



Professional Support and Wellbeing (PSW)
NHS England Southwest

Evaluation Report 2022-2025

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1. Executive Summary

“Without PSW, I am almost certain I wouldn’t have felt able to continue practising as a doctor” - A resident doctor in training

This is the second major three-year evaluation project carried out by the PSW Southwest. The aim was to re-visit the findings of the first evaluation and assess whether changes made to the service have made a positive impact in the lives of the postgraduate learners in the southwest.

Over the past last three years, medical training - particularly its management - has undergone significant changes. One of the most notable was the merger of Health Education England (HEE) into NHS England in 2023, a transition that was years in the making. This restructuring resulted in considerable reduction in staffing; recruitment freezes and budget constraints. There was uncertainty about whether we would even be able to maintain existing services.

The start of this evaluation was a year after the end of official restrictions from the Covid-19 pandemic. Despite restrictions being lifted, the impact on the workforce and training was massive- the longest ever waiting lists, increasing workload and ‘winter pressures’ seemed to last all year round!

During this period, we have also seen the longest junior doctor strike in history with 11 separate periods of industrial action between March 2023 to when a deal was finally agreed in September 2024. This caused disruption to training and presented a moral dilemma to many doctors about whether or not to strike. Additional industrial action by consultants and nursing staff further increased workload pressures and stress levels. It has been a turbulent time for the NHS and its staff.

I asked a group of doctors at a recent meeting what they felt they needed to thrive at work- support, better pay and time (to do their work) came up top.

“I feel positive, encouraged and well supported after the meeting today.”

Key Findings

Quantitative data
<ul style="list-style-type: none">• We received 1193 referrals to the PSW in 3 years.• We saw 7.3% doctors-in-training and 3.8% dentists-in-training in the southwest.• 7.5% did not engage after referral• Commonest grade at time of referral was CT/ST3• GP resident doctors had the most referrals• The school of pathology had the highest percentage of referrals• We saw less referrals from UK graduates and more from non-EU• We saw an increase in referrals from non-white ethnicity groups• Most referrals were to counselling and coaching• 12% referrals were by supervisors/TPDs• 100% people said the service was good or very good
Qualitative data
<p>Positive themes:</p> <ul style="list-style-type: none">• Promptness, ease of access• Caring and supportive staff• Initial case manager assessment helpful• Individualised support plan• Confidential• The external provider services• Understanding of challenges of being a doctor/trainee <p>Areas for improvement themes:</p> <ul style="list-style-type: none">• Requests for increased accessibility - e.g. face-to-face appointments, variety of times, weekends• Despite most trainees finding the service prompt and responsive, a small number reported experiencing delays.• Requests for more funded sessions e.g. for coaching/counselling• Need for better awareness of PSW• Requests for careers support

Table 1 Key findings

"Without PSW, I am almost certain I wouldn't have felt able to continue practicing as a doctor. But with their support, I have seen my health slowly but surely improve, I have been able to re-engage with work, with reducing occupational health requirements and even more so, I am starting to thrive and enjoy my specialty, the way that I would hope too. From the initial screening, to counselling and then coaching, their time, experience and expertise has been invaluable. Thank you PSW".

2. About us

The current PSW service has evolved over the years from being separate deanery led services - Severn (2009) and Peninsula (2011)- which then combined in 2018 with the abolishment of deaneries and the start of Health Education England (HEE). In 2023 HEE merged with NHS England (NHSE) which led to changes to our structure and the removal of our careers service. We now wait to see what will happen with the recently announced abolishment of NHSE (March 2025).

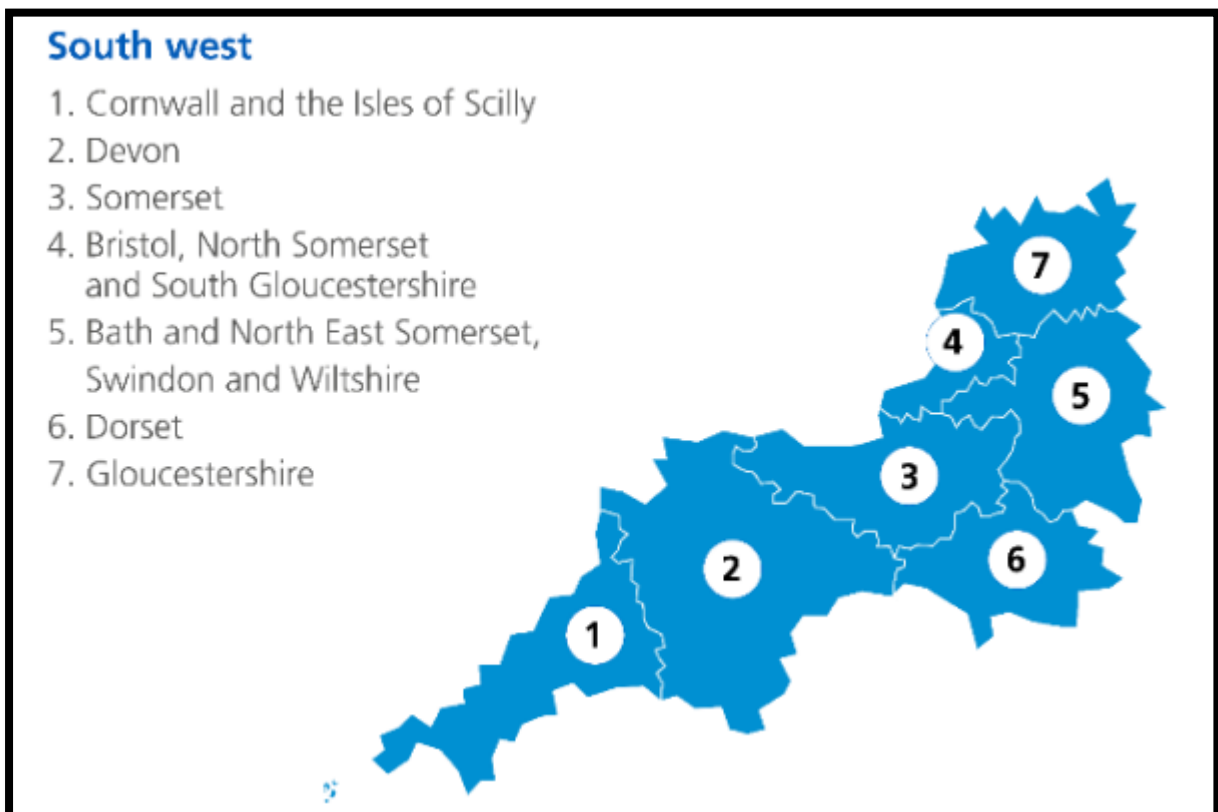


Figure 2 The Southwest region

NHSE and any future organisation responsible for the training of healthcare professions is obliged to offer professional support as per General Medical Council (GMC) requirements ((GMC, 2015) Section R2.16), including confidential

counselling services, careers advice and occupational health services (Section R3.2); as well encouraging those we support to look after their own health and wellbeing.

At PSW SW we aim to provide short term support for postgraduate learners to help them get back on track with their training. Our mission statement is below:

PSW is here to provide personal and professional support and development, to postgraduate learners across NHS England Southwest; to reach their full potential and provide safe patient care.

The Team

- The team is currently made up of two clinical case managers (CM) (both Associate Deans (AD) seconded to NHSE), and three non- clinical CMs. All CM's work less than full time, depending on their job plan.
- The CM's are supported by an administration team, which has varied in size and people over the last few years due to organisational changes but is led by a manager and is a work stream within Faculty Development Learner Support (FDLS).
- The team work closely with the Supported Return to Training (SuppoRTT), Equality and Diversity (ED&I) and Quality teams.

The Referral Process

- We accept on-line self -referrals from resident doctors, dentists and Advanced Care Practitioners in training posts in the southwest. We will also see pharmacists/pharmacy technicians in postgraduate training at the request of the pharmacy school.
- Although we do accept referrals by supervisors or Training Programme Directors, we do encourage self- referral to help with engagement in our services. Being a confidential service, once an individual has referred in no further contact will be made with trainers unless we have permission from the individual.

Our referral form can be found in Appendix 1.

The diagram below shows the progression through our service.

The PSW information sheet can be found in appendix 2

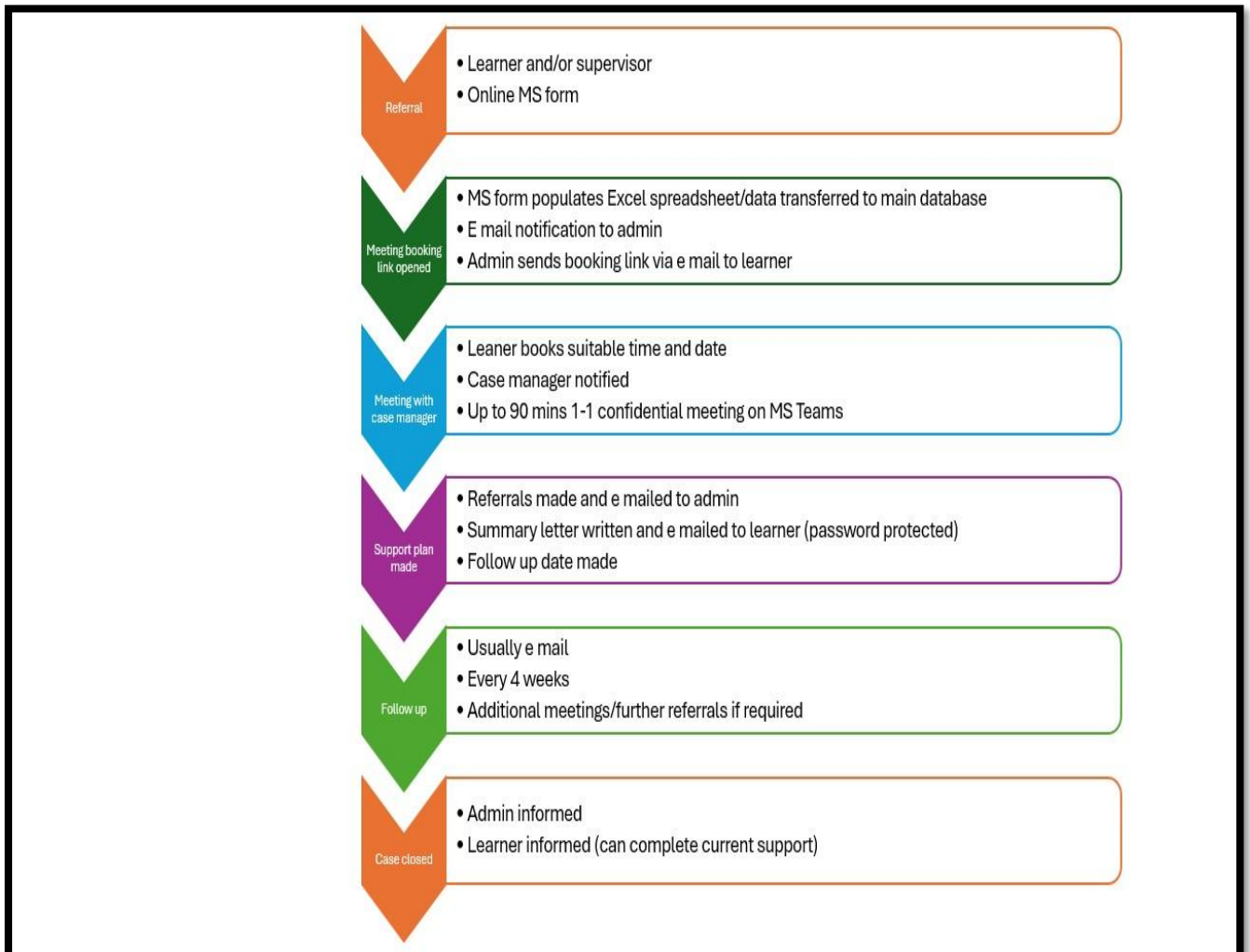


Figure 3 The PSW process

Once an individual has referred, a booking link is emailed to them with our information sheet.

Currently we allow for a 90- minute confidential coaching based one-to-one virtual conversation with a case manager. During this consultation, the case managers will actively listen to the concerns, confounding factors and any other information relevant to supporting the individual. A support plan is agreed between both parties and a password protected summary letter e- mailed to the individual within a week of the meeting. Case managers organise their own follow-ups, either as another virtual meeting, or more commonly via e-mail.

The support plan normally includes referral to one or more external providers, offering 6, 1- hour sessions of:

- Counselling
- Coaching- including language and communication specific
- Exam support

Up until April 2024 and the merger with NHS England, we were able to offer career support. However, this was sadly removed. Despite this, we are able to refer to one of our case managers within the team who was the careers advisor and will see individuals as part of her case management time.

If during the course of the initial consultation, dyslexia is suspected, we can refer for a dyslexia assessment or a similar assessment* by a qualified dyslexia assessor which can recommend reasonable adjustments for exams (accepted by all royal colleges except the Royal College of General Practitioners). For GP doctors-in-training, a full assessment is required which takes much longer to do and so a timely referral before exams is required in order to not miss an exam.

PSW SW prides itself on the thoroughness and compassion of this initial meeting and this is often instrumental in helping the individual get back on track:

“We had 90 minutes, and it was very valuable and helpful. I felt heard.”

All the case managers have either a coaching, counselling or psychiatry background, and are able to signpost to other information/services that may help- GP, occupational health, Practitioner Health, BMA counselling, Access to Work, local services, podcasts, books. The team pull together useful resources to share which are kept on a SharePoint folder. Although these additional resources are not endorsed by NHSE SW, we feel the individual has a right to know about them and make their decision.

* The normal dyslexia full assessment is about 4 hours face-to-face with an assessor and a 20 hour write up. Our streamlined assessment by an expert is 1 hour face-to-face and a 4 hour write up- hence, much faster turnaround for exam purposes.

Data collection, storage, GDPR and governance

All data is stored in a confidential NHSE SharePoint folder and this is explained on the referral form.

Individual case data is stored on an excel spreadsheet 'The database' and deleted after 6 years as per General Data Protection Regulation (GDPR).

An MS Forms case manager evaluation is sent out after the initial meeting with the summary letter which is now password protected following 2 data leaks in 2024, where the letter was sent to the wrong doctor.

In 2024 we provided all our external providers with a Statement of Works. This was to provide details of expectations of both parties (PSW and the external providers).

One of the PSW expectations, would be that we would get annual reports including feedback data on their service. This has not happened yet.

Governance:

- Regular 3 monthly PSW/SupportRTT network meetings are held where stakeholders across southwest trusts and primary care are invited.
- Reports are made to DMPOG (Directly Managed Programmes Operational Group).
- Yearly annual report being commencing from April 2025
- Quarterly Operational meetings with Faculty Development Learner Support (FDLS) AD.
- Annual case manager appraisals by the lead AD.
- Regular continuing professional development (CPD) opportunities - including talks to our weekly meeting by experts in relevant areas e.g. Drug and alcohol.
- Talks to stakeholders e.g. at school meetings, supervisor meetings, study days, induction.
- Attendance at national PSW meetings.
- Policies- breaking confidence, escalation, complaints.

3. 2022 Evaluation project

In 2022 one of our then case managers Tailte Breffni, decided to look into the impact and outcome of the PSW service over the 12 years of its existence. Tailte had also been part of the team since the very start. It was the first report since the Severn and Peninsula deaneries merged in 2018. The aim was to help guide the future direction of the service.

Below is a summary of the findings from that report and the recommendations. I have also added next to the recommendations, changes that have been put in place in response to the evaluation.

Many thanks to Tailte and her team of analysers- Dr Elaine Wainwright (qualitative data) and Professor Gordon Taylor (Quantitative and statistical analysis) for a very thorough, informative and useful piece of work.

Summary

- Individuals from black and ethnic minority backgrounds are over-represented in referrals.
- Twice as many males as females referred to the service on a developmental ARCP Outcome 3.
- The postgraduate schools of medicine and surgery are over-represented in referrals and foundation under-represented.
- Over representation of referrals from CT/ST3 and F1 grades.
- Over representation of less than full time (LTFT) individuals referring in than in the SW training population.
- 83% are self-referrals.
- The majority are new referrals.
- Over half the referrals have an ARCP outcome 1 (57.6%). Those on an outcome 3 represent 14.8% referrals.
- Work environment and psychological health are the main reasons for referring.
- 69.5% said the Covid pandemic was involved in their reason to refer.
- 96% of the evaluation returners would recommend PSW.
- 92.1% of responders were highly satisfied with PSW.

Recommendations and changes made to the service since the last evaluation

Recommendation in 2022	Changes made
The PSW service should develop more support resources and signposting for individuals going through coroner's inquests	Held a course on Living with Mistakes in 2024 including a coroner speaking. Additional information on website.
Postgraduate learners should feel more supported during ARCPs- ARCP panels should receive more training on how to be compassionate and supportive to postgraduate learners during such panels so that overall, it feels like more of a supportive rather than punitive process.	Feedback to FDLS who train the supervisors. Reinforced during supervisor talks from PSW.
The PSW should run more engagement campaigns through multiple social media channels.	We have produced podcasts, updated the website and hosted drop-in sessions that were poorly attended. We plan to advertise more when merger with Department of Health finalised.
The PSW should expand its offer of psychological tools and strategies.	These are left to the expertise of the external providers. Once our funding is finalised, we may be able to revisit this.
The PSW should work with organisations and programme directors to influence a culture of wellbeing- working more closely with employers and programme directors to champion the importance of taking breaks, both for wellbeing and for patient safety and therefore help to influence the wellbeing at work culture in a positive way.	We continue to provide talks to departments, schools and supervisors and have quarterly network meeting to which stakeholders can attend.
Resource providers should work to reduce their waiting times	This has been added to the statement of works with providers. However, meetings are also dependent on the rotas of individual doctors/dentists. We do have a limited number of providers and currently despite contracts with new coaches, the onboarding process is taking a long time due to the merger.

The PSW service should consider adequate provision of counselling and coaching services.	We have increased our number of coaches and counsellors.
The number of counselling sessions offered should be revised.	We increased our provision from 6 sessions to 9 sessions a couple of years ago. This added to our costs, and we found not all the sessions were being used. We have therefore reduced back to 6 sessions and will in exceptional cases add 3 more on consultation with the individual and counsellors' recommendations.
Counsellors and coaches should have an understanding on the context of working in healthcare as a doctor.	Most of our counsellors and coaches have been working with us for many years and are aware of the challenges. We also have at least one clinical coach. Once the merger is complete and we know what our workstream looks like, we could aim to get more clinical coaches on board- especially when there are quite a few now trained and working independently.
Maintain the coaching ethos in the approach of the PSW.	The coaching style approach is still used in our case manager meetings
Adjust case manager meeting availability with peak referral periods.	We do have flexibility within the week for changes. This will be reviewed in July 2025.

Table 2 Recommendations from the 2022 evaluation and changes made since.

In addition, we have:

- A new referral form on website.
- New standard operation procedures (SOP): breaking confidence, escalating concerns.
- Simplified case manager evaluation form to go out with summary letters.
- Updated information sheet for those referring in.

The case manager evaluation form can be found in appendix 3

Recommendations for a preventative focus and strategy for the PSW service:

Recommendation in 2022	Changes made
Support F1 and ST3 and those approaching CCT with preparedness for transitions.	A course was set up for ST3's- Thrive as a registrar (2024) to address this. Northing currently planned for F1's due to unknown finances.
Support black and ethnic minority groups and IMG populations in the Southwest.	We link in with and attend the equality and diversity team meetings within FDLS.
Find ways of engaging more with the younger population.	We plan to add this to our referral form in the future.
Encourage men to seek support earlier.	No active plans to address this group at the moment.
Link in with certain postgraduate and specialty schools	Leads from these groups are invited to the network meetings. The team also do talks explaining the role of PSW.
Embed interventions throughout existing training and strategy.	Through the network, we plan to help support ADME support and SupportTT champions in doing this.
Focus interventions on the areas indicated as impacting on people most when seeking support from the PSW service (e.g. psychological health, training issues with ARCP, exams, e portfolio etc)	We have set up a series on podcasts to cover some of these areas. We are considering workshops, but these will be dependent on case manager time and finances
Using real scenarios in training examples.	This was done when we held the Mistakes in Medicine (2024) day and was very powerful. The podcast series in 2024 also had personal stories from resident doctors.
Boost the coaching offer to trainees across the Southwest.	This is dependent on finances, but we have a group of clinical coaches we could potentially use.
Plan preventative activities for key trigger points in the year.	In this evaluation, there were no particular peaks in referrals. However, we are aware that ARCP time is a key trigger point. However, the education is probably needed more for the ARCP panels. We could run workshops on how to get the best out of their e portfolio/time management

Table 3 Recommendations for a preventative focus and strategy for PSW.

