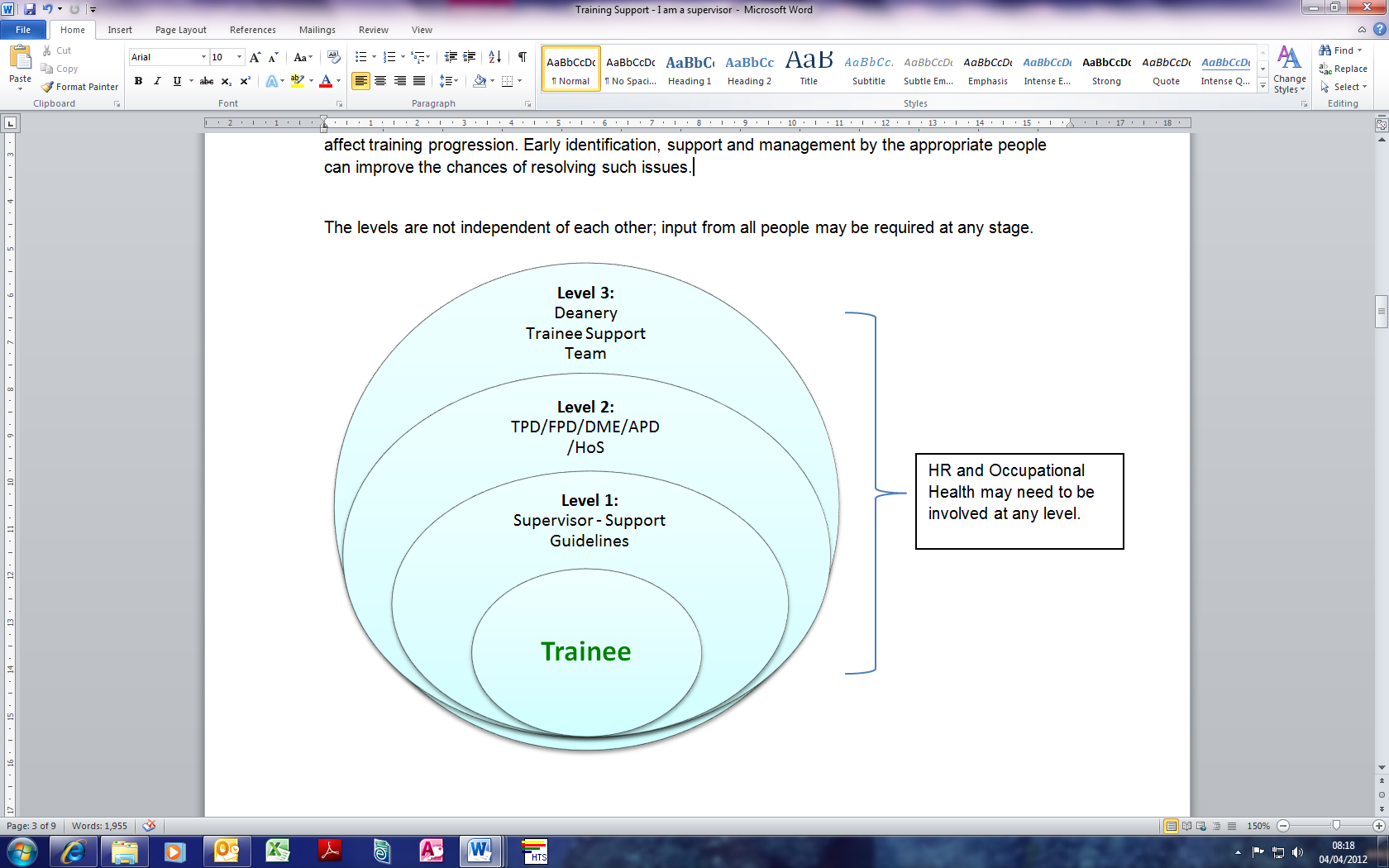
For more detailed information, please refer to the SPME Trainee Support Policy which can be found on the website:

<http://www.severndeanery.nhs.uk/about/support-and-development/trainee-support/>

**Aim of this guide**

1. **Roles and Responsibilities**

**Three-Level Trainee Support Framework**



**Level 1**

This level represents trainees with minor concerns or dilemmas, presenting a potentially low risk to patients, themselves or others, for which a formative developmental approach is appropriate. For example, trainees who are missing some information from their e-portfolio or who have failed to obtain the required response rate for Multi-source Feedback (MSF).

