# Form S1: GP Trainees

Deans Case Management Referral Form

This form is to be completed by the Patch Associate Dean or Head of School following a trigger incident of a level 2 or 3 concern. A fact-finding exercise should initially take place to aid completion of the form.

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| Trainee Name |  | | | | GMC | |  |
| Date of Birth |  | Grade/Level | |  | Gender | |  |
| Specialty |  | | | | | | |
| Current Post |  | | | | | | |
| Referral Date |  | | Date of Initial Concern | | |  | |

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| --- | --- | --- | --- |
| Placement Details (Start with most recent) | | | |
| Date | Hospital | Specialty | ARCP Outcome |
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| Current Educational Supervisor |
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| Description of issues identified, and action taken |
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| Progress through training to date (ARCP outcomes, career support, significant time out of programme etc.) |
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| Other departments or agencies involved (e.g. Occupational Health, Lead Employer, named contact at NHSE NW etc.) |
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| Have these issues been discussed with the trainee and are they aware of this referral? |
|  |

Please return the completed form to: [england.nwcasemanagement@nhs.net](mailto:england.nwcasemanagement@nhs.net)