Data collection improvement recommendations for the PSW service:

Recommendations in 2022	Changes made
Improving automaticity of data analysis and reporting.	This is aspirational, and unlikely to happen in the near future.
Having a specified timeframe for re-analysis of data and evaluation.	This has been set up, hence this new 3-year evaluation from 2022-2025.
Streamlining existing questionnaires.	<p>Removal of automatic ARCP (Annual Review of Competency progression) referrals. In the past, the admin team would download from the Trainee Information System (TIS) the ARCP outcomes for all trainees. If a resident doctor had an unfavourable outcome, they would be invited to have a PSW meeting. However, many did not take up this offer and for each doctor, a case would be opened, and admin would e-mail reminders to book. We now work with FDLS to encourage supervisors to signpost early to PSW.</p> <p>Case manager evaluation form produced (We trialled a text messaging feedback service, but never used the texts, just the link on an e mail, so we designed our own MS form). This started June 2024. It was focussed on those areas that PSW can directly control- performance of the case managers and speed of service etc. We therefore designed a short evaluation form to send with the summary letter.</p>
Sending questionnaires out at different times and by different services.	Too many questionnaires would probably put people off from responding. We aimed to send out one useful one.
Collect data around non-engagers and those who do not access any resources/interventions.	This might be quite hard as they are not engaging with us.
Lock down drop-down lists.	Done.
Revisiting how Primary Care trainees are logged on the database,	All GP resident doctors are logged as per their grade and then speciality is Primary Care.

Establish a link between the PSW service and the Trainee Information System (TIS) team	This has been done, and we get data at least once a year.
Improving how qualitative data is elicited by considering question design.	We have enabled free text answers in our case manager evaluation and latest evaluation survey. These answers provide the most useful information and are encouraged.

Table 4 Data improvement recommendations

4. Methodology

We wanted to understand the demographics of who is accessing the service compared with the general population of postgraduate learners in the Southwest, so that we can ensure we are accessible for all and addressing any under or over-representation of groups.

We also wanted to understand what challenges people are facing, so that we can explore preventative strategies as well as ensure the interventions and resources offered are representative of the issues being faced by our postgraduate learners.

We wanted to find out how the PSW service is performing in relation to KPI's for the central team.

Finally, we wanted to know what difference the PSW service made to those who accessed the service and how satisfied they felt with this.

We therefore set out to measure and evaluate the PSW service across multiple domains

Questions asked in the 2019- 2022 evaluation project

How is the PSW service being used and managed?

- How many are accessing the PSW service?
- Who is accessing the PSW service?
- Why are they accessing the PSW service?
- What resources are they accessing through the PSW service?
- What is the PSW services' performance against KPIs?

Is the PSW service effective?

- Do individuals accessing the PSW service feel satisfied with the service provided?
- Do individuals feel the PSW service improved their situation?
- Do individuals feel the PSW service resolved their challenges?
- What impact has the PSW service had on an individual's wellbeing and their ability to continue to work in the NHS long-term?

Are the resources offered by the PSW service effective?

- Do individuals feel satisfied with the service provided by the resource provider?
- Do individuals feel the resource provider improved their situation?
- Do individuals feel the resource provider resolved their challenges?
- What impact has the resource provider had on an individual's wellbeing and their ability to continue to work in the NHS long-term?

How can the PSW service be improved?

- Preventative measures and additional resources?

Table 5 Questions in the 2019- 2022 evaluation

The aim for the 2025 evaluation was to revisit these questions for comparison. Due to changes in how we administer the service, some of the sources of information in the previous project were changed:

Data source	2022	2025	Reason for change
Referral form		Format of referral form has changed	Referral form moved to MS Forms for ease of data collection to excel
Initial reason for accessing PSW form		Removed	Removed as very long form and poor completion rate from 2022 evaluation (14.5 %). The purpose of this form was to have the before support data. However as below, only 36% of this group completed the final reason, which is about 5% of referrals
Final reason for accessing PSW form			Removed as needed comparison data with the initial form and only completed by 40 individuals (see above)
Evaluation form		Changed for 2025	Due to the 9.8% response rate from 2022, we have streamlined the form, made it shorter with the most useful questions and will send out to all users of the service, QR code for phones as well

Table 6 Changes to sources of information in 2025

New questions for 2025

<ol style="list-style-type: none"> 1. How do people find out about us? 2. Who is not accessing us and why? (Don't need us, or don't know about us). 3. What can we do to improve access to PSW? - social media, group sessions, talks, courses? 4. Can we predict challenges and support early? 5. Are we 'fit for purpose'- doing what the individuals want 6. How can we support supervisors in supporting their postgraduate learners
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Table 7 New questions for 2025

Interpreting the data

Over the years the number of doctors in different specialities and across the region has changed. Our data collection and categories of speciality and grade for example has also changed. This has made interpreting the data inexact, but collected as accurately as possible,

For example, when looking at grades a year 2 non-foundation doctor could be classed as a Core Trainee year 2 (CT2), Speciality Trainee year 2 (ST2) or Internal Medical Trainee year 2 (IMT2) or a combination CT/ST2. I therefore combined all these for this particular grade.

In terms of specialities, over the years there have been categories for Severn or Peninsula. Then I had to base the data analysis on main training programme rather than current placement. For example, an ACCS may have put down they were in Emergency Medicine (ED), so I counted this as ACCS not ED. Some medical specialities were all logged separately, so I combined these for the school of medicine e.g. gastroenterology, acute internal medicine.

Some total numbers of speciality doctors are different when broken down into grade or service accessed due to gaps in the data. To analysis the data, I had to find gaps and write unknown to allow for Excel analysis.

Quantitative analysis

At the end of the financial year 2025 (5 April 2025) the last 3 years of the excel spreadsheet was copied to a secure folder within the SharePoint, to give 3 years of data (Note- the previous evaluation analysed data from April 2019- November 2021).

Once the personal information was removed, quantitative analysis was started.

Quantitative analysis was also compared to baseline demographic data on the number of postgraduate learners in the southwest from the TIS and comparisons made to wellbeing questions on national surveys (National Training Survey (NTS- (GMC, 2024) and the National Training and Education Survey (HEE, 2024)).

Qualitative data

Before personal data was removed, the evaluation questionnaire was emailed (blind copied) to all the names who have accessed our service since April 6, 2022. A reminder e mail was sent out 1 month later and the evaluation was closed after 7 weeks.

The PSW 2022-25 evaluation questionnaire can be found in appendix 4

- 1198 emails were sent over 3 days.
- 25 of these were returned to sender as unknown email addresses.
- Therefore 1173 e mails. Some of these were different e mail addresses for the same person and some re-referrals. However, we had 100 responses to the e mail evaluation, which is an 8.5% response rate at worst.
- There were 1091 data entries.
- Qualitative analysis in the form of thematic analysis and word clouds were carried out on any free text answers.
- Analysis was also made of the case manager meeting evaluation- 109 of these were completed which is 31% response rate (as only started in 2024).

Other questions we would like to know for completion, cannot unfortunately be gathered from this data.

- Wellbeing of the Southwest (SW) learners
- Retention of SW learners
- Extensions to training
- Exam failures
- Fitness to practice cases

This data may be known by schools, but when I contacted some heads of schools, they felt it was more trust level information.

The response rate to our evaluation questionnaire was 8.5% which is very poor, despite a reminder e mail. In future we will do a yearly evaluation as part of the annual report which will hopefully give us a better response rate and more timely data.

5. Results

There were 263 open cases as of 7 April 2025

*Raw numbers for the graphs are available on request by e mailing
kay.spooner@nhs.net*

5.1 How is the PSW service being used and managed?

How many are accessing the PSW service?

Referrals	1193
No. Of cases seen	1093
No. referred but no meeting in timespan	10
Referred but did not engage	90

Table 8 Number of referrals 2022-25

Over the 3 years of this latest evaluation, we had 1193 referrals, and 1093 actual meetings held. 90 of the referrals did not engage which is 7.5% of all the referrals.

There were 1091 data entries on the Excel spreadsheet for analysis.

The graph below shows total referral numbers for whole years 2022- 2025 (7/4/25 end) to show trends. Includes Jan 2022- April 1st 2022 which is not included in detailed analysis. It also includes those that have not booked meetings yet and those who did not engage.

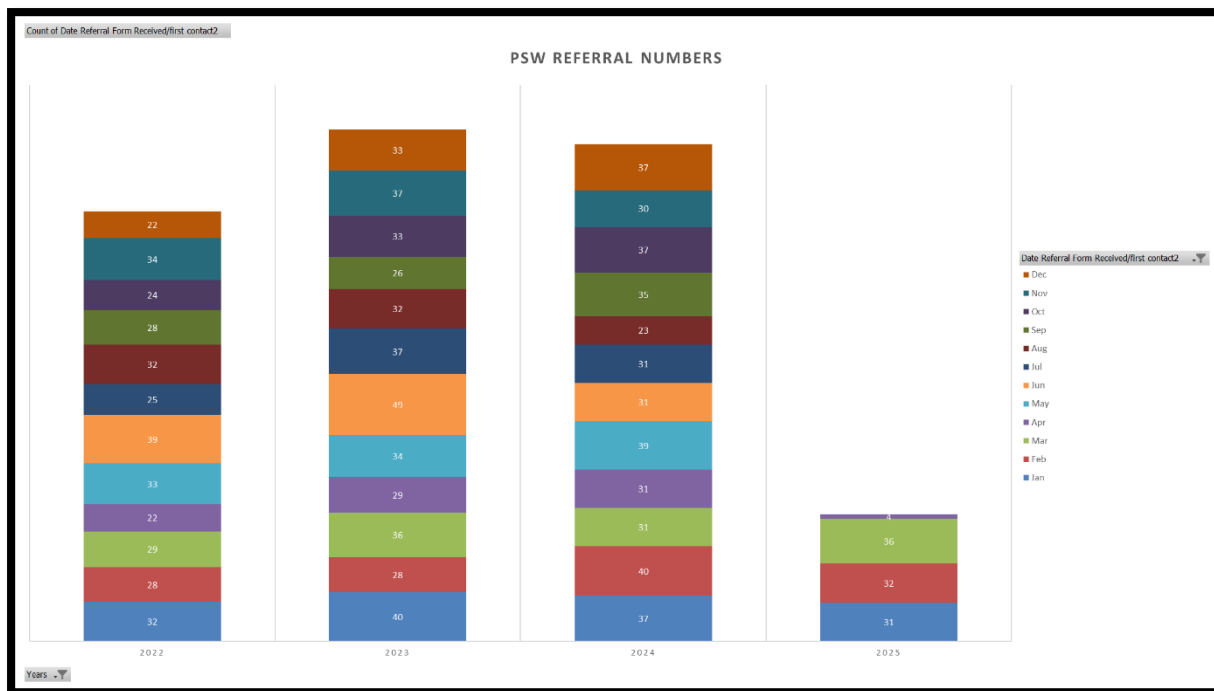


Figure 4 PSW referral numbers since 2022

The increasing trend in referrals seemed to level off in 2024 for some reason. It will be interesting to see what happens this year. In the past we found an increase in referrals in June and January, but these seem to have evened out. We are seeing about 7.3% of doctors-in-training and 3.8% of dentists-in-training in the southwest (2023 data with TIS).

Who is accessing the PSW services?

Grade

The commonest grade overall being seen in PSW is CT/ST3 (this is also reflected in the case manager evaluation data). This fits with one of the main transition points in medical training; becoming a registrar. It is also the final year of GP training, and when most GP resident doctors aim to do their exams. We receive a lot of GP referrals for dyslexia screening and exam support.

Grade	F1	F2	CT/ST1	CT/ST 2	CT/ST 3	ST4	ST5	ST6	ST7	ST8	ACF	pharmacy	dental	blank
Number	112	94	140	169	302	77	63	62	46	17	1	3	1	6

Table 9 Grade of those accessing PSW

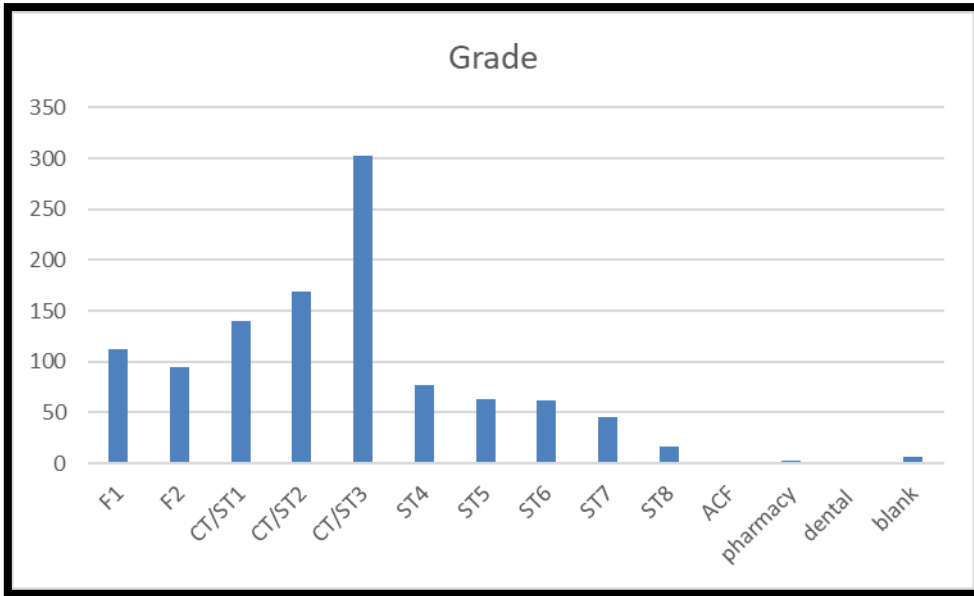


Figure 5 Total PSW referrals from 2022-2025 by grade

If we take the TIS data for 2024 (figure 6) we see that the majority of southwest resident doctors are in CT/ST3 and below:

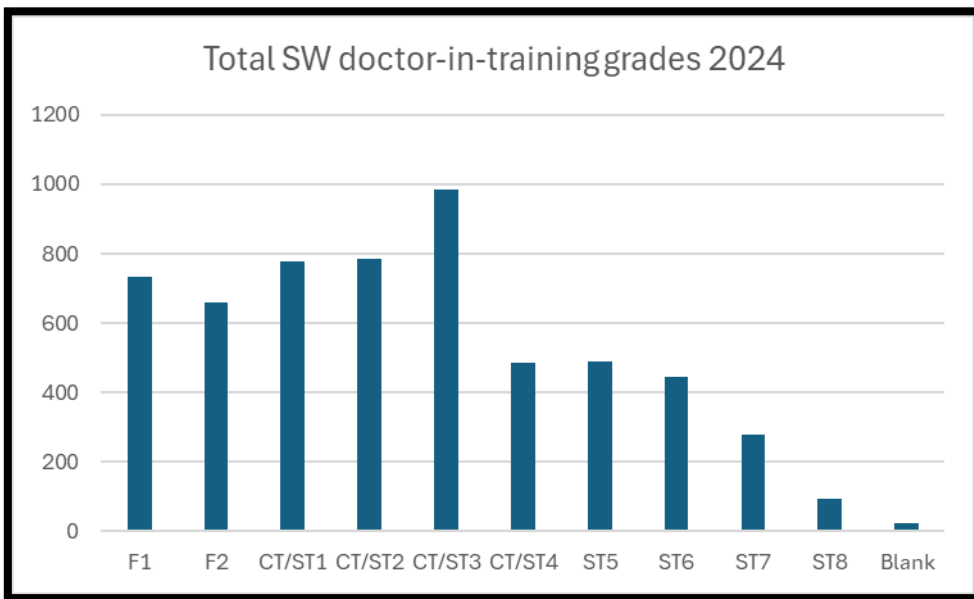


Figure 6 Total number of SW doctors-in-training per grade in 2024 (TIS data)

Therefore, to see what percentage of each grade we see in PSW, I took the 2024 PSW referrals numbers per grade and divided by the total number of doctors in those grades (figure 7).

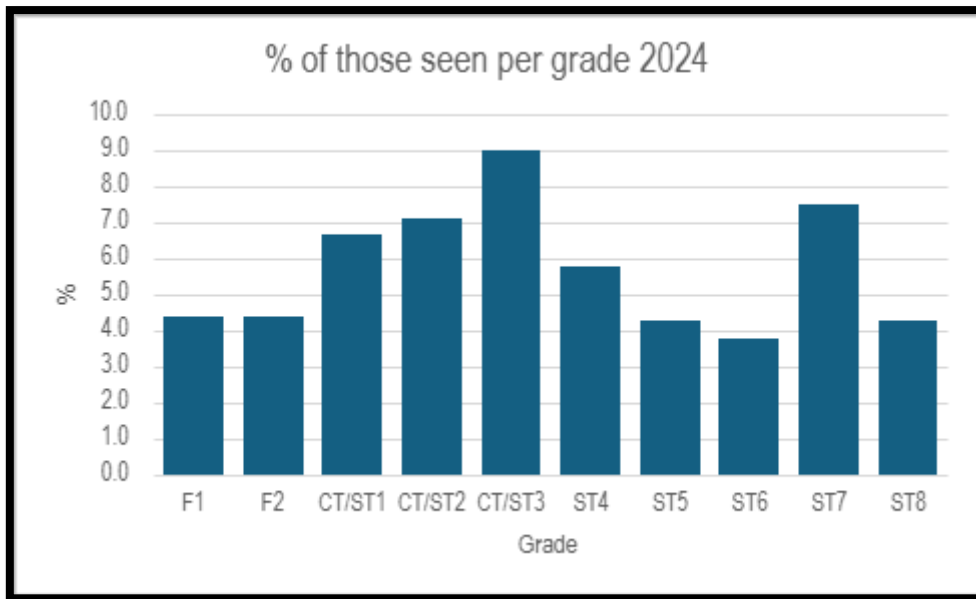


Figure 7 Percentage of referrals per grade as a percentage of the SW numbers in that grade.

We still see a peak at CT/ST3, but also at ST7.

When I looked more closely at the onward referrals for these two groups, I found that for the ST7's, referrals were equally distributed between coaching, counselling and study skills/exam support/dyslexia. However, nearly all study/exam support was for surgical resident doctors- possibly reflecting the fact that they have exit exams around this time.

For the ST3 group, the majority were referred for dyslexia/exam support/study skills (over 35%) and less for counselling and coaching (17% each). This could reflect that many of these were GP Resident doctors (69%) and this is the main exam year before CCT.

Specialty:

In terms of speciality, primary care had the most referrals over the years 2022-2025. This was the same for the previous 3- year evaluation (2019-2022), with the foundation school next followed by medicine then surgery.

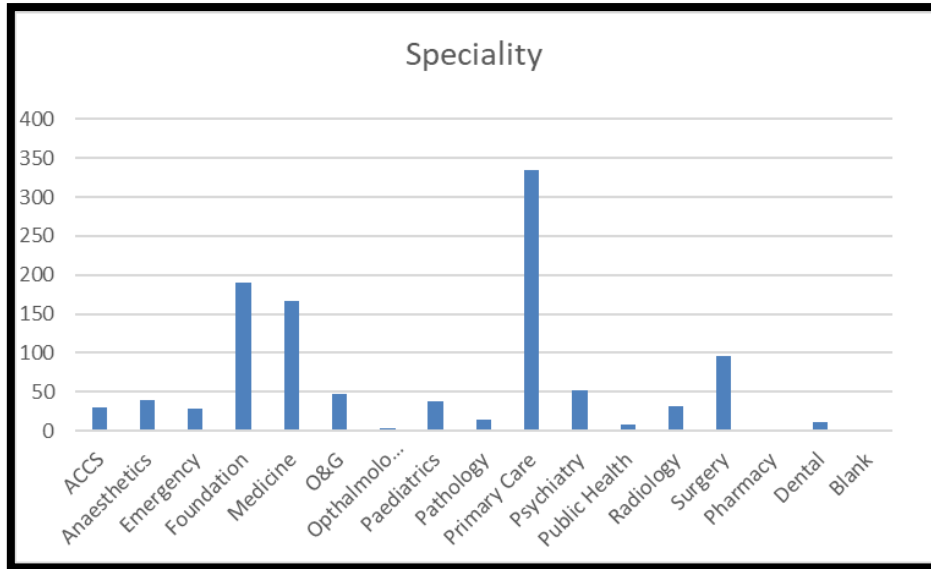


Figure 8 Total number of referrals per speciality 2022-2025

Although in the last year, if we look at the case manager evaluation data we find primary care top, but followed closely by medicine, then surgery, then foundation.