These trainees will be primarily supported by their **Educational or Clinical Supervisor** with support from the appropriate School and / or the local Director of Medical Education. Educators and supervisors should use this guide to assess and document what support and actions have been put in place for the trainee at this level (see Appendix 1).

The local Director of Medical Education should always be kept informed of any local issues in line with local trust processes and policies.

**Level 2**

Level 2 represents trainees with issues that, if left undetected or unresolved could pose a moderate risk to the individual trainee, patients or the organisation, but are not yet sufficiently serious to warrant disciplinary action. For example, trainees who need to develop a particular clinical competence area, or who are showing signs of poor health.

At this stage advice and guidance should be sought from the **Programme Director, Associate Postgraduate Dean (GP), Head of School or Director of Medical Education**. Advice can also be obtained from Human Resources, Occupational Health and the Trainee Support team at any stage for specialist support and development opportunities for the trainee.

**Level 3**

This level represents trainees with serious concerns and/or repetitious performance issues for which specialist input and resources are appropriate. Examples can include repeated absence from work without explanation, poor relationships with colleagues or visible signs of stress and anxiety.

Issues at this level may also represent a high level of risk to patients and others and therefore requires a skilled approach. At this stage, you can recommend and advise the trainee to contact the **Trainee Support team** at SPMEso that they can access further support and development resources. It will also be appropriate to ensure that **Human Resources** and your **Medical Director** are aware of the serious concerns raised. In some extreme cases, suspension from work may need to be considered in order to protect patient safety and indeed the safety of the trainee.

It is important that you remain closely involved through liaison with SPME while this support is being put in place and good communication should be maintained at every stage.

***\*\*Patient safety issues MUST be reported to the DME as soon as they become apparent so that they can inform the MD. Trust HR and SPGME should also be immediately informed\*\****

**Trainees**

Trainees have a responsibility to engage with the educational process and are expected to follow guidance outlined by the GMC in *Good Medical Practice* as well as the curriculum requirements of their training programme. In addition to this, they have a contractual relationship with their employer and are therefore subject to local and national terms and conditions of employment.

**Educators/supervisors**

Educators/Supervisors have a responsibility to supervise, guide and support trainees during their educational training programme, which includes identifying and addressing areas of concern and coming up with action plans moving forward (please see Appendix 1). They also have a responsibility to provide appropriate clinical learning opportunities.

**Employer**

The employer is responsible for ensuring that employment laws are upheld and employer responsibilities implemented. They are directly responsible for the management of performance and disciplinary matters and that issues identified are addressed in a proportionate, timely and objective way. GP training practices in SPME are considered to be employers, although the SPME School of Primary Care will offer HR and other support for all performance and disciplinary matters concerning GP trainees.

**SPME Trainee Support Team**

The Trainee Support team is responsible for identifying and offering appropriate additional support and resources for those who wish to access the service. Trainees can either self-refer or be referred by their supervisors to the service at the agreement of the trainee.

Following referral to Trainee Support, the first step is a meeting with a member of the team to explore the reasons for referral and to discuss the individual’s personal situation. From that, a package of support and development resources will be agreed which is tailored to individual need.

The SPME Trainee Support team is advisory and does not supersede the assessment role of the Annual Review of Competency Progression (ARCP) Panel or employer Human Resources (HR) policies and procedures. We take guidance from national documents such as the GMC’s *Good Medical Practice,* the GMC’s *Gold Guide*, and guidelines issued by the UKFPO for Foundation Trainees (for further information, please see our Trainee Support Policy document).

Those participating in Annual Review of Competency Progression (ARCP) reviews of trainees are advised to recommend that a trainee who receives an adverse outcome makes contact with the Trainee Support team to see if we can help.

1. **Early Identification – Establishing the Facts**

Early identification of issues and problems impacting upon a trainee’s progression is crucial. Most concerns can be addressed by early, effective discussions between the Clinical or Educational Supervisor and the trainee, culminating in a realistic learning plan which is regularly reviewed to monitor satisfactory progress.

