This document is for **preview purposes only** of the online PSW Midlands Referral form.
Please do not print, complete or distribute this document.
PSW referrals should **not** be submitted using this document.

To complete a PSW referral form please use this online link:

PSW Midlands online referral form

Midlands Professional Support & Wellbeing (PSW) Service Referral Form (preview only)

Information about the Referral Process

The PSW service accepts both educator referrals and Resident doctor/dentist self-referrals.

If you are the educator completing this referral assessment form, the content should be shared with the Resident doctor/dentist before being submitted and ideally this form should be completed together with the Resident doctor/dentist.

The Resident doctor/dentist should confirm that they have read and accepted the "Professional Support and Wellbeing Service Agreement" (see below).

A downloadable copy of the completed referral form will be available once submitted.

Please complete every section in full. Failure to do so may hinder the process and subsequently the support that can be offered by the PSW.

Section 1

1. **Type of Referral** *
    - Self referral
    - Educator referral

2. **Region** *
    - East Midlands
    - West Midlands

3. **Title of Resident Doctor/Dentist requiring PSW Support** *
    - Dr
    - Mr
    - Mrs
    - Miss
    - Ms
    - Other

4. **Surname of Resident Doctor/Dentist requiring PSW support***

5. **First name of Resident Doctor/Dentist requiring PSW support** *

6. **GMC/GDC Number of Resident doctor/dentist** *

7. **Email address of Resident doctor/dentist** *

8. **Mobile number of Resident doctor/dentist** *

9. **Training specialty** *

10. **Training grade** *

11. **Site of work** *

12. Referral reason - please tick reason that best fits (more than one may apply) *

- Anxiety/stress/burnout
- Attitude and behaviour
- Communication/consultation skills/teamworking/conflict resolution
- Confidence
- Exams
- Health
- Leadership
- Neurodiversity
- New to UK
- Return to training
- Time management & organisation
- Other

13. **Additional referral information:** Please include all relevant details to ensure the PSW fully understands the basis of the referral.*

14. Please provide full details of any actions / support / interventions which have already taken place *

15. **Educator name** For self-referrals: please note we require this as we will make initial contact with the educator indicated here to share the referral form. This is usually the Educational Supervisor but in some cases, it can be the TPD or HoS if that is preferred*

16. Educator email address *

17. Educator mobile number *

18. Educator position *

- ES
- CS
- TPD
- HOS
- Other

19. Most recent ARCP date *

20. Most recent ARCP outcome *

21. Expected CCT (Completion) date *

22. Is the Resident doctor/dentist currently taking Time out of Training (TOOT)*

- Yes
- No

23. If yes - type of TOOT

- Parental leave
- Short-term sick leave (less than 3 months)
- Long-term sick leave (more than 3 months)
- OOPC
- OOPT
- OOPE
- OOPR
- OOPP
- Other

Section 2

Confidentiality agreement

As you have been referred or self-referred to the Professional Support and Wellbeing (PSW) service please read through the following information. Please indicate your consent by ticking the appropriate box. For educators completing this form a copy of this confidentiality agreement is available here: https://forms.office.com/e/WvZmxSPaEc and can be sent to the Resident doctor/dentist in advance of submitting this form so that they can confirm consent.

The aim of the PSW service is to provide support for educational progression to support 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.

Some providers of support are external to the NHS and hold qualifications in their area of expertise. Once you receive contact from the sup- port provider you must engage with them to arrange your first session; your workplace should release you to attend sessions with external providers. If you need to re-arrange or cancel a support session with an external provider, please give as much notice as possible ideally 48 hours' notice; failure to do so will result in PSW being charged a cancellation fee and this cancelled session may count as one of your allocated sessions.

Please note that the details of your discussions with the PSW and/or any external supplier you are referred to for support 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 and your Responsible Officer or their nominated deputy. Whilst the detailed content of your discussion will remain confidential, your PSW case manager will agree with you an action plan, and a summary of this and any subsequent outcome of onward referrals and assessments will be copied to the named educator on your referral form.

The PSW is required to submit a summary report to your ARCP panel which highlights the support you have received. This is a factual report which contains key dates, events and provisions received. The content of your sessions will remain confidential however we will outline the broad areas that have been worked on. Furthermore, full occupational health reports and full cognitive assessment reports may be shared with the ARCP panel where requested.

By accessing PSW support, you agree to the terms outlined above in the referral agreement.

24. Resident doctor/dentist consent to the Confidentiality Agreement *

- I am the Resident doctor/dentist completing this form and I confirm my consent
- I am the educator for the Resident doctor/dentist, I confirm that the Resident is aware of the details of this referral. I have also shared a copy of the confidentiality agreement with the Resident and they have confirmed to me their consent. **Please note - The PSW will share a copy of this referral form with the resident at the point of when an appointment is offered.**

25. Any other comments

Section 3

Next steps

After you have submitted this form, the PSW team will receive your completed form. Once the referral form has been accepted, a PSW Case Manager will be allocated and we'll get in touch with the Resident doctor/dentist via email to arrange an initial confidential telephone meeting to discuss the referral further and any support options.

On submission of this form, you will be able to download a saved copy of the completed form. If the educator has completed this form, the saved form should be emailed to the Resident doctor/dentist being referred.