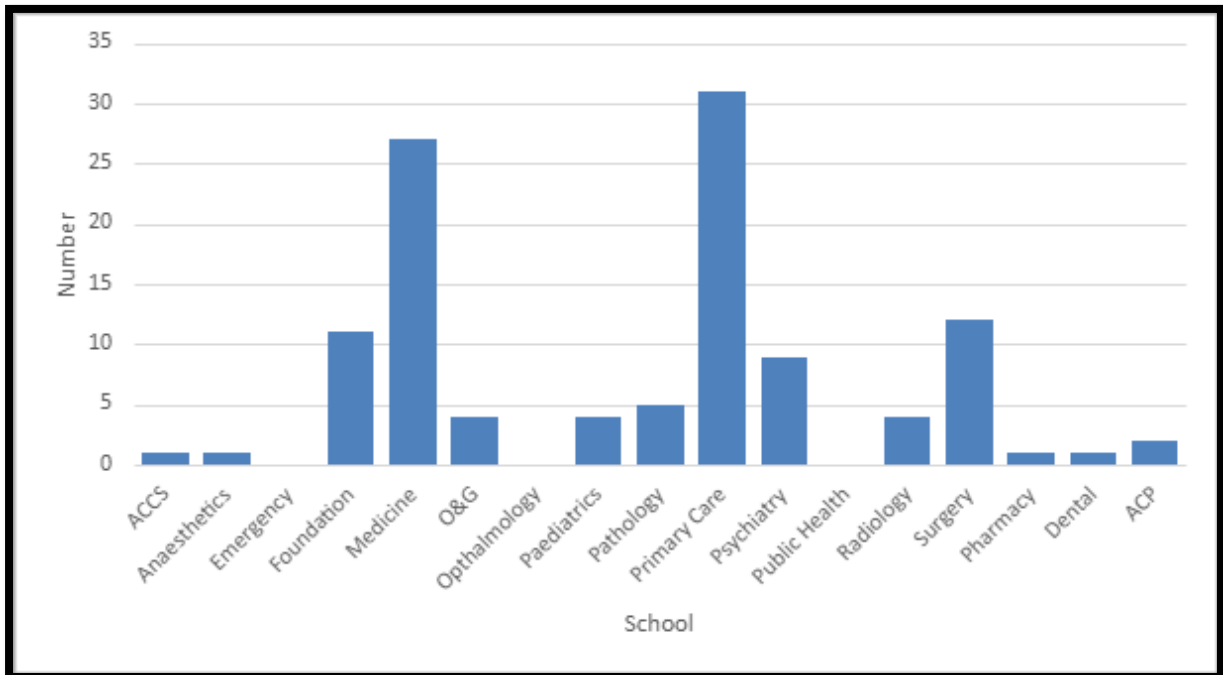


Figure 9 Specialty referral data since 2024 from the case manager data

I was made aware of some errors to the marking of the medical MRCP part 2 exam in February 2024. I am not sure if that has had any impact on our data, but we were made aware in case of additional referrals from the school of medicine.

If we take the TIS data from 2023 and 2024 and put these raw numbers as a percentage of the total numbers in those specialities, we get a different picture, with

pathology coming out highest in 2023. I am not sure what the reason for this was, but it was fed back to the school at the PSW network meetings.

It is reassuring that the 2024 TIS/PSW data showed that the specialities are starting to even out a bit- this may be because they are more aware of our services. I did contact the ACCS and anaesthetic school as they often score low for referrals and I was curious to find out why. It turns out they have very good school wellbeing set up and therefore have not needed our services.

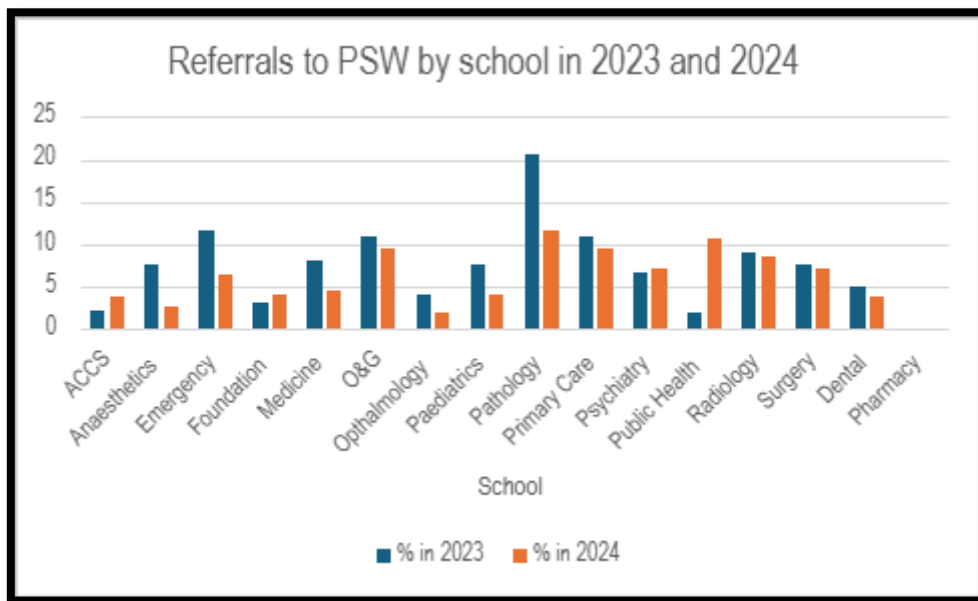


Figure 10 Percentage of school Resident doctors seen by PSW in 2023 and 2024

Interestingly, the NTS (GMC, 2024) stated that it was "Trainees in emergency medicine posts once again gave the highest proportion of negative responses to most of the seven questions." Those 7 questions were based on the seven work-related questions from the established and widely used Copenhagen Burnout Inventory (CBI) and give an indication of burnout risk.

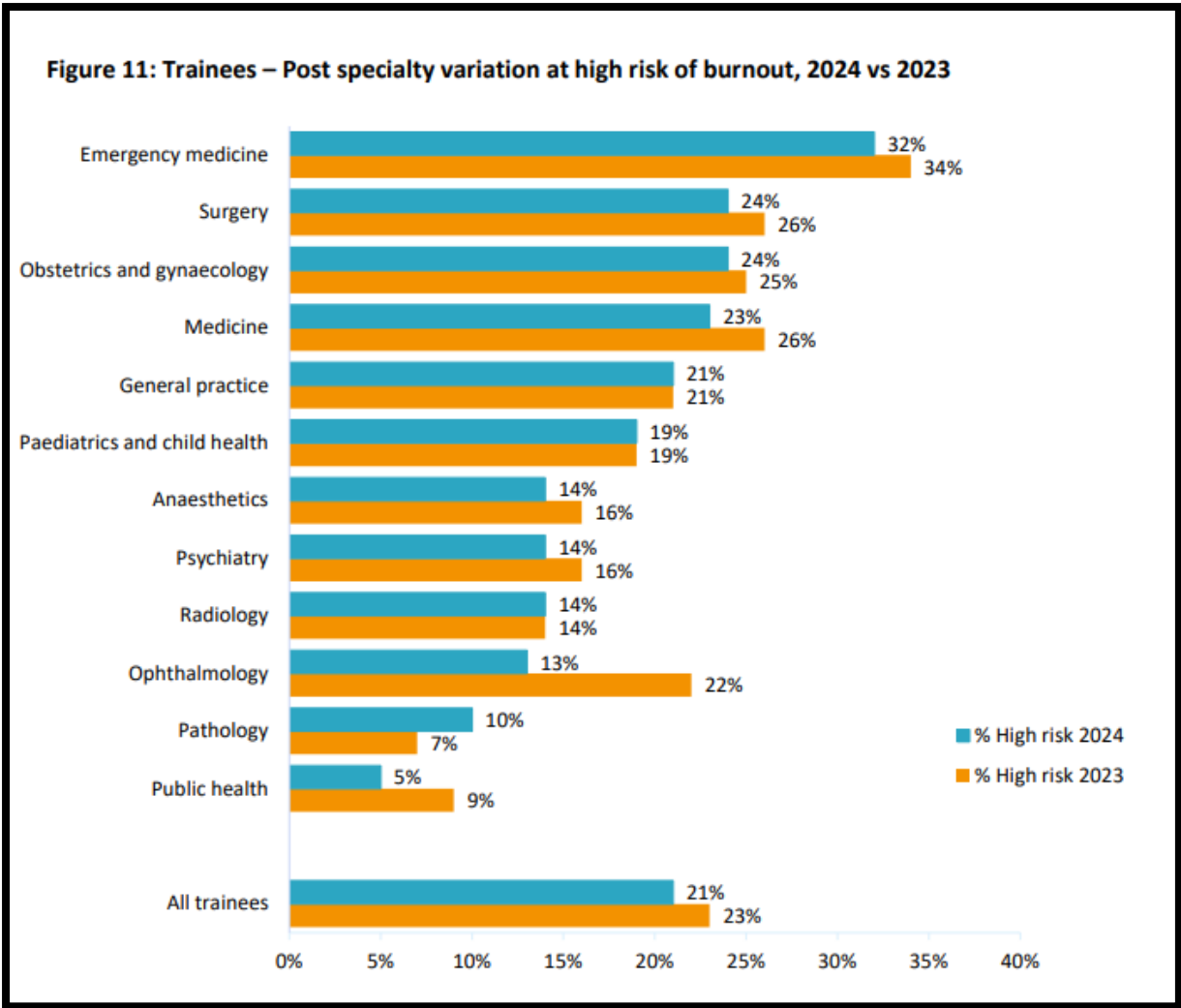


Figure 11 GMC NTS 2024 specialty risk of burnout

The NTS burnout report can be found in Appendix 6

However, our data does not show large referral numbers of emergency resident doctors. This may be a group that are possibly unaware of us, feel uncomfortable accessing support for fear of supervisors finding out; or that they have a great system already in place. I hope the latter. This is a group we could target in the future.

Specific specialty/school data can be found in Appendix 7

Medical school

On the 2019-2022 evaluation for PSW, the referrals to PSW were divided into UK, European Economic Area (EEA) country or non-EEA. The difference between European Union (EU) and EEA for the purposes of medical school country, is that the EEA has the additional countries of Iceland, Liechtenstein and Norway. However, for the purposes of comparison, I will use EU.

Medical School origin	Number 2019/22	% 2019/22	Number 2022/25	% 2022/25
UK	593	73%	426	39%
EU	45	6%	36	3%
Non- EU	86	11%	166	15%
Unknown	88	11%	465	42%

Table 10 Medical school origin data

In terms of raw numbers, we have seen a big increase in referrals from resident doctors who trained in non-EU countries and a decrease in UK graduate referrals. Unfortunately, we don't have TIS data on the actual number of doctors from these medical schools in the southwest. My guess is that the numbers have increased in the training population generally and so we will see an increase in referral numbers. It would be good to get this data if possible.

The other striking feature of figures 12 and 13 is the large increase in those people not wishing to disclose the country of their medical school. In future we could consider making this compulsory.

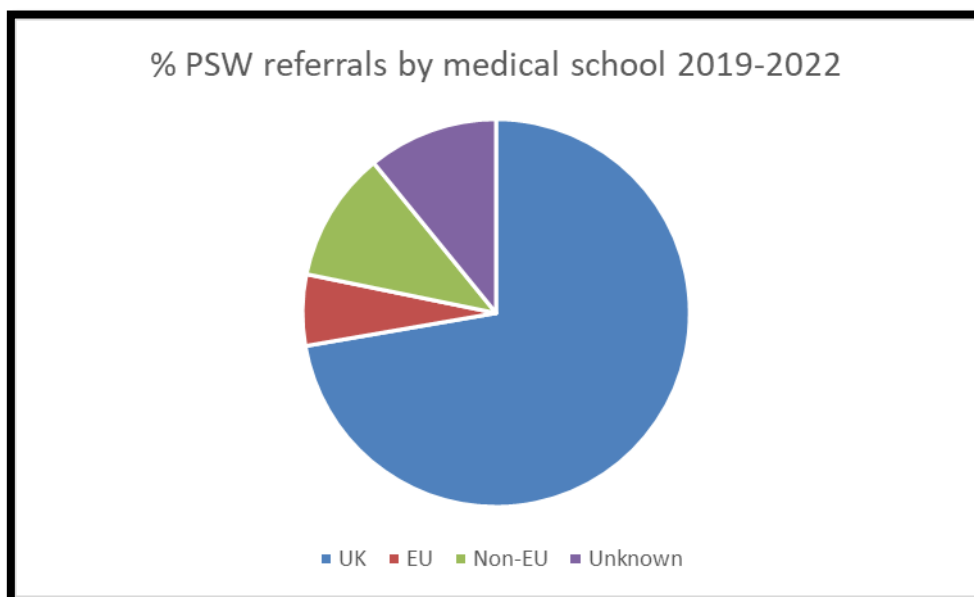


Figure 12 Percentage PSW referrals by medical school 2019-2022

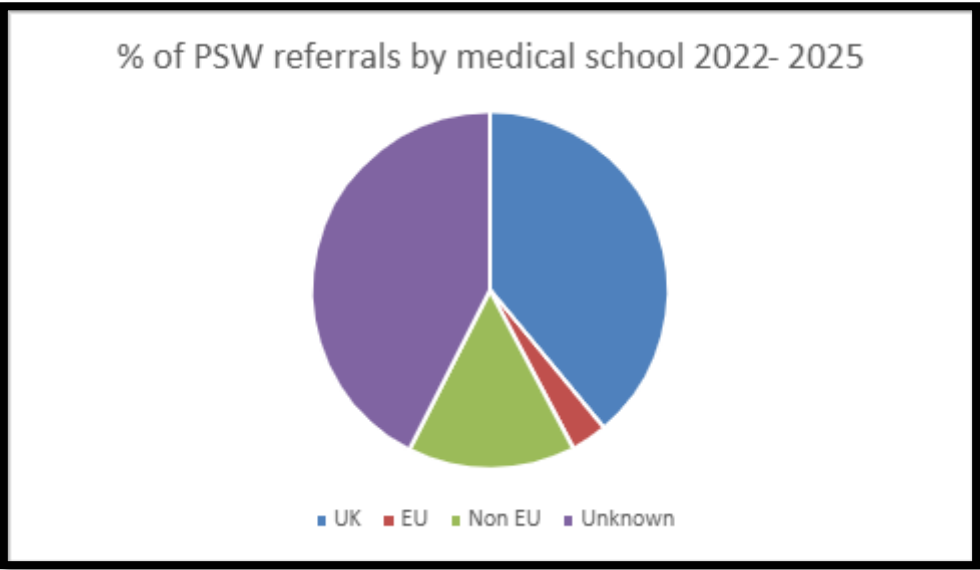


Figure 13 Percentage PSW referrals by medical school 2022-2025

Figure 14 below, shows the numbers of referrals to PSW based on country of primary medical qualification over the past couple of years. All groups have increased referral numbers, but for EU these have almost doubled.

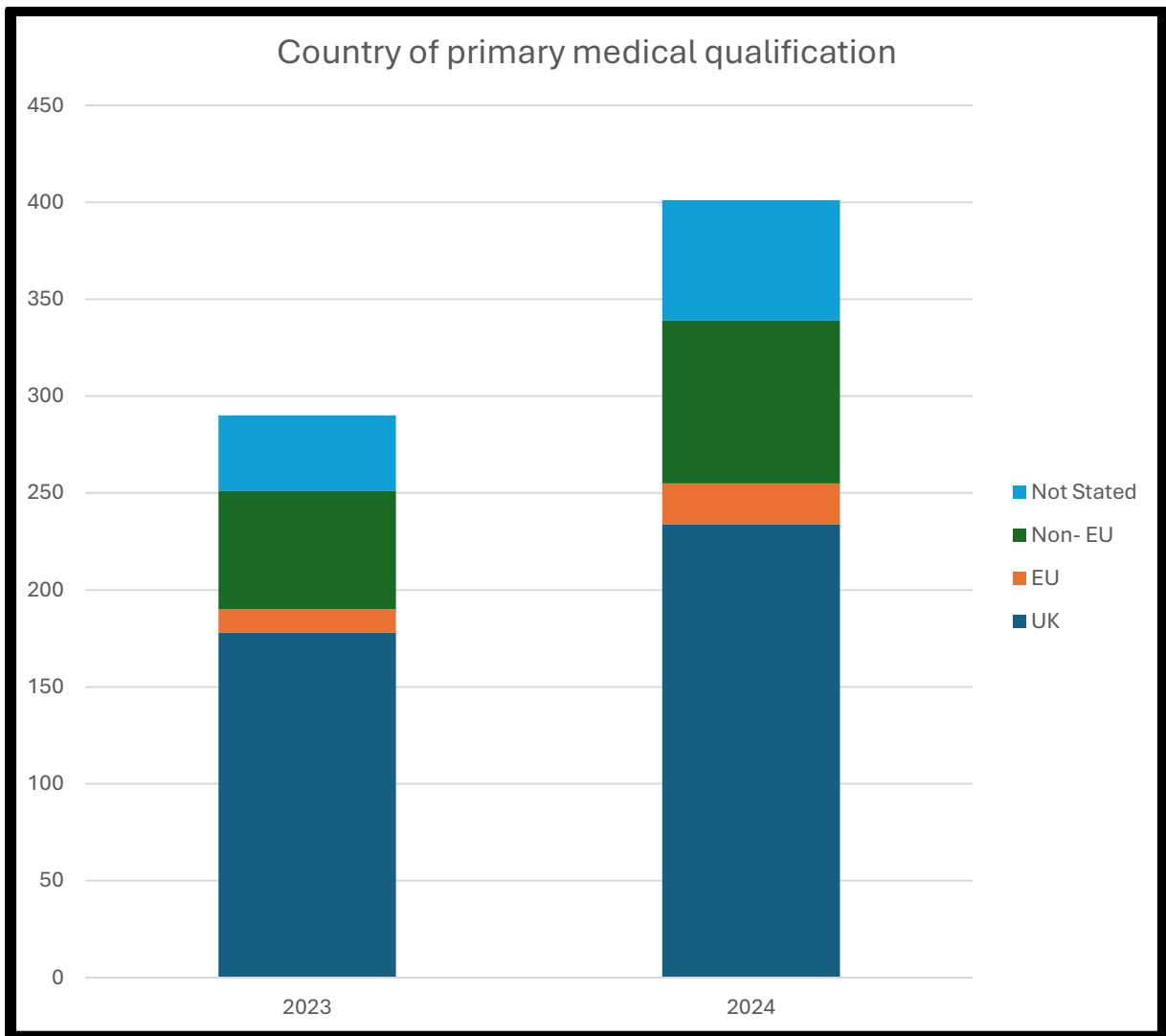


Figure 14 Graph showing the actual number of referrals to PSW in 2023 and 2024 based on primary medical qualification

Referrals by ARCP outcome

Outcomes from the ARCP

The outcome of the ARCP will be recorded on the ARCP Outcome Form.

The panel will award one of the following outcomes for each trainee:

Outcome 1: Satisfactory Progress – Achieving progress and the development of competencies at the expected rate.

Outcome 2: Development of specific competencies required – additional training time not required.

Outcome 3: Inadequate progress by the trainee – additional training time required.

Outcome 4: Released from training programme with or without specified competencies.

Outcome 5: Incomplete evidence presented – additional training time may be required.

Outcome 6: Gained all required competencies – will be recommended as having completed the training programme and for award of CCT or CESR / CEGPR(CP)

Outcome 7.1: Satisfactory progress in or completion of the LAT / FTSTA.

Outcome 7.2: Development of specific competencies required – additional training time not required LAT / FTSTA placement.

Outcome 7.3: Inadequate progress by the trainee – additional training time required LAT / FTSTA placement.

Outcome 7.4: Incomplete evidence presented – LAT / FTSTA placement.

Outcome 8: Out of programme for research, approved clinical experience or a career break (OOPR / OOPPE / OOPC)

Note: OOPT must be an annual review and would therefore be reviewed under Outcomes 1 – 5.

The ARCP panel would not issue an outcome when the trainee is absent due to statutory leave: maternity leave or sick leave or where training has been suspended.

Figure 15 Outcomes from the ARCP. Source NHSE SW

Outcome 10.1 recognises that the trainee has been making progress in their training but there has been delay in the acquisition of competencies/capabilities due to COVID-19.

Outcome 10.2 recognises that the trainee has been making progress in their training but there has been delay in the acquisition of competencies/capabilities due to COVID-19. As the trainee is at a critical progression point, it either would not be safe or not possible for the trainee to progress in, or complete, their training programme. Additional training time is therefore required.

Figure 16 Additional ARCP outcomes from the impact of the Covid-19 pandemic

In the 2022 evaluation, over half of referral doctors had an ARCP outcome 1. In this evaluation it was slightly under (48%). However, outcome 6 is also a progressive/success outcome and given at the end of completion of foundation training (F2). If these are combined, we then get just over half the number of referrals with a progressive outcome. It is therefore encouraging that people are referring to the service before getting into major training problems. The 'not applicable' ARCP outcome is probably for those FY1's who have not had their first ARCP yet.

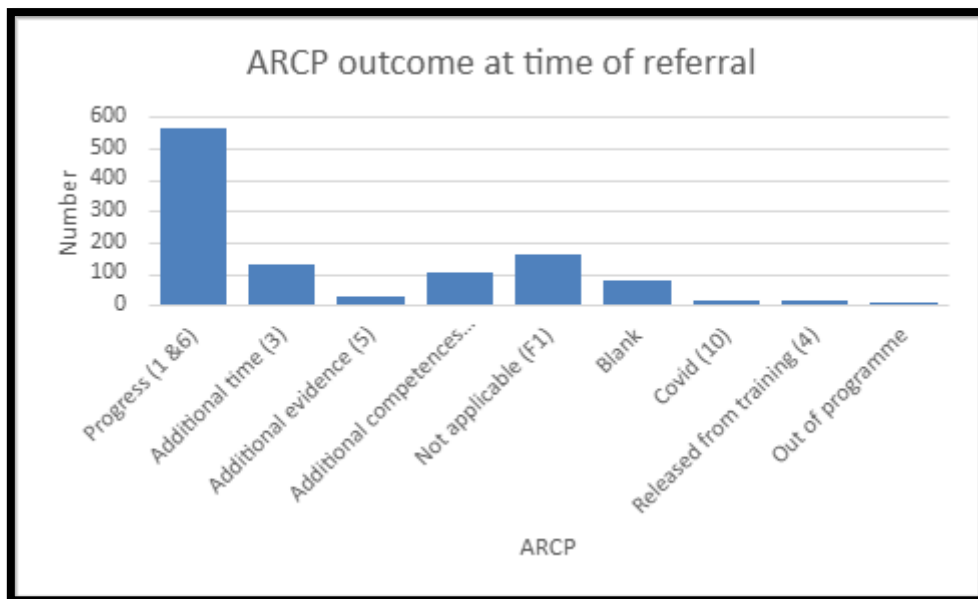


Figure 17 ARCP outcome at the time of referral

For those who had an outcome 3 and required additional training time, I looked in more detail at this group. There were a lot of blanks in some of the older data, so this data may not be entirely accurate.