An open and supportive culture should be encouraged within the whole clinical team, fostering the development of the trainee’s skills and providing constructive feedback on performance improvements or on-going concerns. Judgements should be avoided until all information/evidence is collected and considered. (NACT Guidelines, 2008).

***\*\*Issues of patient and person safety take precedence over all considerations in line with GMC guidelines\*\****

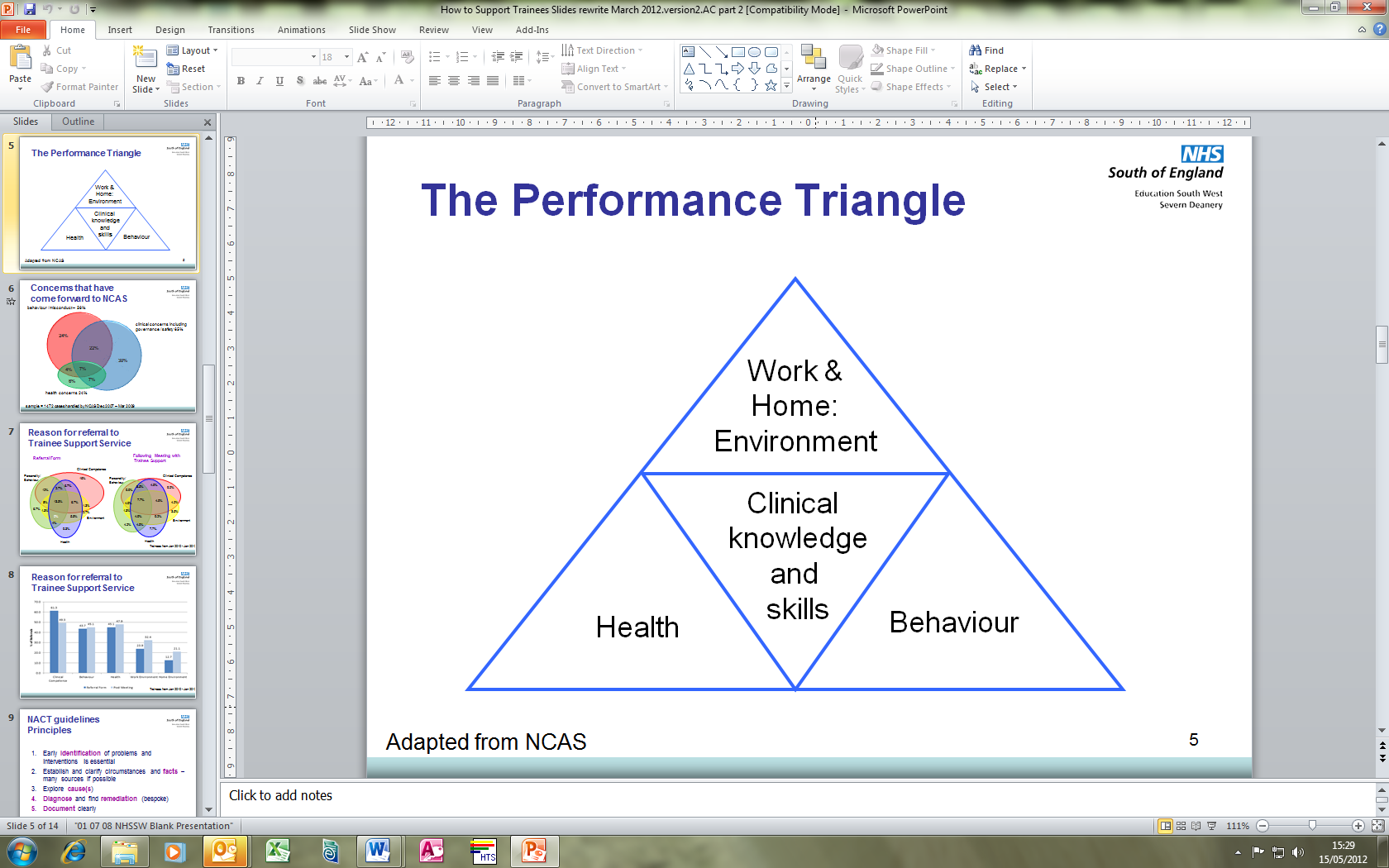
Many factors can affect the performance of a doctor (Cox *et al*, 2006) and may occur individually or (more commonly) be interlinked. Concerns may be based on direct observable behaviours (such as lapses in concentration or poor clinical decision making). Such behaviours are symptoms rather than a diagnosis and as such, may be the tip of the iceberg, concealing a wide range of possible causes.