Out of 127 with an outcome 3, 47 were female, 37 male and 43 unknowns.

About 13% are referred into the service, which is slightly higher than our general population and the majority do not have a disability (62%), but again 35% were not documented.

The majority of those with an ARCP outcome 3 are from primary care and ST3 which is their final year and when most of their exams are done. This does fit with the referrals for exam support for these residents.

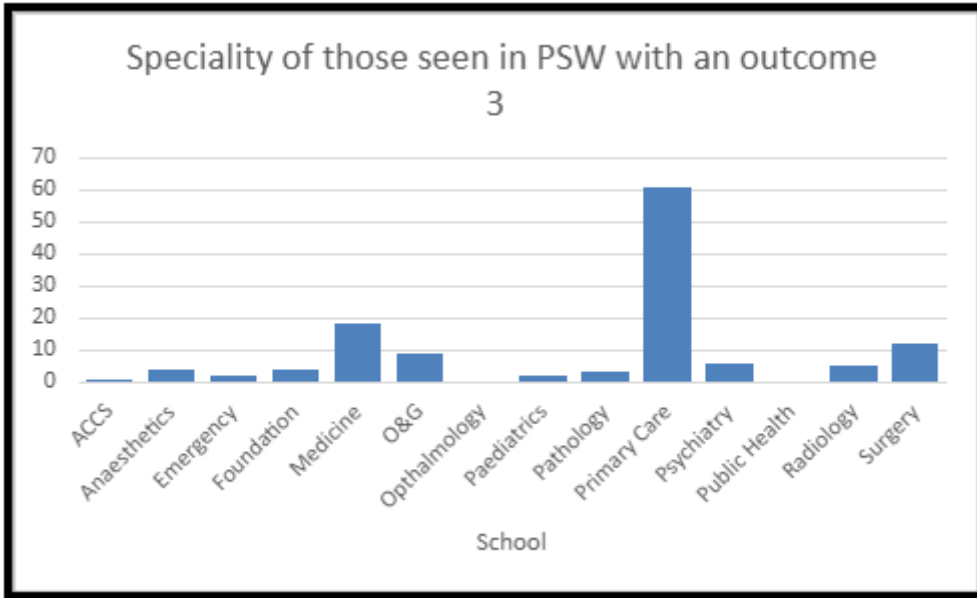


Figure 18 Speciality of those seen in PSW with an outcome 3

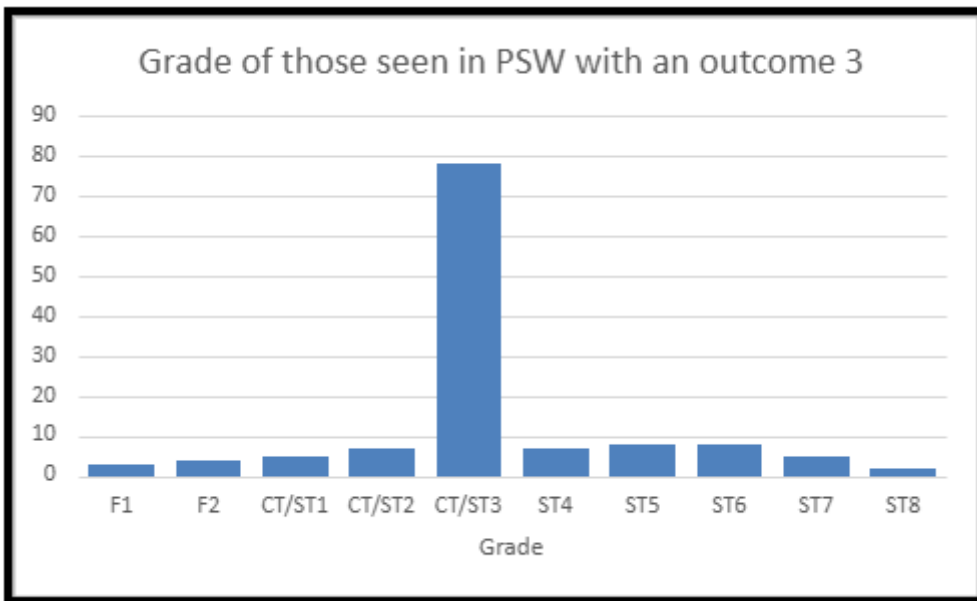


Figure 19 Grade of those seen in PSW with an outcome 3

In terms of differential attainment, I was curious to see whether we had an increase in outcome 3 from international medical graduates or from non- white doctors.

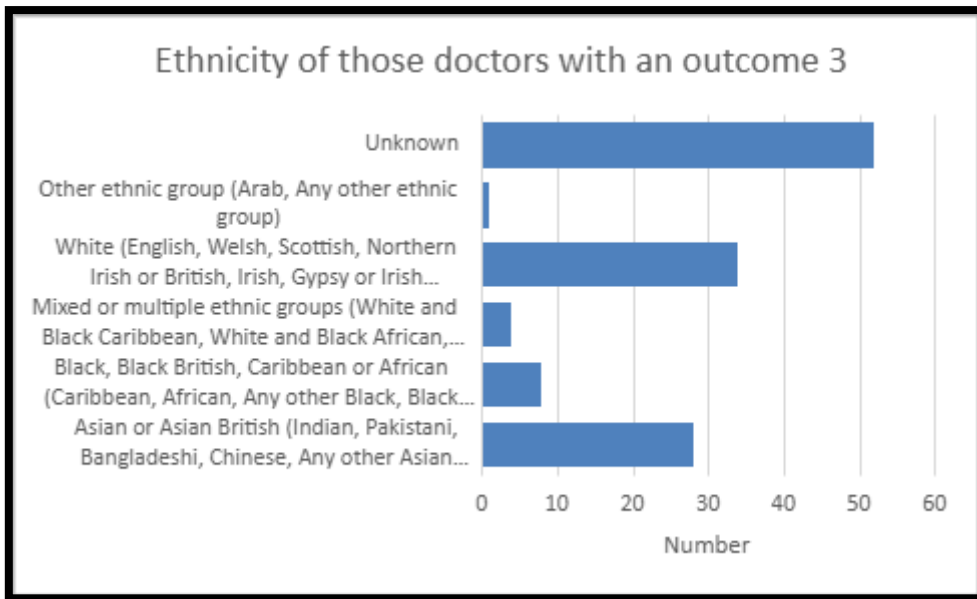


Figure 20 Ethnicity of those doctors with an outcome 3

This appears to show a disproportionately high representation of those from an Asian ethnicity, as in the SW resident population the White: Asian ethnicity ration is 2:1, here it is almost 50:50.

In terms of medical school origin non –EU residents are 27% referrals, compared to 4% EU and 35% UK (note 35% unknown).

Protected characteristics:

Age

Age is not collected on our referral form or evaluation. However, data collected from the case manager feedback (since mid-2024), does include age. The graph below shows this current data- the majority of referrals based on these small figures being from the 25-34 age group, which are the main training ages.

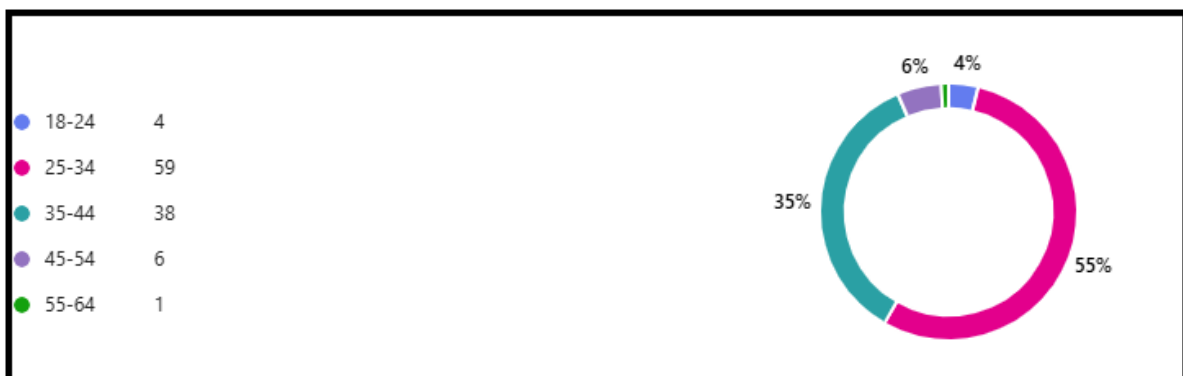


Figure 21 Age of PSW referrals based on case manager evaluation data from mid- 2024

Sex/Gender

In the TIS data, gender is used rather than an individual's sex. Sex is typically assigned at birth due to our chromosomal make up producing biological differences- male, female or intersex. Whereas gender refers to the roles, behaviours and expectations that society associates with being male or female. The table below shows the whole number of resident doctors in the southwest by gender.

Gender	Number of Resident doctors	% Resident doctors
Female	3354	58%
Male	2283	40%
I prefer not to specify	12	2%
(blank)	108	
Not Stated	3	
Grand Total	5760	

Table 11 Southwest resident doctor numbers by gender

The table below shows our PSW gender data for the years 2022-25. We see double the number of females than males- disproportionately higher than the ratio in the training population. This was also found in the last evaluation. However, even more are preferring not to tell us.

Gender	Number	%
Female	419	38%
Male	203	19%
Non binary	1	
Blank/prefer not to say	470	43%

Table 12 PSW referral numbers based on gender

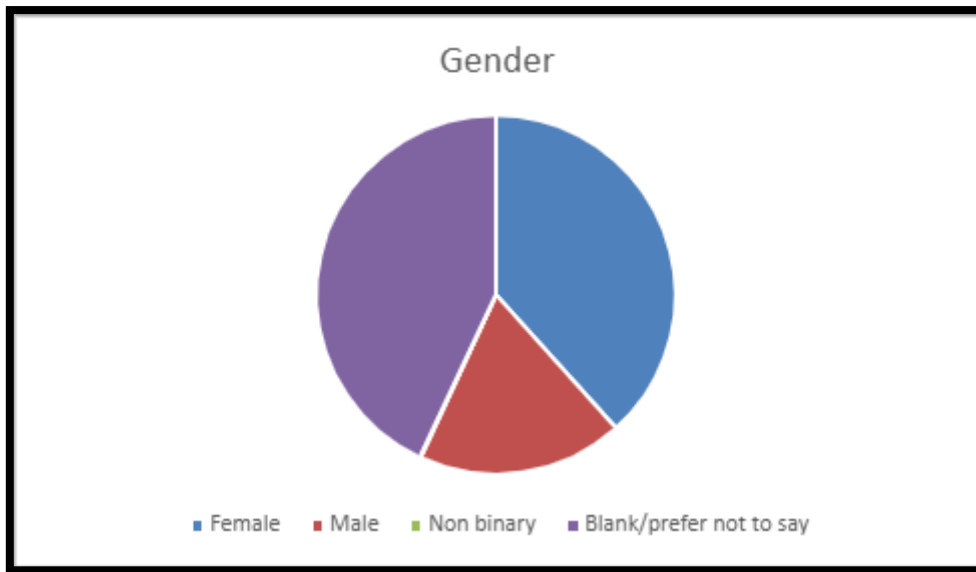


Figure 22 Pie chart demonstrating gender of the referrals to the PSW 2022-25

However, from the case manager data over the last year, we are seeing a number that is proportional to the TIS data of numbers. This is reassuring.

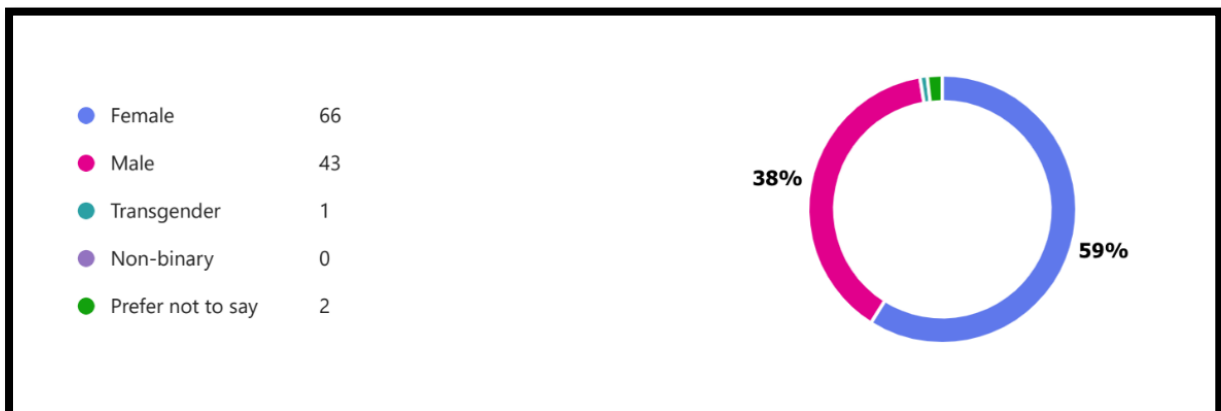


Figure 23 Case manager data of gender of the PSW referrals since mid-2024

Disability

We started collecting disability data properly in 2023, which is why there is probably a large proportion of unknowns.

Disability	Number
Yes	62
No	531
Unknown/prefer not to say	500

Table 13 Number of referrals to PSW by disability

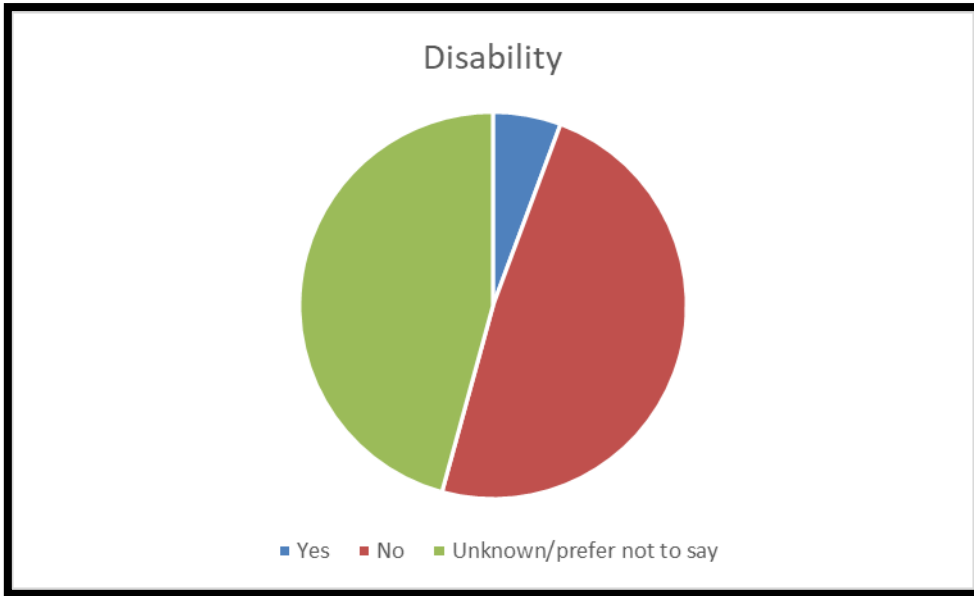


Figure 23 Pie chart showing referrals to PSW by disability

However, in our case manager evaluation, we asked the question- Are your day-to-day activities limited because of a health problem or disability which has last, or is expected to last, at least 12 months. Here we found more than 15% respondents limited a little and 12% preferred not to say, so the number could be higher.

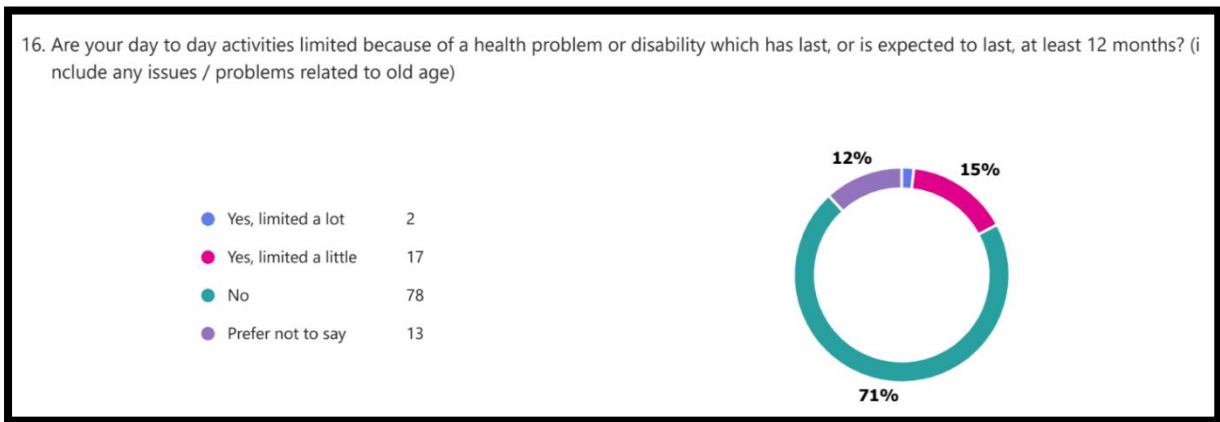


Figure 24 Case manager data showing those who daily activities are limited

Ethnicity

Ethnicity data started being collected from 2024.

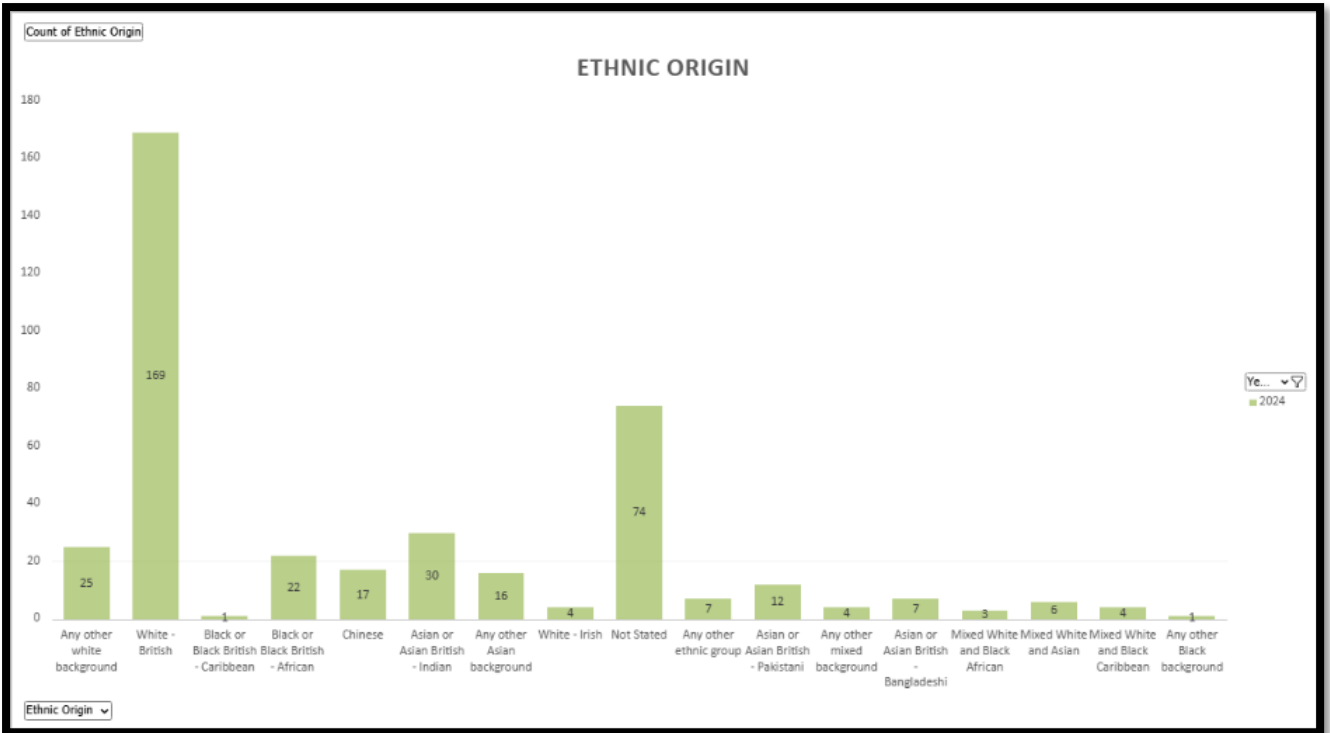


Figure 25 Ethnic origin of PSW referrals from 2024

These ethnic groups can be combined as per the TIS data. The table below shows the comparison of the ethnicity of PSW referrals to those in the training population in the southwest.