Difficulties tend to be attributed to the individual doctor, when their behavior may be a result of problems within the team or even the wider work or home environment. Caution should therefore be exercised when determining what is going on.

Other factors that can indicate areas for concern include:

|  |  |
| --- | --- |
| * Inflexibility | * Career uncertainty |
| * Emotional outbursts | * Low self-awareness |
| * Not engaging with educational processes | * For specific markers for GP trainees, see FAQ |
| * Career uncertainty |  |

**Establish and clarify the facts (Adapted from the NCAS Performance Triangle):**



***\*\*Often it is not simply a matter of one clear issue, but rather a combination of overlapping issues\*\****

1. **Offering Support**

**Holding a support meeting and exploring the issues**

This is the opportunity to explore with the trainee the issues and concerns by discussing any of the areas highlighted in the NCAS Performance Triangle (Clinical Knowledge and Skills, Health, Behaviour, Environment). Some issues may be sensitive and the trainee may not wish to discuss certain areas, additionally the trainee may not be ready to accept there is an issue. The Stages of Change model is a useful reference here to understand how individuals come to accept there is an issue and make steps towards positive change:

Source: Prochaska & DiClemente

Sufficient time should be allowed for this meeting so that neither the supervisor nor the trainee is rushed during this important initial discussion. For supervisors within general practice, initial discussions with the trainee should always be documented in the RCGP e-portfolio Educator Notes pages. If concerns persist, the local patch TPD/APD should be contacted at an early stage. They will co-ordinate subsequent formal support meetings as below.

**Running the meeting**

It is important to build rapport with the trainee and empathise with their situation – it is a big step for a trainee to open up about issues and they should be encouraged and supported along the way. Giving feedback is crucial here so that the trainee is aware of exactly what the concerns are and why a meeting has been arranged. When running the meeting the following framework is useful:

* Introduce meeting and purpose
* Clarify confidentiality and time
* Identify & agree the issues with the individual
* Explore reasons for shortfall or difficulties with the trainee – perhaps there is more to the situation than initially presented
* Discuss & agree supportive and developmental actions (see ‘Developing an Action Plan’ in the next section)
* Document the session – keep this open and agree with the trainee

\*\****Don’t forget to highlight and record areas of satisfactory performance\*\****

**Identifying resources for support**

*Clinical Knowledge and Skills:*

Focused training or retraining may be appropriate here, including knowledge, technical skills, non-technical skills and professional skills. This may require an extended period of clinical supervision or targeted task oriented training focusing on a specific deficit.

*Behaviour:*

Close supervision and dedicated ‘developmental monitoring’ can provide a supportive environment to tackle issues of insight into behaviour. Feedback from sources such as multisource feedback tools, video or simulation techniques can also be used to challenge behaviour. Further support in terms of psychometrics are available via. the Trainee Support team.

*Health:*

Supervisors and educators should avoid acting as the trainee’s doctor. Whilst initial inquiries might be made into possible underlying physical or mental health issues, they should be referred to their employers Occupational Health or HR department for further guidance or assessment. GP practices can access OH services via the GP School.

GMC *‘Good Medical Practice’* requires doctors to seek and follow advice from a suitably qualified physician (OH) if their judgement or performance might be affected by a health condition. Referral to the trainee’s GP should also be considered. The Equality Act 2010 covers both mental and physical impairment that affect a person’s ability to carry out day-to-day tasks and requires employers to make reasonable adjustments to work pattern, content and environment.

Further support is available via the SPME Trainee Support team.

*Home/Work Environment:*

Occupational Health can advise on suitable adjustments to the work environment (as above). Other work environment issues such as lack of resources, poorly maintained equipment and inadequate support should not be ignored. These may be issues that can be discussed with the Quality team in SPME to see if a review of such issues needs to take place.

If the individual has a difficult home situation, considering a period of time off or a reduction in hours worked may be worth exploring (Less Than Full Time training). The SPME Trainee Support team may be able to offer further support and resources in relation to this.

**Developing an action plan**

A useful template for developing an action plan has been provided by NCAS. This framework suggests the following should be included in an action plan:

* Detail the areas of concern
* Outline possible interventions
* Identify the resources needed
* Identify potential support required
* Detail timeframes and schedule follow up review date
* Detail the sources of evidence/information needed to demonstrate progress
* If required - outline the implications for the trainee if the concerns are not addressed

(*Adapted from NCAS ‘Back on Track’ framework – 3.2 Drafting an action plan)*.

The plan should be transparent and fully understood by the trainee. The trainee should be provided with a copy and a date for reviewing progress should be set. It may also be helpful for a copy of this action plan to be shared with the employers HR department or GP training practice (for GP trainees).

**Reviewing progress**

This meeting should take place at a time agreed between the supervisor and the trainee at the initial meeting. The purpose of this meeting should be to review the trainee’s progress with the plan and to address any concerns or failures to achieve what was originally planned, considering any further support resources that could be helpful for the trainee.

**Documentation**

Documenting the meeting is extremely important. Documentation should commence as soon as concerns come to light.

The local employers HR department should be consulted regarding the appropriate storage of this information. GP ES/TPDs should document initial concerns and any follow up action plans within the Educator Notes pages of the RCGP e-portfolio.

Guidance on documentation adapted from NCAS may be helpful (a meeting template has been provided at the end of this guide to use during meetings):

* **Record good and poor performance**
  + Include enough information to guide an outsider
* **Make prompt file notes**
  + Stick to the facts
  + Quote verbatim
  + Include work information – personal information may be included on agreement with the trainee
  + Record meeting details: length, venue, date and participants
  + Be balanced
  + Include trainee’s comments

It is important to consider who else the documentation should be shared with to ensure the on-going support of the trainee and patient safety. This can be discussed and decided with the trainee or HR or SPME can be contacted for clarification.

The following can help to ensure openness as well as rigour:

* Educators should avoid recording and keeping information about discussions with trainees without their knowledge or consent.
* Records of conversations should be held confidentially, with the trainee’s knowledge and consent, by the person who has conducted the assessment of the issues with the trainee.
* The trainee should be given a copy of any documentation concerning his or her performance and encouraged to keep such copies in his or her portfolio for discussion at appraisals.
* Should the trainee move to a different job, or in the event that the problem escalates or others become involved, it may become necessary to pass the record to other parties, again with the consent of the trainee where possible. Transfer of information about trainees’ progress from post to post should become standard procedure including areas of concern. E-portfolio can be a useful tool for recording the details of a trainee’s progress.
* All documentation must comply with the requirements of the Data Protection Act and the Freedom of Information Act (FOIA). You should speak with your HR department regarding their information storage policy.

1. **Accessing Further Support Resources**

If the framework outlined in this guide has not addressed the issues or concerns regarding the trainee remain, it is appropriate to seek the advice and guidance from others such as the Programme Director, HR, Director of Medical Education or others in a senior education/supervisory role (Level-2).

**Human Resources**

The trainee’s employer HR department is crucial for helping to manage issues such as:

* Absence from work
* Continued health issues
* Short-term leave patterns
* Capacity issues

**Occupational Health**

The trainee’s employer OH department are also an invaluable resource and can help with the following:

* Advising on the impact the trainee’s health may be having on their ability to work and conversely, on the effect work may be having on the trainee’s health.
* Liaising with treating practitioners to ensure a consistent and supportive approach to the trainee’s situation

If it is felt an Occupational Health referral would be beneficial, a referral can be made from either the trainee’s manager, Educational Supervisor or Programme Director direct to the trust OH department. A template for making an Occupational Health referral can be found in Appendix 3.

**SPME Trainee Support team**

If this does not help or if it is felt the situation requires specialist resources, the trainee can access the Trainee Support team for additional support (Level-3). It is important that supervisors/educators remain central to the support of the trainee during this process.

* If there is any uncertainty about what to do next, others should be asked for guidance. Do not try to deal with complex scenarios alone! The Trainee Support team is happy to be contacted for advice.
* Should the plan developed with the trainee fail to help the situation, or should the situation escalate into an issue regarding probity, fitness to practice or conduct, then the DME, HR and SPME should be notified.