From this data we can see that although we see more white doctors, this is smaller than the population in the southwest. However, we do have a large number of unknowns- probably as this data has only been collected by PSW since 2024.

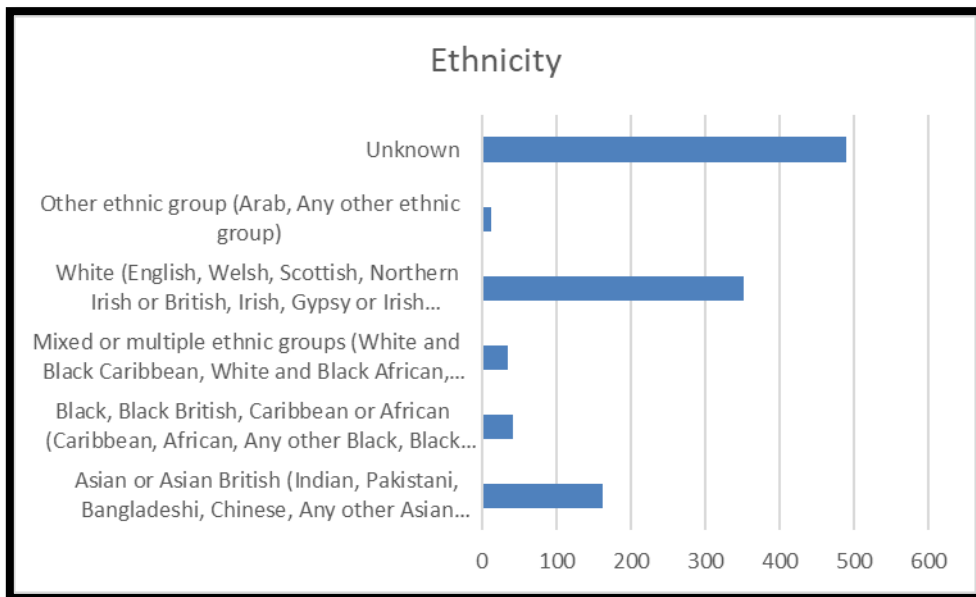


Figure 26 Ethnic origin of PSW referrals 2022-25 categorised as per TIS data.

From the case manager evaluation data over the last 12 months, we have less unknowns and so hopefully have better data.

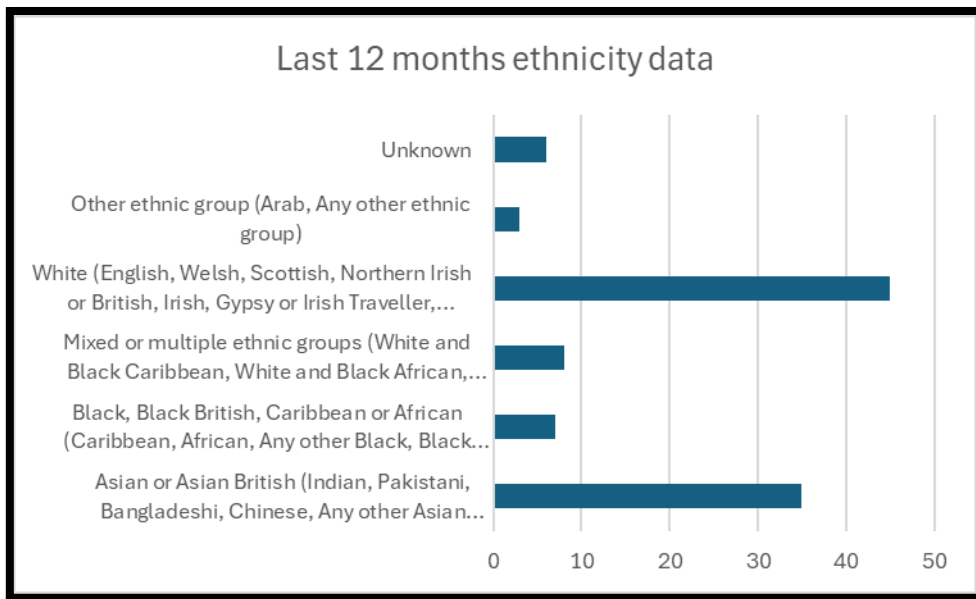


Figure 27 Ethnicity data of referrals since mid-2024

If we take our PSW data from 2024 and divide by the number of doctors in those ethnic groups, we see that we are seeing an over representation of black, Asian and mixed ethnic groups. This could be due to differential attainment- stresses of starting work in a new healthcare system- often very different to their own country. The exam format can be very different, British phrases and abbreviations, plus we communicate with patients as if a partnership rather than 'doctor knows best'.

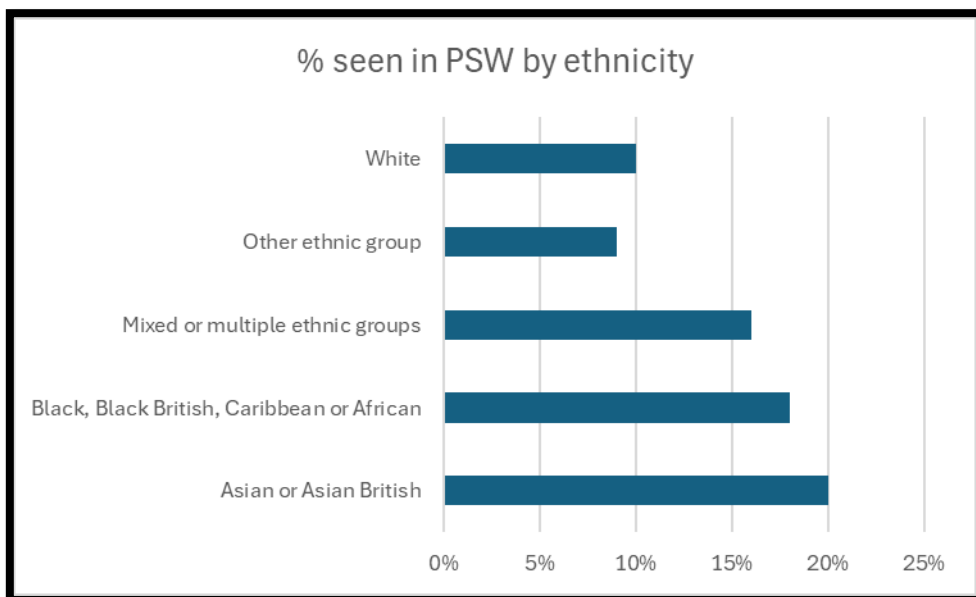


Figure 28 Percentage of PSW referrals by ethnic group as a percentage of the SW population

Why are residents accessing the PSW service?

Reasons for referral are multi-factorial, and it is hard to analyse accurately. Currently we ask the individual to grade their concerns across 5 areas- work, home, health, job, and individual. 1 represents a low impact on them and 6 has a significant impact.

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
Home Environment – including parental or other care responsibilities, bereavement, relationship difficulties, financial issues
Health – Including physical, psychological (stress, anxiety, depression), sleep deprivation, substance misuse and neurological/cognitive functioning
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
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

Table 14 PSW criteria for reason for referral

In the previous evaluation an average score was used to compare the reasons for referrals. However, the average is very similar. I therefore decided to use mode-being the commonest score. This then shows the main reasons for contacting PSW are health and individual factors over the past 3 years.

Reason for referral (1-6)	Work environment	Home environment	Health	Job	Individual factors
Average	3.12	2.74	3.45	3.46	3.55
Mode	1	1	5	5	5

Table 15 Average and mode values for the significance of each area of concern

This shows us that health and individual factors are felt to have the most impact on them referring.

If we compare this data over the last three financial years, we find that health, job and individual factors are the major reasons for referral. Individual factors have increased over the last three years.

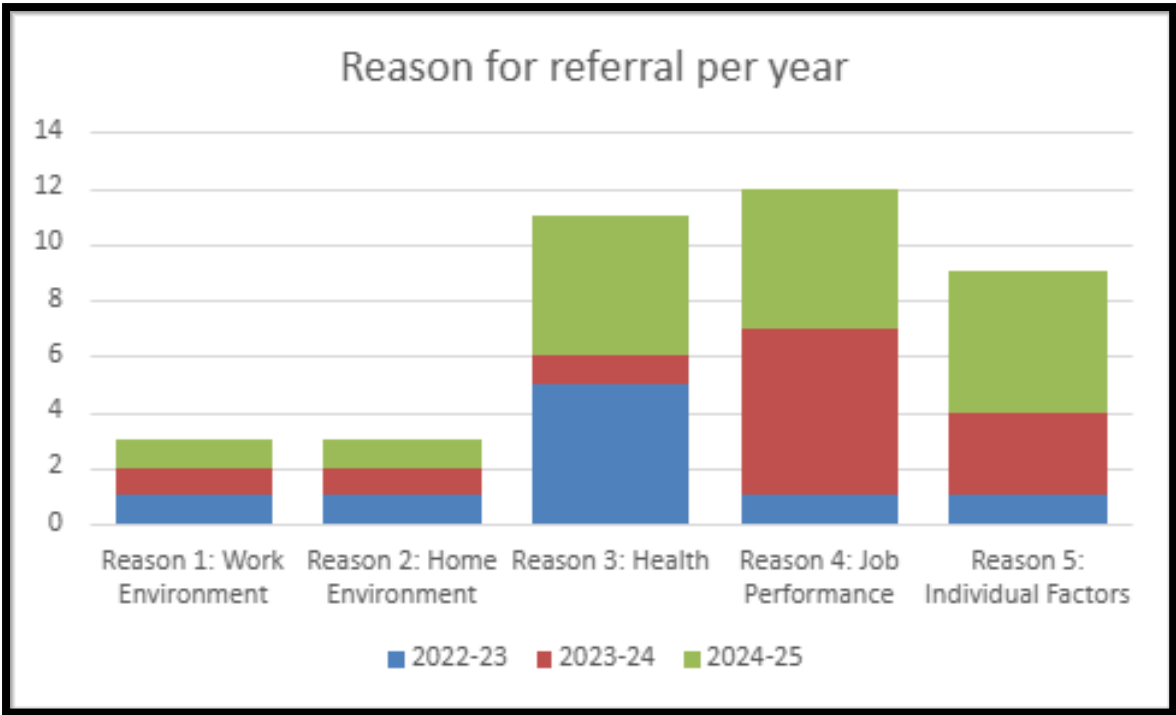


Figure 29 Reason for PSW referral over the past 3 years (mode values)

In light of the feedback on the first evaluation we set up some courses to help prevent the need for future support and we used this face-to-face valuable time with residents to seek their opinions on their work, life and what they wanted from PSW. Below is a word cloud of what is stopping them thrive at work- taken from the attendees at the Well and Resilient Doctor (WARD) conference 2025 (www.welldoctors.org). Stress, fatigue and lack of time (to do the work) come top.



Figure 30 Word cloud of 'What is stopping you thriving at work?'

Since 2013 the GMC run a national training survey to get a comprehensive review of the experiences of doctors-in-training, and their trainers to improve the quality of medical education across the UK. The increasing levels of burnout amongst resident doctors over the years has been a major concern. Especially with the increasing numbers of trainer burnout. In the latest survey (GMC, 2024) the numbers were slightly better- but still worryingly high:

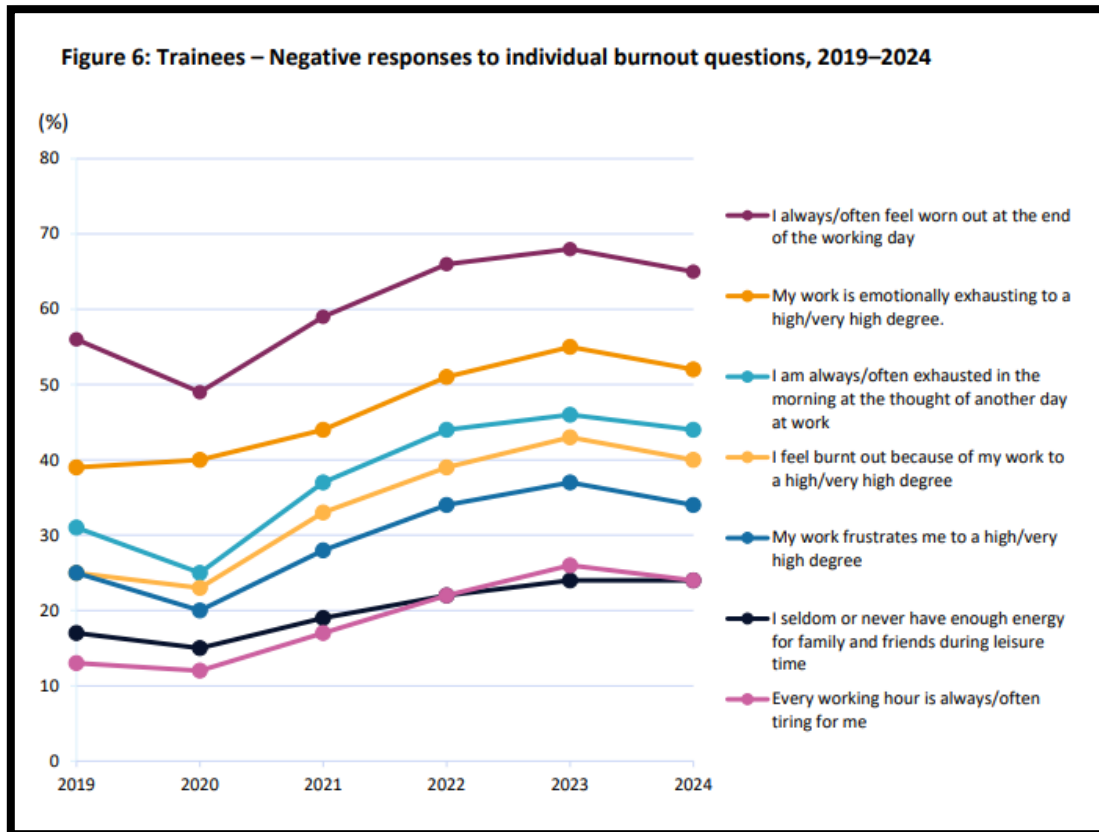


Figure 31 GMC NTS 2024 negative responses to burnout questions since 2019

● **Wellbeing** – Although there was a slight improvement in the responses to our questions about wellbeing, the survey results remain very concerning. Over a fifth (21% ↓2pp compared to 2023) of trainees measured to be at high risk of burnout and over half (52% ↓3pp) described their work as emotionally exhausting to a very high or high degree.

Figure 32 One of the key findings of the 2024 GMC NTS- wellbeing

As mentioned earlier, emergency resident doctors score highest for burnout, but this year half of obstetrics and gynaecology trainees said they were exhausted in the morning at the thought of another day at work; and two thirds of GP trainees said

they were always or often worn out at the end of the working day (GMC, 2024) page 25.

Their survey also asked if the resident doctors know who to contact in their trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing. Two thirds (66% as 2023) said they did. However, when looking at trainees at high risk of burnout only half (52% ↑1pp) agreed, compared to three quarters (74% as 2023) of those measured to be at low risk of burnout. (GMC, 2024), page 29. This therefore means that those at high risk are possibly not getting the support they need.

What resources are residents accessing through the PSW service?

Counselling and coaching are where we refer most individuals, and this has not really changed since the last evaluation. Study skills/exam support may look like the need has decreased, but I think this has been incorporated into the dyslexia data, as many people have both and the terms have changed on our referral form over the years.

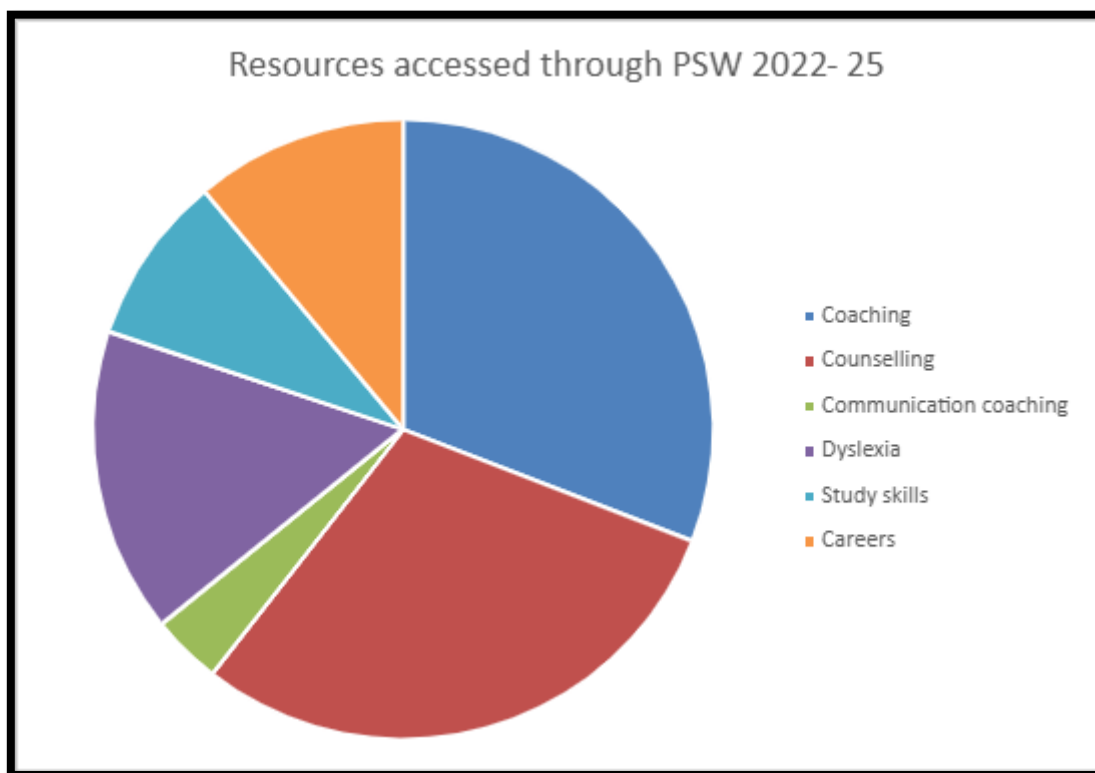


Figure 33 Resources accessed via PSW 2022-25

Interestingly, although careers was stopped in April 2024 (more information on this can be found in the careers section), there were still a lot of referrals to this service.

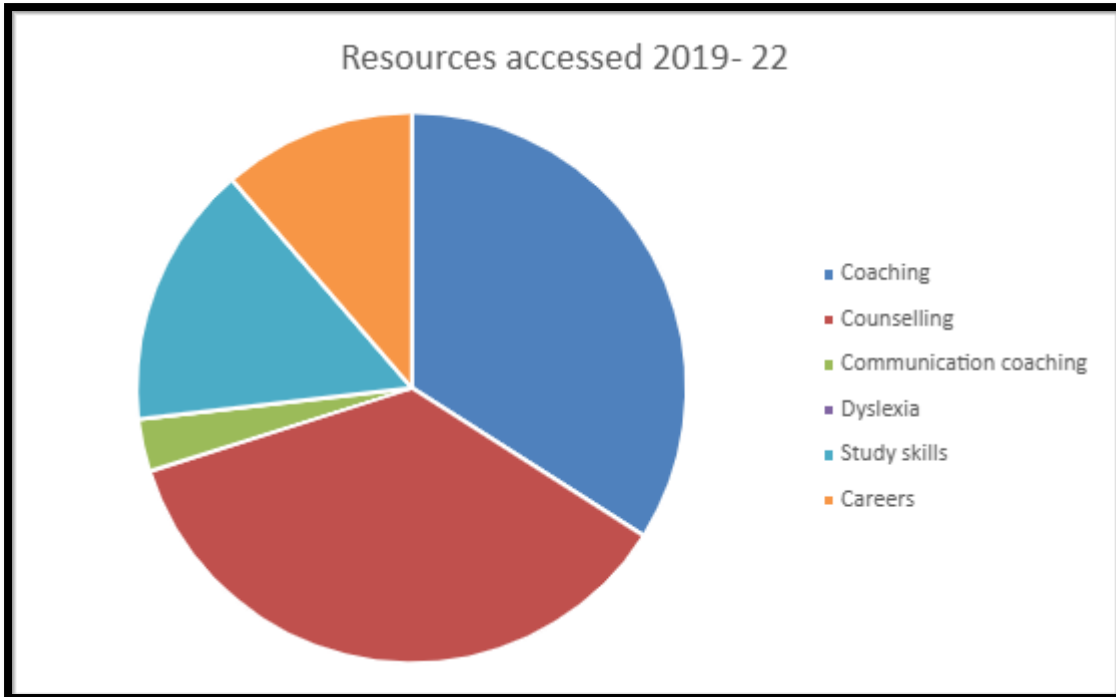


Figure 34 Resources accessed via PSW 2019-22

In addition to those external providers we refer to, case managers also signpost to other support services, including occupational health, GP, SupportTT, mentoring, website pages from NHSE SW on less than full time training, Practitioner Health, charities, financial support, support for neurodiversity including Access to Work.