Referrals to Trainee Support can be completed by filling in a referral form available from the SPME website:

<http://www.severndeanery.nhs.uk/about/support-and-development/trainee-support/guidance-for-trainers/>

Resources that the Trainee Support team can offer include:

* A meeting to discuss the issues raised in a supportive and confidential environment
* Confidential access to external counselling
* Access to and potential funding for specific training courses
* Referral to Occupational Health if a trainee is in between rotations a second opinion is required
* One-to-one confidential Careers Advice
* Access to dyslexia/dyspraxia/learning differences screening and assessment
* Access to language and advanced communication skills sessions
* Access to one-to-one psychometric development
* Short term funding for remedial supernumerary training in exceptional circumstances
* Advice for both trainers and trainees on issues regarding support

1. **Important Considerations**

* In all circumstances where there are fitness to practice issues, the local trust HR and the SPME Trainee Support team should be informed.
* Effective trainee support requires being clear about the criteria for success. These will be different for the Individual and for SPME and Employer. However, the overarching success criterion is a ‘return to safe practice’ and promoting the well-being of the trainee doctor.
* At all times it must be considered whether the trainee is safe to practice or not. If not, arrangements for their immediate removal from patient contact should be arranged and additional supervision and support provided. The Clinical Director and HR department should also be involved.
* Local employing trust/employer guidelines and policies should be followed when managing a performance/competence concerns. This will involve the employers HR department.
* Local employer policies should be followed regarding data storage and confidentiality of documentation and information collected when supporting a trainee.

Appendix

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**Appendix 1: Meeting Template**

*It should be made clear to the trainee that the purpose of this meeting is to be supportive and to objectively explore the concerns that have arisen with the aim of coming up with a remedial action plan*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | GMC #: |  | **Please circle areas of concern (you can circle more than one)** | | | |
| Specialty: |  | Grade: |  | Clinical Knowledge/Skills | YES/NO | Home Environment | YES/NO |
| Educational Supervisor: |  | Clinical Supervisor: |  | Behaviour | YES/NO | Work Environment | YES/NO |
| Date of Meeting: |  | Attendees: |  | Health | YES/NO | Is the trainee safe to practice: | YES/NO  *\*If no, inform Clinical/Medical Director and HR\** |
|  |  |  |  |  |  |  |

**History**

How did medical school go/previous jobs/placements?

***Possible questions you can ask include:***

* *How is trainee getting on in placement?*
* *What’s going well?*
* *Any concerns-by trainee?Trainers?Feedback from other professionals?*
* *Engagement with curriculum/WPBAs/teaching attendance?*
* *Any extra-curricular plans/achievements?*
* *Any absences?*
* *Known career plans?*
* *If there are concerns, what areas do they relate to specifically (clinical knowledge and skills, behaviour, health, home environment, work environment?)*

**Explore areas of concern and areas of satisfactory performance:**

**Action plan:**

*Detail each of the actions being taken and the resources/support required as well as the timeframe in which to complete each in order for the trainee to perform to the expected standard. Goals and objectives should be SMART (****S****pecific,* ***M****easurable,* ***A****chievable,* ***R****elevant,* ***T****ime framed). Continue on separate sheet if required.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | **Possible interventions** | **Action, support & resources needed to achieve objective** | **Date to achieve objective & review progress** | **Evidence/information needed to demonstrate progress** |
| *Ex. Address health concern* | *See Occupational Health* | *Educational Supervisor to make referral to OH. Referral template to be obtained from HR* | *1 week (w.c. 16/04/12)* | *OH report or letter from OH confirming attendance* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**If necessary, discuss with the trainee the implications for them if the concerns remain (unsatisfactory ARCP for example).**

**Date for review meeting:**

**Copy to:**

Signed……………………………..Date……………….  
**Educational Supervisor**

Signed……………………………..Date……………….  
**Trainee**

***\*\*patient safety/fitness to practice issues MUST be reported to the DME as soon as they become apparent so that they can inform the MD. Trust HR and SPME should also be immediately informed\*\****

**Appendix 2: Referral form and guidelines**

**Trainee Support Referral Guidelines:**

* The Severn Trainee Support team aims to help 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, which is why we feel offering a support service to Severn Postgraduate Medical Education (SPME) trainees is crucial.
* Before completing this referral, you might find it helpful to refer to the SPME *Trainee Support Guide* to consider whether all local support resources have been utilised <http://www.severndeanery.nhs.uk/deanery/support-and-development/trainee-support/guidance-for-trainers/>
* We recommend that you complete this form with the trainee in order to ensure transparency and so that everyone understands the reason and purpose for the referral.
* Once we have received your referral, we will email the trainee inviting them to meet with a member of the Trainee Support team here at SPME. This is a supportive meeting to discuss what resources we have and what useful next steps might be – the aim will be to develop some objectives and actions moving forward. The trainee might find it helpful to look at the resources we can offer on our website: [http://www.severndeanery.nhs.uk/deanery/support-and-development/trainee-support/support resources/](http://www.severndeanery.nhs.uk/deanery/support-and-development/trainee-support/support%20resources/)
* The Severn Trainee Support team 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 and the trainee are advised to refer to these documents when making a referral. These can be found on the Trainee Support and Policy sections of the SPME website:   
  <http://www.severndeanery.nhs.uk/deanery/support-and-development/trainee-support/>  
  <http://www.severndeanery.nhs.uk/deanery/policies-and-procedures/trainee-support-policy/>

|  |  |  |  |
| --- | --- | --- | --- |
| **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 tick 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):* | | | |
| 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 it is felt are impacting on the trainee (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 how we can support the trainee and provide us with any background information that will help us to understand the situation:** | | | |
|  | | | |
| **Please indicate what support the trainee has received from the employing organisation to date:** | | | |
|  | | | |
| **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.** | | | |

**Please mark as Confidential and return this form to** Tailte Breffni on [Tailte.Breffni@southwest.hee.nhs.uk](mailto:Tailte.Breffni@southwest.hee.nhs.uk) or Tracy Baudains on [Tracy.Baudains@southwest.hee.nhs.uk](mailto:Tracy.Baudains@southwest.hee.nhs.uk). Confidentiality is taken very seriously by Trainee Support 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 individual or others.

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  GMC #: |  | | |
|  |
|  |
|
|  |  |
|  |  |

**Appendix 3 – Occupational Health referral letter template**

Dear [insert name of OH]

**Name: [insert name of practitioner]**

**Date of Birth [insert date of birth]**

**Address: [insert address]**

**Telephone number: [insert number]**

I am referring [insert name of doctor] to see you in the Occupational Health Department of [insert hospital name].

[Insert name of doctor] is [insert speciality].

The reason for referral to Occupational Health is:

* [insert relevant reasons including the effects of the health problem on work performance and attendance].

I have discussed the reasons for this referral with [insert name of doctor] and have explained the confidential role of the Occupational Health Department.

Following your assessment, I would be grateful if you could please answer the following questions:

1. Is Dr (insert name) fit for their role?
2. If Dr (insert name) is not fit, can you give an indication of the likely duration of the absence?
3. Could Dr (insert name)’s medical problems be contributing to cause problems with their behaviour and/or performance at work?.
4. Are there any workplace factors contributing to Dr (insert name)’s ill-health/
5. Can you recommend any help or further support that Occupational Health or an external agency can offer Dr (insert name)?

A copy of this letter has been forwarded to Dr (insert name).

Thank you for your help. I look forward to hearing from you.

Yours sincerely

**Appendix 4 – Flowchart for Trainee Support Process:**

**Trainee Identified as Requiring Support**

* Complete Level-3 Referral form and send to the Trainee Support Team
* Include a copy of previous meeting notes
* Involve trainee in the completion of the referral form
* Remain in touch with the Trainee Support team re: progress

No further escalation. Monitor progress and keep record of previous meetings.

**YES**

* Seek the advice and guidance from others such as the Programme Director, HR, Director of Medical Education, Head of School or others in a senior education/supervisory role.
* KEEP RECORD OF THE MEETING

No further escalation. Monitor progress and keep record of previous meetings.

**YES**

* KEEP RECORD OF THE MEETING – Please see Appendix 1

***\*\*patient safety/fitness to practice issues MUST be reported to the DME as soon as they become apparent so that they can inform the MD. Trust HR and SPME should also be immediately informed\*\****

Escalate & refer to the Severn Trainee Support team (Level-3)

**NO**

Satisfactory progress?

Review progress at agreed time point

**NO**

Escalate & develop further action plan (Level-2)

Satisfactory progress?

Review progress at agreed time point

Supervisor to hold meeting with trainee and develop action plan (Level-1)