Counselling

The majority of referrals from PSW go to counselling. This may be reflective of the struggles of being a doctor/dentist at the moment. From direct feedback from counsellors, they say they have had comments that they are nervous and scared about making a mistake (this makes them check and re-check their work, stay at work late). They worry about ARCP results, managing their e portfolio and struggle with self-care due to rotas and rotations.

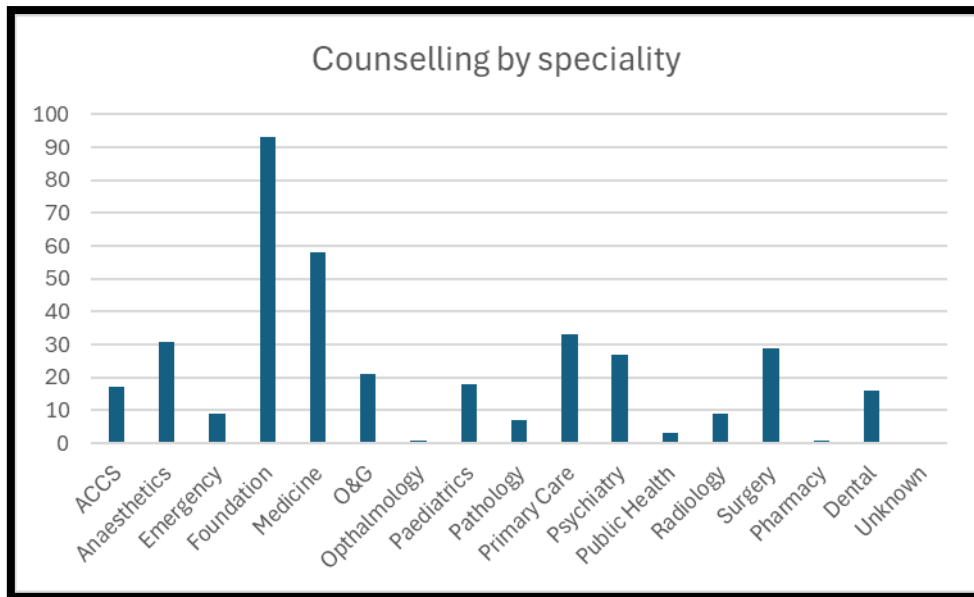


Figure 35 Referrals to counselling by speciality

This may be why many referrals are from foundation- the jump from medical student to doctor being very stressful. Many also mention imposter phenomenon being a concern.

It is mainly the grades below CT/ST3 needing counselling, but this may also reflect the numbers of all resident doctors are at or below this grade. It looks on the diagram below that CT/ST3 have the most referrals, but if we add the F1 and F2 together, this gives us a very large number.

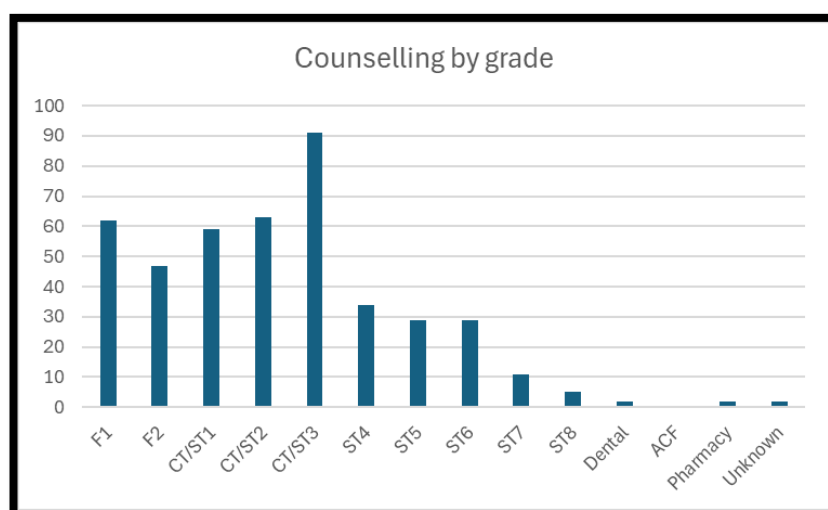


Figure 36 Referrals to counselling by grade

Coaching

The commonest grade and speciality being referred for coaching are the CT/ST3 grades- especially from primary care. This could reflect the final year of primary care training- having to complete exams and getting their CCT ready. For secondary care doctors, this is also the leap to being a registrar. It was this group we focused on in last year's course, "How to Thrive as a Registrar".

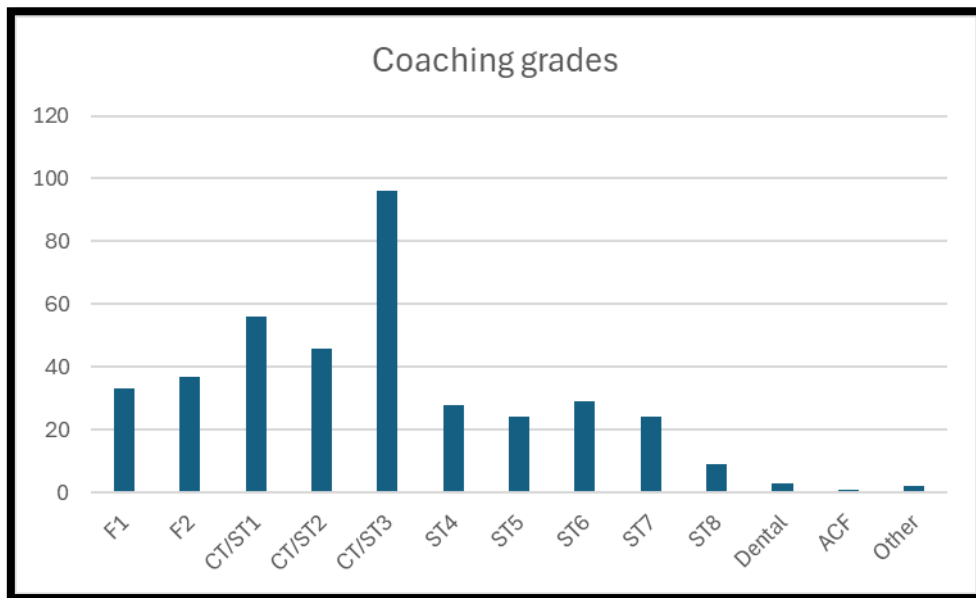


Figure 37 Referrals to coaching by grade

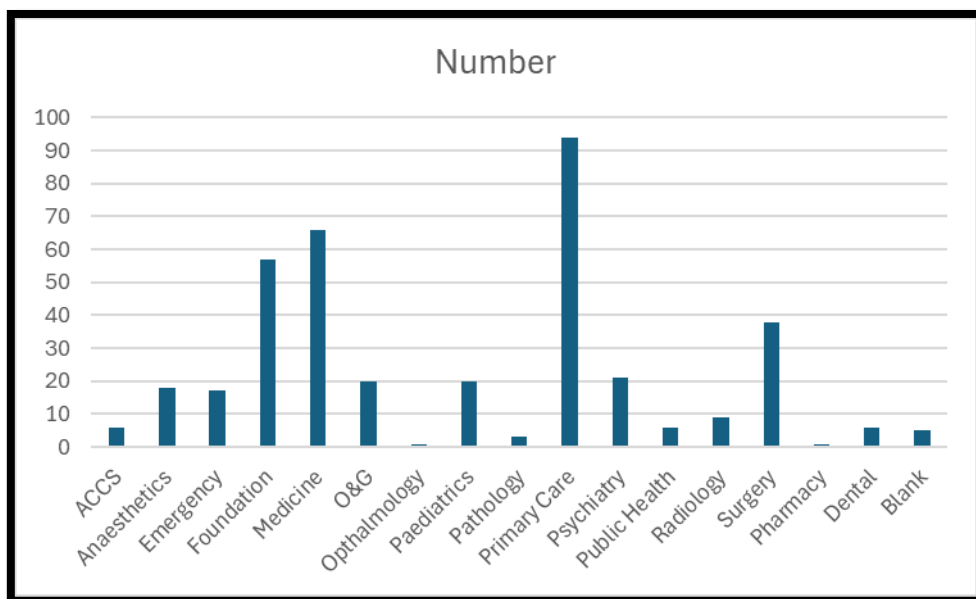


Figure 38 Referrals to coaching by speciality

Communication Coaching

Language and communication coaching is separated from standard coaching in terms of who we refer to, but I am sure this is also covered in those we refer for traditional coaching- as we don't know what goals the resident doctor sets and what comes up during the sessions.

However, sometimes we get doctors, especially those where English is not their first language, who need extra support in this area.

From the results, CT/ST3 and primary care are again the main groups, and this could be reflective of this final year prior to CCT- especially with the Simulated Consultation Assessment (SCA), which requires excellent communication skills and the ability to pick up on the non-verbal cues as well.

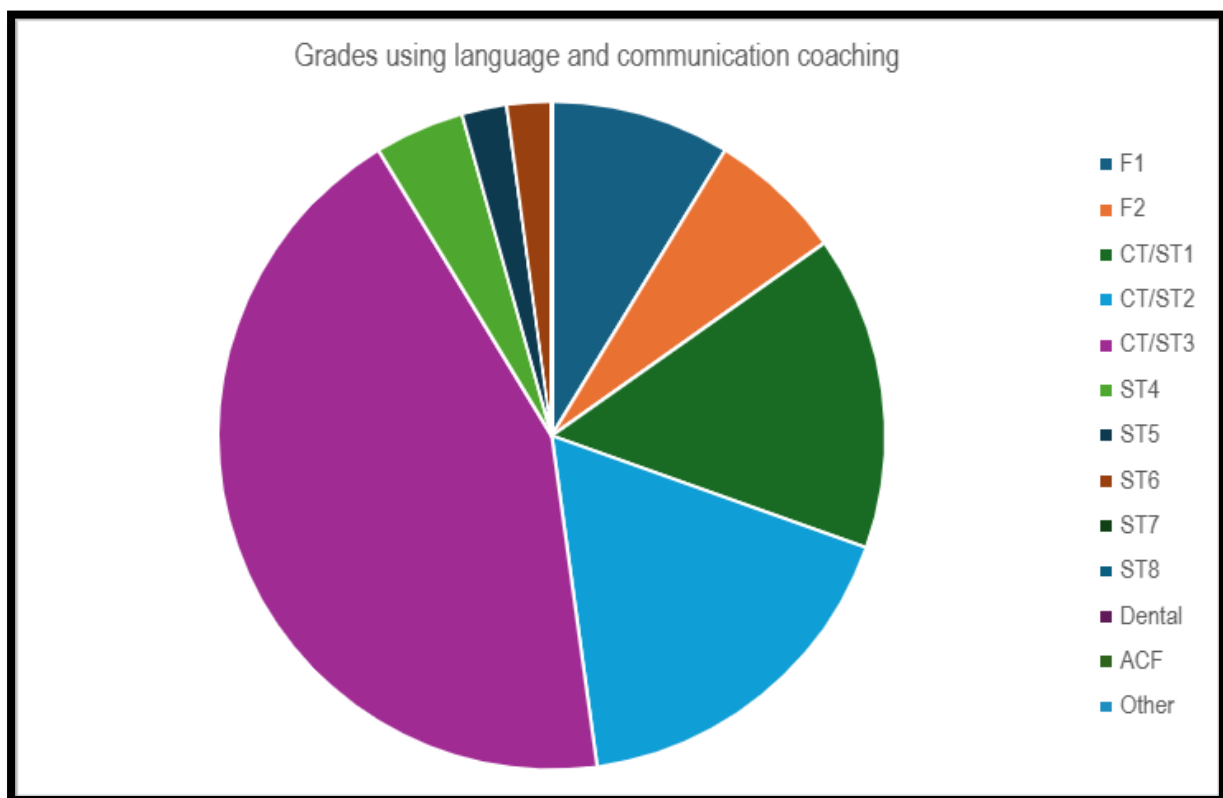


Figure 39 Referrals to language and communication coaching by grade

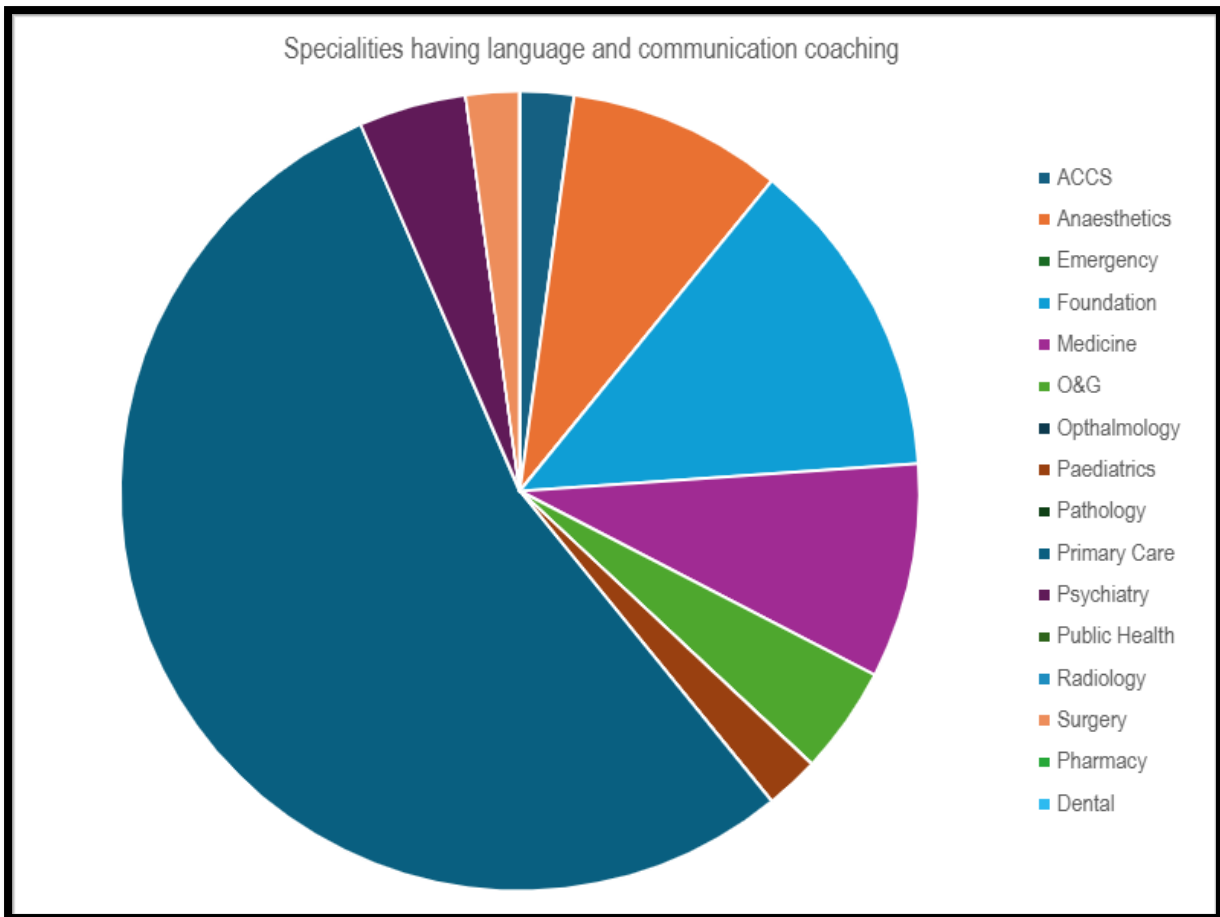


Figure 40 Referrals to language and communication coaching by speciality

Study skills

We get a lot of referrals for exam support. Some people have failed up to 4 times before they contact us! It is a shame that there is not more 'in-house'/'in-department' exam training and advice from supervisors, peer and colleagues on how to prepare and study for these very hard postgraduate exams. Not only are they hard, but expensive and for some specialities compulsory before moving onto the next stage of training. There is a lot of pressure on resident doctors to just get on with these at a set time- forgetting maybe, that there are life events, family dynamics if living away from home, caring responsibilities etc. Sometimes, it is just not the right time to do the exam, and personally I don't think people should do it until they are ready. It is so disheartening to fail- especially when your career/location/financial plans depend on it. They also need time to study and this needs to be taken into account.

Our exam support/study skills experts are not clinical, which we do explain. However, some people don't like this, so we have to suggest talking to supervisors or their royal college for other clinical courses. We do, however, get great feedback about this support.

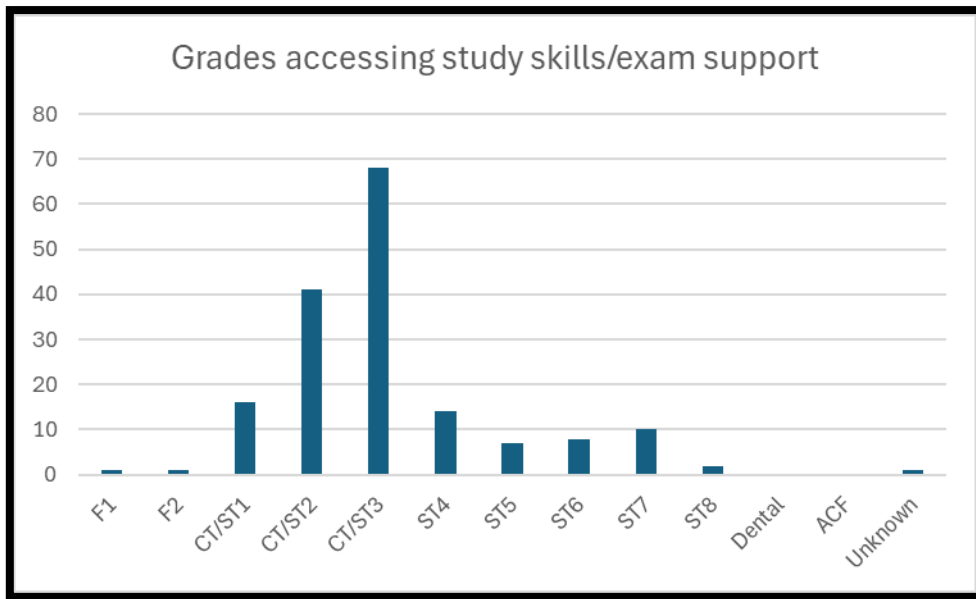


Figure 41 Referrals to study skills/exam support (no dyslexia assessment) by grade

From the diagrams, we can see that CT/ST3 is a large group needing this support. In terms of speciality, medicine comes out higher than primary care. CT/ST3 is around the time of preparing to be a medical registrar and doing their PACES (Practical Assessment of Clinical Examination Skills) exam.

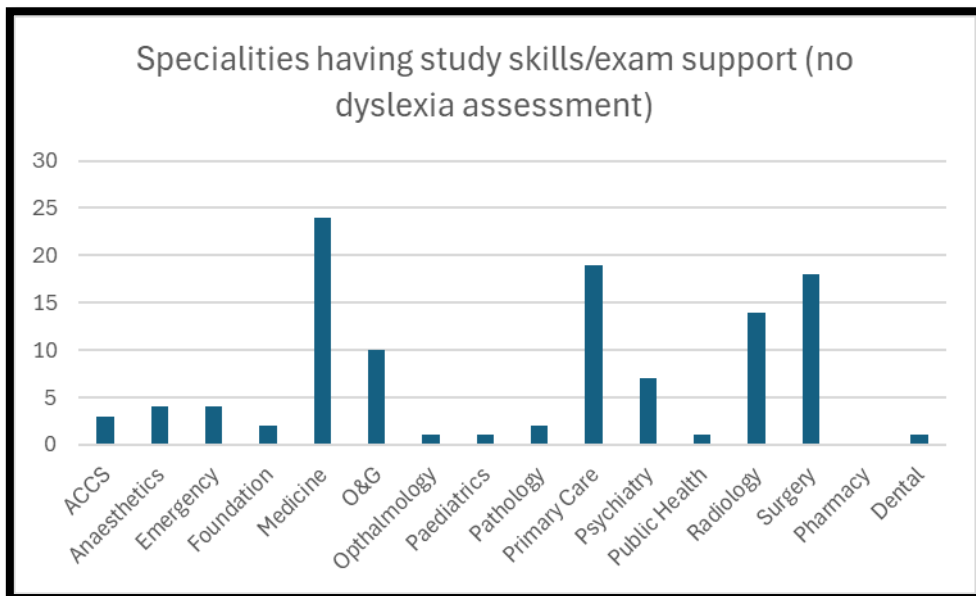


Figure 42 Referrals to study skills/exam support (no dyslexia assessment) by speciality

Dyslexia assessments

The dyslexia assessments provided by PSW SW can be either the full assessment (required by the Royal College of General Practitioners- RCGP) or the Assessment of Reasonable Adjustments (ARA)- a bespoke assessment for the PSW SW designed by an accredited dyslexia assessor. The difference is that the full assessment takes 4 hours face or face with the doctor and a 20 hour write up. Our ARA is only 1 hour face to face and a 4 hour write up. It was developed due to the number of dyslexia assessment requests we were getting at short notice before exams. It is accepted by all colleges except the RCGP.

Due to the pressures on GP resident doctors to complete their exams in ST3 before they finish training, we get an increased number of referrals from these groups so that they can pass quickly and become fully registered. My understanding is that at the southwest course for the Applied Knowledge Test (AKT) called SPEX- Support for Performance and Exams- do a dyslexia checklist during the course and suggest referral to PSW for assessment where relevant.

Once a dyslexia assessment has been done, the individual nearly always has study skills/exam support afterwards.

Verbal feedback from our external assessors has confirmed that we do send the correct people for testing.

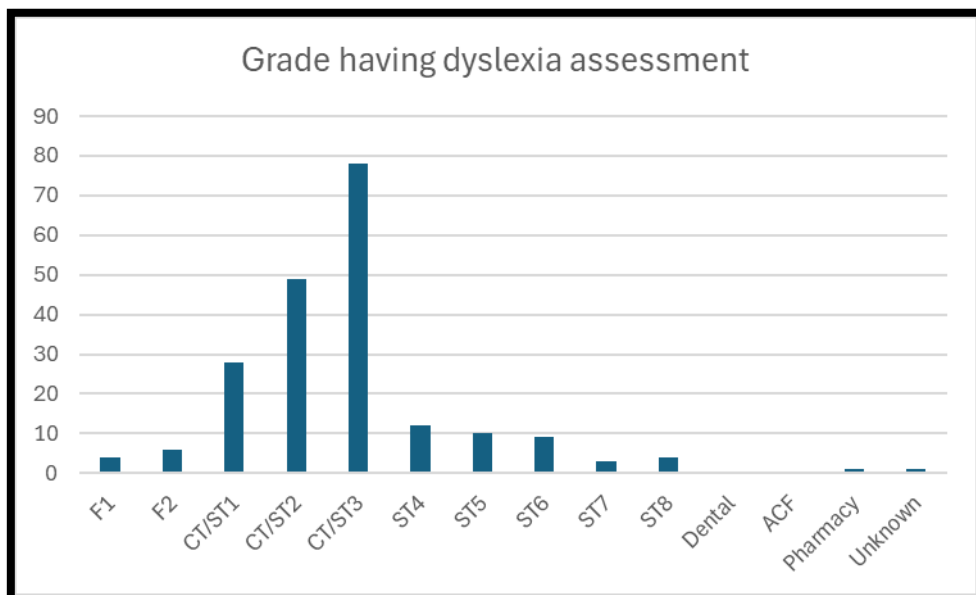


Figure 43 Referrals for a dyslexia assessment by grade

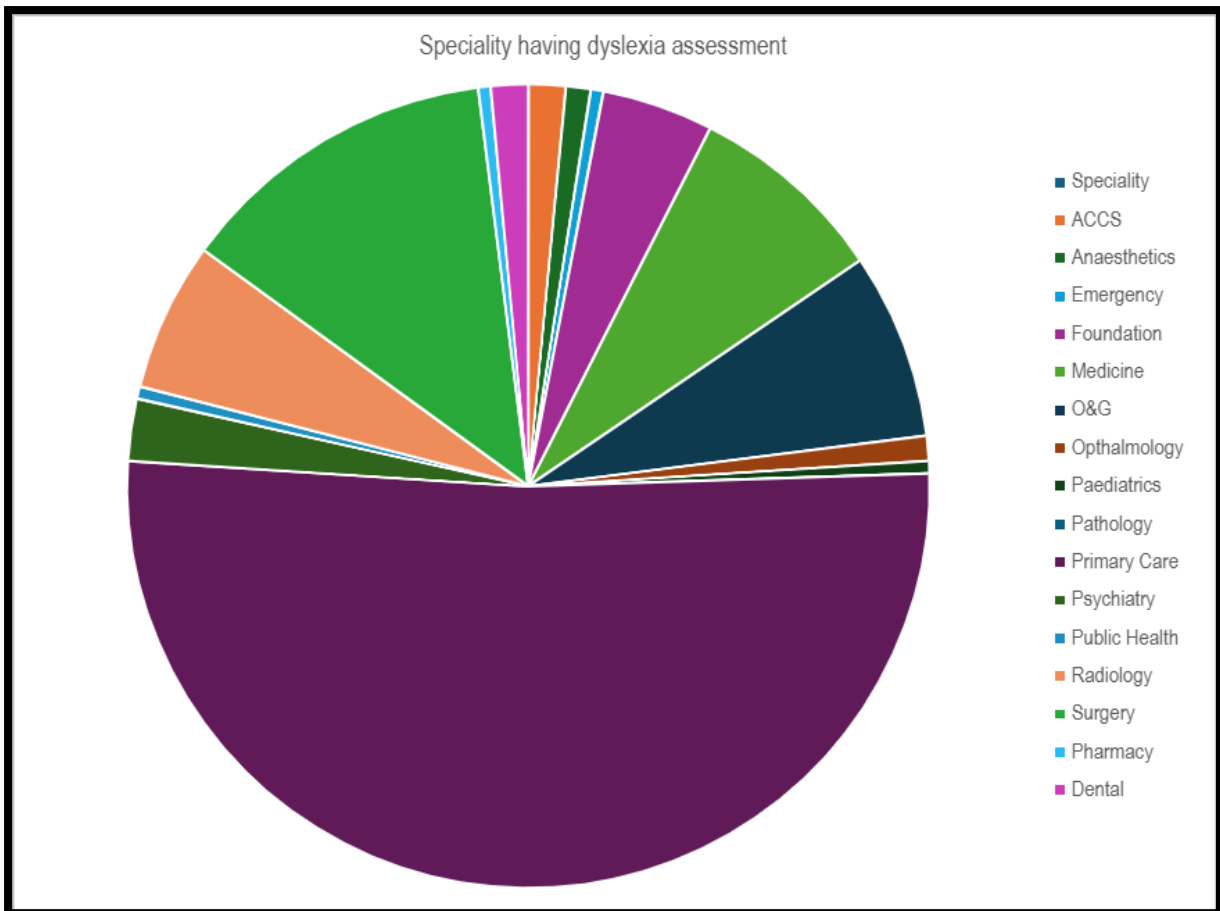


Figure 44 Referrals for a dyslexia assessment by speciality

Careers (pre- removal)

Despite careers being a recommendation by the GMC (GMC, Promoting Excellence: Standards for medical education and training, 2015) section R3.2; it was removed in the southwest with the merger of Health Education England (HEE) into NHS England. For such an important topic I personally feel this is a major loss.

Looking at the data, we can see that nearly all grades use the service. It is not just there for people considering leaving NHS, but also for those to understand themselves better: what is important to them, what drives and motivates them, their strengths and weaknesses- all essential for any professional. With more understanding of themselves, I believe career support retains people within the NHS- it may just be in a different training programme that fits with their values, home life and goals; or stepping off the training conveyor belt and into a specialty position which is more suitable for location, job and life balance.

Foundation is therefore a key group wanting career support- especially when thinking about an 'F3/4/5' year. Primary care is also a large group.

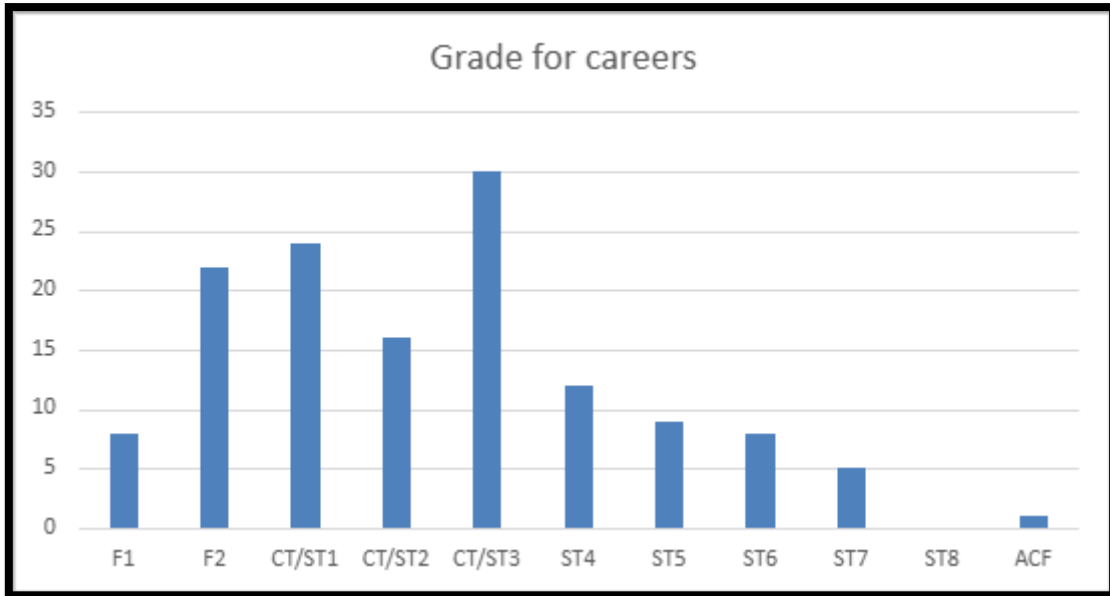


Figure 45 Referrals for careers by grade

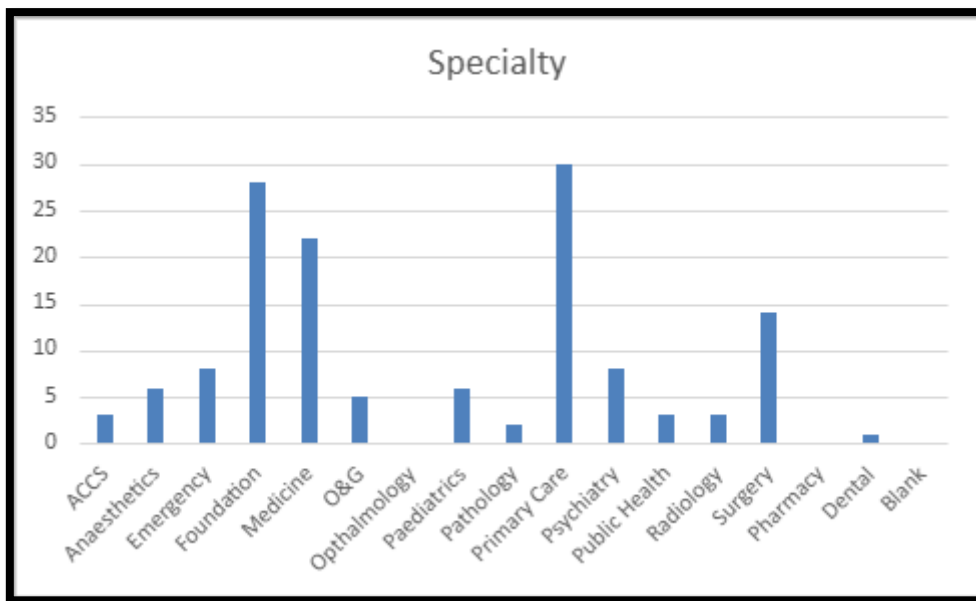


Figure 46 Referrals for careers by speciality

What is the PSW services' performance against Key Performance Indicators (KPIs)

Our KPI's have been changed over the years. Our current KPI's (below) are mainly focused on our admin processes and some of these are outside our control (referrals acknowledged by service provider and initial contact). All have been reached in the last financial year. Probably due to cross cover in times of increased demand, to make sure those who refer are seen and supported in a timely manner.

In future, we will hopefully have some national KPI's that all PSW's can work towards.

KPI	Basis
Dates offered for initial meeting	
Initial Meetings confirmed	<i>Within 2 weeks of referral received.</i>
Referrals made to external resources	<i>Within 48 hours of S&W meeting.</i>
Referrals acknowledged by service provider	<i>Within 48 hours of referral made.</i>
Initial contact with service provider confirmed	<i>Within 7 days of referral made.</i>
Follow-up meetings confirmed	<i>Within timeframe set by CM/AD</i>
Case closures - non engagement	<i>No response after 2 chasers.</i>

Table 16 Current PSW KPI's

Ideally, those referring want the service to have a short waiting time for the meeting, and to onward referrals. From our evaluation, 4.66/5 was the average rating for the PSW service responding in a timely manner which is great.

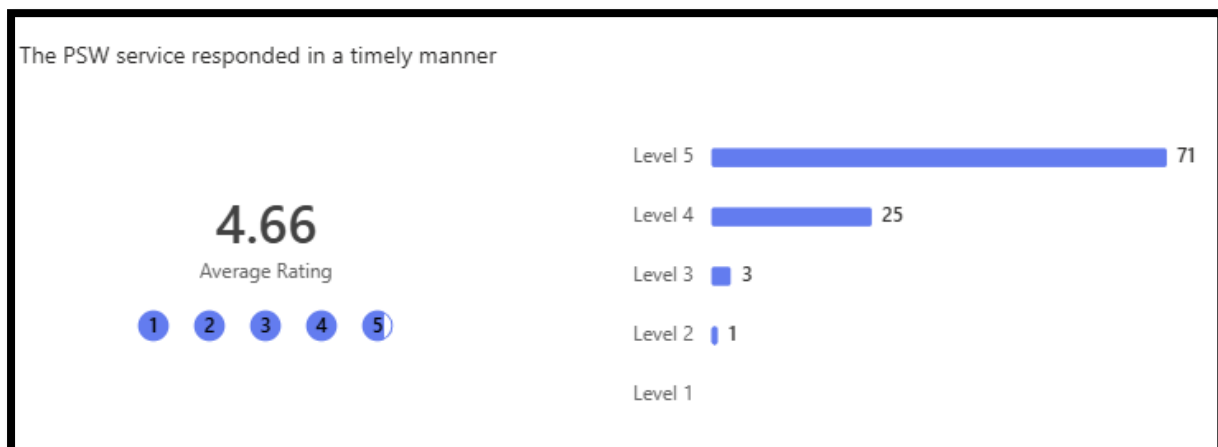


Figure 47 Evaluation question- The PSW service responded in a timely manner (1-poor, 5 easy)

It is also reassuring that people find it easy to access us, 4.55/5 was the average rating.

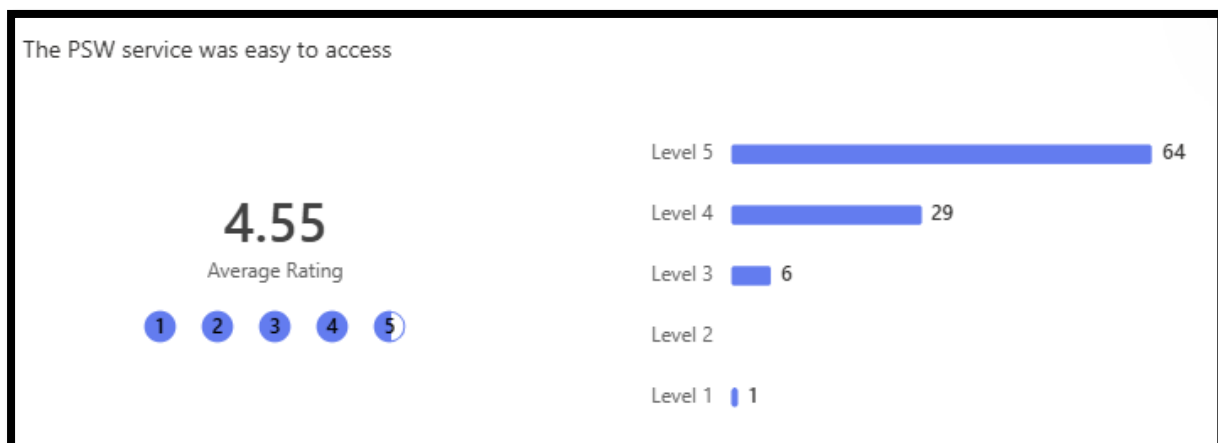


Figure 48 Evaluation question- The PSW service was easy to access (1-poor, 5 easy)

We have little information on how long a case is open with the external provider, unless this is within financial data that I do not have access to. In terms of length of open cases currently with case managers; the average is 8 months and the longest 15 months according to our pivot table. However, one case has been open over 5 years and a couple of others over 3 years. Some people do re-refer and their case gets re-opened which may skew the data. However, I am aware of a couple of cases who have been open for a few years and access most of our services. Some just like to know we are there and like the fact we check-in on them.

How do people find out about us?

From our evaluation and from talking to people, it is generally on the recommendation of a supervisor or training programme director, head of school or college tutor. We have recently noticed more people telling us they were told to refer and engage as a stipulation of the ARCP panel. This is not what we want, as it should be a voluntary referral and not seen as punishment.

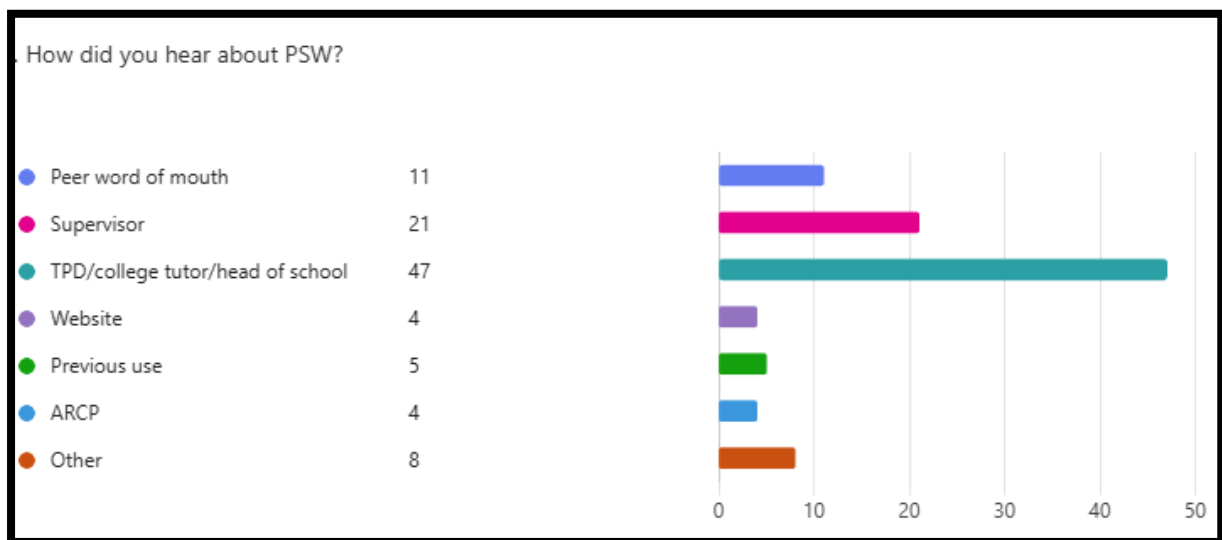


Figure 49 Evaluation question- How did you hear about PSW

How many people are being referred in by supervisors/TPD

We have always encouraged self- referral but also accept referrals by supervisors and TPDs. This is so that the individual is fully engaged with the service and wants our support- rather than being punitive and told to come by a supervisor. In the previous 3- year evaluation, we had 14% of referrals by supervisors. This most recent 3 -year reevaluation shows a drop to 12%. Our aim is to get below 10%.

However, when you break the type of referral by whole year, we have had an increase in those being referred. I am not sure of the reason for this but certainly chatting amongst case managers we feel more people are being 'told' to come as part of their ARCP- even though the ARCP panel cannot directly refer to us.

Referral type	2022	2023	2024
Referred	32	35	44
Self-referred	288	339	321
% referred/total	10%	9.40%	12%

Table 17 Numbers of those who self-referred or were referred in to the service over the last 3 years

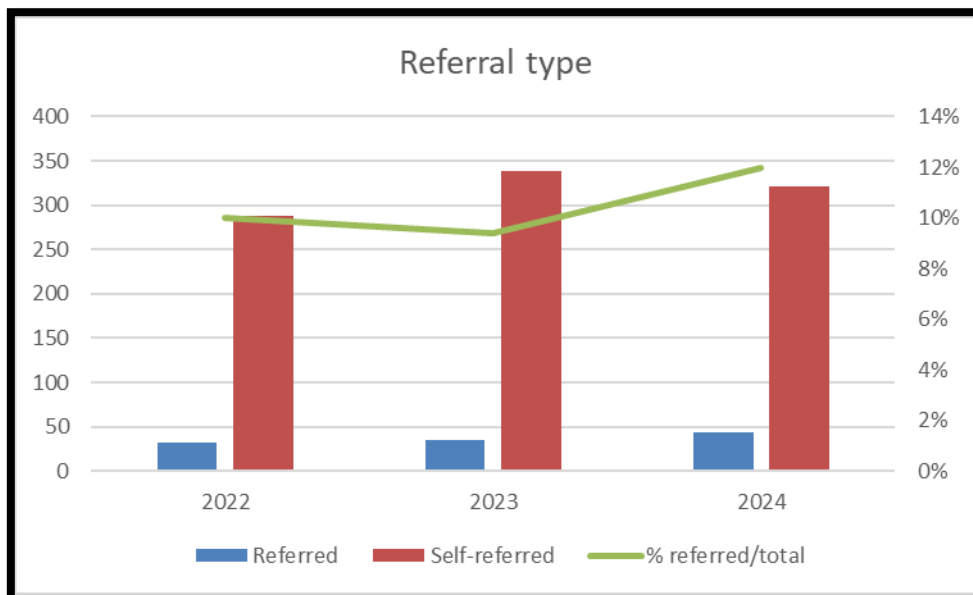


Figure 50 Graphical PSW referral type over the last 3 financial years

Who is not accessing us and why?

I think there are still a lot of people who do not know about our services. Improving this will require advertising at various levels: resident doctors, their supervisors, TPD/college tutors/Heads of School (HoS), ARCP panels etc.

According to the 2024 National Education and Training Survey (NETS) from NHS England/HEE. The southwest scores higher than the national average for wellbeing, and nearly 85% of the respondents knew how to access help and support. That still means that 15% don't and we need to inform this group.

The regional results from the 2024 National Training Survey (GMC, 2024) were not out by the time this document was written. However, as mentioned earlier,

emergency resident doctors claim the highest rates of burnout on the survey and yet are not high on our referral numbers.

2024 National Education and Training Survey Education Quality Reporting Data Tool													Respondents 22384	
Introduction	Region	Organisation	Professional Group	Subject / Specialism	Questions									
> Professional Group > Current Year > All Learners														
Professional Group	Bullying & Undermining	Discrimination	Facilities	Induction	Overall Experience	Quality of Care	Raising Concerns	Sexual Safety	Supervision	Teaching & Learning	Teamwork	Wellbeing	Workload	
Advanced Practice	82.86%	88.47%	69.95%	80.14%	77.68%	75.13%	90.84%	90.89%	68.99%	69.17%	76.3%	92.58%	57.83%	
Allied Health Professional	88.47%	90.42%	69.77%	84.13%	81.64%	78.49%	80.77%	88.74%	78.87%	73.21%	73.42%	81.11%	70.61%	
Dental Postgraduate	89.76%	93.17%	73.15%	84.43%	82.68%	77.63%	78.72%	96.01%	78.29%	74.97%	78.02%	79.6%	75.36%	
Dental Undergraduate	85%	86.68%	70.03%	77.1%	78.42%	75.13%	72.26%	92.99%	74.35%	71.26%	72.56%	77.43%	71.61%	
Health and Social Care	83.66%	86.18%	67.91%	81.29%	77.11%	72.65%	84.34%	87.79%	71.99%	69.12%	72.85%	85.5%	63.26%	
Healthcare Science	82.57%	93.68%	67.19%	79.65%	76.93%	74.95%	83.36%	94.16%	69.14%	70%	72.09%	87.71%	60.35%	
Medical Associate Professions (MAPs)	77.19%	79.93%	68.39%	77.97%	73.6%	74.92%	78.75%	91.16%	69.48%	65.08%	72.42%	75.16%	66.88%	
Medicine Postgraduate	82.21%	84.99%	63.89%	82.26%	74.43%	70.7%	85.05%	91.4%	70.2%	66.2%	75.8%	80.25%	62.61%	
Medicine Undergraduate	81.29%	84.14%	64.11%	78.44%	75.23%	68.8%	78.54%	84.78%	70.08%	69.95%	75.62%	76.78%	64.29%	
Midwifery	73.02%	89.7%	61.62%	75.2%	74.45%	69.83%	76.09%	96.28%	68.3%	65.93%	74.82%	72.32%	54.81%	
Nursing	83.9%	86.14%	67.73%	80.79%	76.83%	73.18%	85.55%	89.75%	71.86%	69.92%	75.9%	82.9%	62.12%	
Pharmacy	86.45%	94.86%	72.09%	85.09%	78.97%	72.85%	85.46%	95.29%	75.08%	72.74%	76.73%	84.85%	67.27%	
Psychological Professions	91.16%	92.22%	71.66%	82.79%	81.2%	75.9%	83.56%	96.94%	78.96%	72.63%	72.76%	87.71%	66.88%	
East of England	77.86%	82.78%	62.55%	81.18%	71.97%	69.04%	84.17%	90.45%	68.2%	64.5%	73.97%	80.47%	56.26%	
London	83.2%	85.33%	63.15%	82.11%	74.91%	71.59%	86.05%	90.7%	70.71%	67.32%	76.85%	79.92%	63.98%	
Midlands	80.19%	84.48%	62.47%	81.31%	72.6%	69.29%	83.64%	91.99%	68.68%	65.22%	74.82%	78.87%	61.05%	
North East and Yorkshire	83.72%	85.69%	64.45%	83.14%	75.23%	71.19%	85.98%	90.8%	71.23%	66.4%	76.26%	79.31%	63.34%	
North West	84.17%	85.57%	65.27%	83.11%	75.19%	71.65%	85%	93.13%	70.97%	66.14%	75.79%	79.74%	65.91%	
South East	81.11%	84.89%	64.61%	81.62%	74.81%	70.98%	84.57%	91.21%	70.33%	66.41%	76.08%	82.17%	61.44%	
South West	85.61%	85.85%	65.92%	83.57%	77.91%	72.41%	87.26%	90.17%	72.2%	68.54%	77.77%	84.72%	65.48%	

Table 18 NETS 2024 results for postgraduate medical trainees.

What can we do to improve access to PSW?

This question was added to the evaluation, and we had 48 responses. We used the free text answers to find the main themes:

- More flexibility in times of meetings due to rotas- possible weekends, more time slots.
- Clarity in rearranging meetings.
- Increasing awareness of PSW- suggestion about inductions.

5.2 Is the PSW service effective?

Do individuals accessing the PSW service feel satisfied with the service provided?

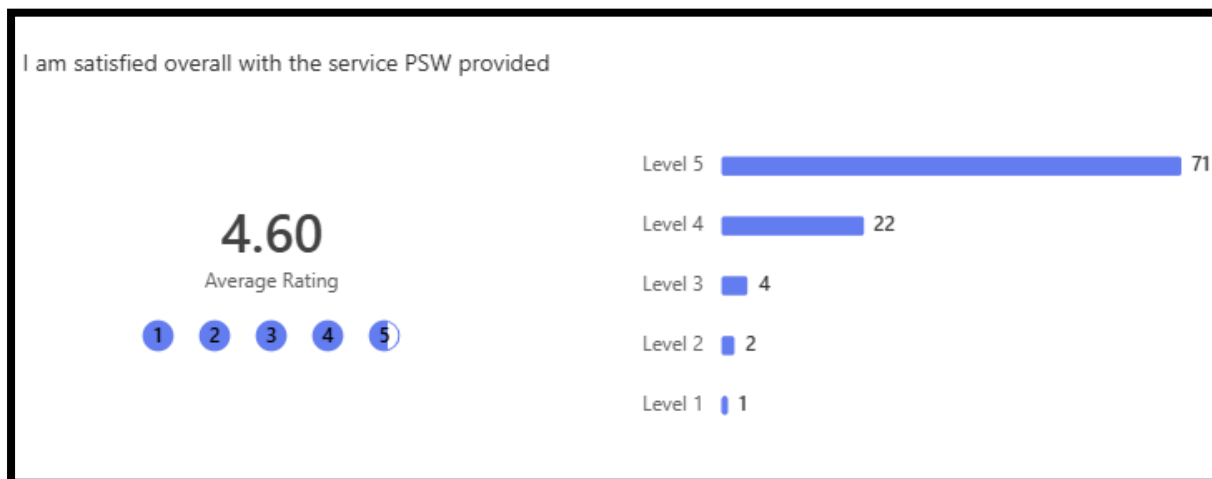


Figure 51 Responses to the question about satisfaction with the service (5-strongly agree, 1-strongly disagree)

From the 2025 evaluation data above we can see that 93% of respondents agree or strongly agree they are satisfied with the PSW service.

Case manager evaluation data 2024/25

In 2024 we started looking at our feedback and decided that the only part PSW could control directly was the performance of the case managers and speed of service etc. We therefore designed a short evaluation form to send with the summary letter. We received 109 responses in the first year, which is a 31% return rate. Of these, 100% said the service they received was good or very good (90% very good).



Figure 52 feedback on the service from case manager data since mid-2024



Figure 53 Word cloud of the free text data about the service from case manager data

100% said that they were given the opportunity to discuss their concerns fully and from the free text analysis, it is mainly due to the length of time we allow for these initial meetings- up to 90 mins.

“Made me feel safe and comfortable to discuss my concerns”

“Allowed me to talk and I felt listened to and understood”

“Was able to discuss my concerns with no time pressure.”

“...a good listener”

“empathic”

“Fully allowed to discuss issues, without time restriction.”

“...listened to me with care and compassion”

“...supportive and understanding”



Figure 54 Word cloud of the reasons for having the opportunity to discuss their concerns with the case manager

Do individuals feel the PSW service improved their situation?

From the data, residents feel the service has improved their situation (the reason for accessing PSW) and graded it 4.47 out of 5 (5 being top). In terms of percentage, 88% of those responded indicating that they strongly agreed or agreed that PSW had improved their situation.

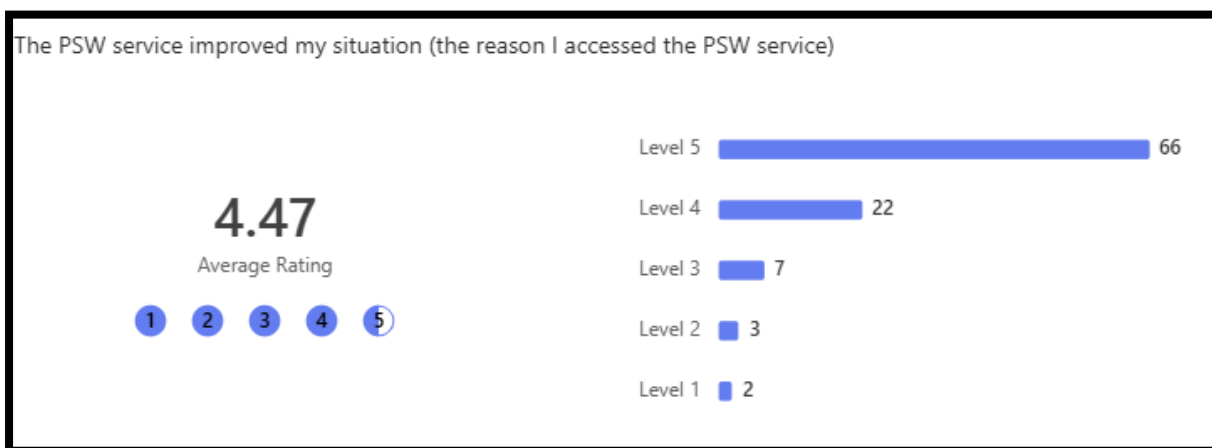


Figure 55 Responses to the question about whether their situation was improved by the service (5 - strongly agree, 1- strongly disagree)

89% of respondents felt PSW had had a positive or very positive impact on their wellbeing. It is a shame that there were a few who felt we had a negative impact.

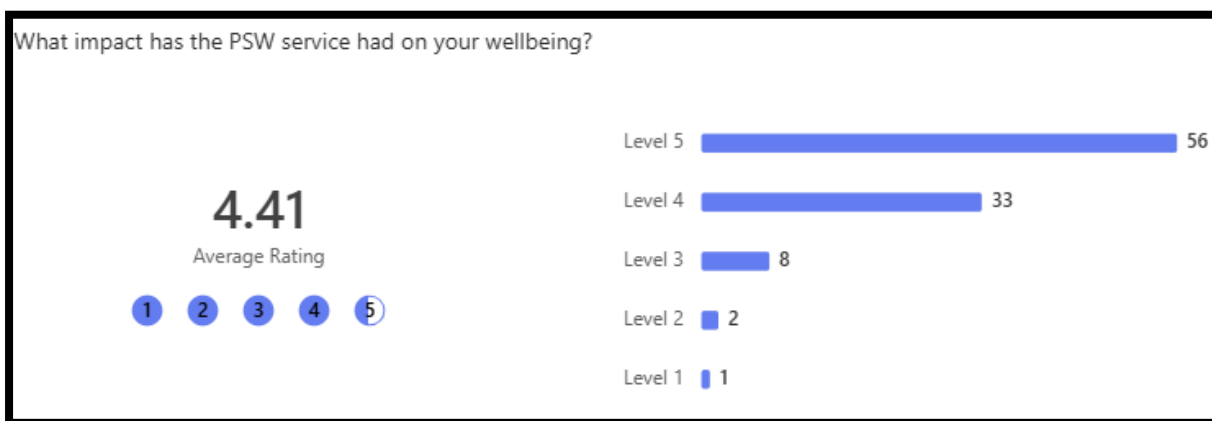


Figure 56 Responses to the question about impact of the service on wellbeing (5 excellent, 1-poor)

Do individuals feel the PSW service resolved their challenges?

This was a question asked in the 2019-22 evaluation which we didn't ask in this one. There are many challenges in life and our aim is to help people navigate these safely, healthily and with future tools to help, rather than resolve them completely.

What impact has the PSW service had on an individual’s wellbeing and their ability to continue to work in the NHS long-term?

In the most recent NETS survey, one of the headlines was that a 1/3 of learners considered leaving their education or training programme in 2024. This does seem a lot, however this does also include dentists, nurses and students in healthcare training, so not specifically doctors. Postgraduate doctors do make up more than 50% of those healthcare workers training. However, still concerning data.

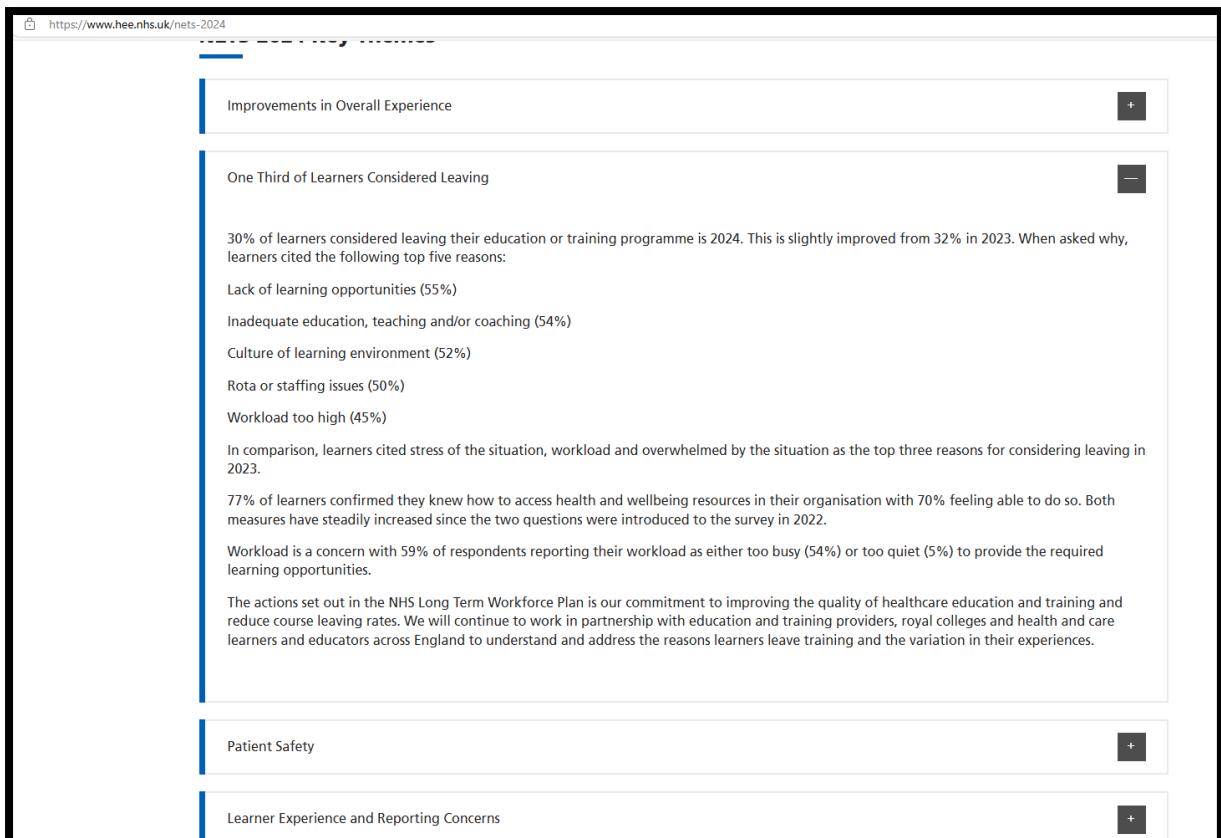


Figure 57 NETS 2024 Key theme of 1/3 national healthcare learner considering leaving

In terms of our PSW data, we found that PSW had a positive and very positive impact on their ability to stay in the NHS (83%). This may not necessarily mean that they remain in a training post. There was a lovely quote from one person:

“I was thinking to leaving the training when I been referred to PSW, due to lot of problems I was facing at that time PSW helped me and motivated me to stay and focus on training and have aim in life”

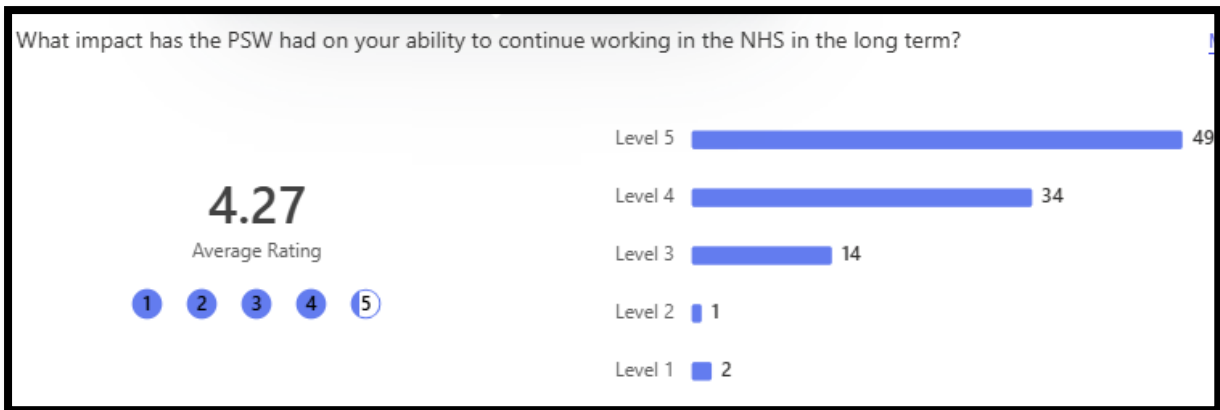


Figure 58 Responses to the question about ability to continue working in the NHS (5-very positive impact, 1-very negative impact)

We also asked, where they are now and if they would recommend the service. The majority are still working in the NHS and 71% are in the same training programme.



Figure 59 Question on the evaluation: Where are you now?

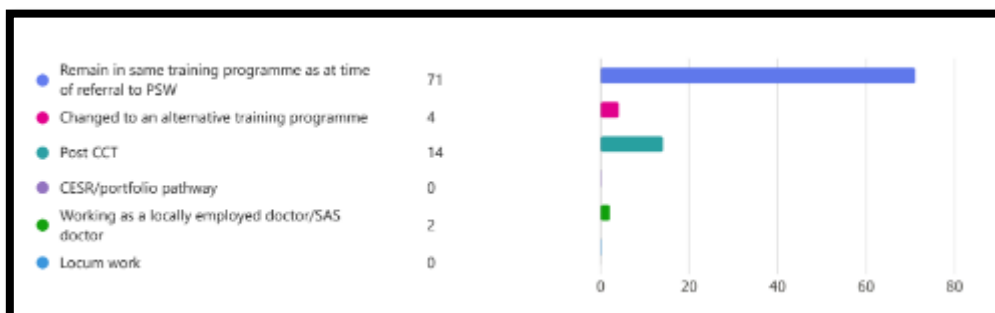


Figure 60 Further information on where they are now

95% would recommend the service. From the free text, what was described as helpful about the service was:

- Promptness, ease of access
- Positive qualities of staff described e.g. Kind, caring, supportive, non-judgemental, empathetic.
- Initial case manager assessment described as helpful in its own right by several trainees.
- Support described as "tailored" or "personalised" to individual needs.

- Gratitude for confidential nature of support.
- Much positive feedback for coaching and counselling as well as exam support and careers.
- Particular understanding of challenges of being a doctor/trainee
- Case manager checking in.

“I would have been very lost without PSW and recommend them to everyone. We are very fortunate to have them”.



Figure 61 Word cloud from the question; What did you find helpful about the PSW service?

“Safe to say without her support I would have probably have left medicine completely”

Of the 5% who would not, I look in more detail at their reasons (figure 62).

- Stigmatisation
 - Evaluation questionnaire e mail triggering
 - Limited time slots
 - Prefer face to face
 - Availability of coaching

Figure 62 Reasons for not recommending the service

Some of those who had not recommended the service had not had their meeting yet as they had only just referred themselves.

5.3 Are the resources offered by the PSW service effective?

Do individuals feel satisfied with the service provided by the resource provider?

In the past, the evaluation form was sent out when the case was closed. However, the response rate was very poor, and we felt the evaluation and feedback of our external providers is partly their responsibility and also should be necessary for our continuing working with them- hence why we have now added to the latest Statement of Works that all external providers need to sign if they work with PSW.

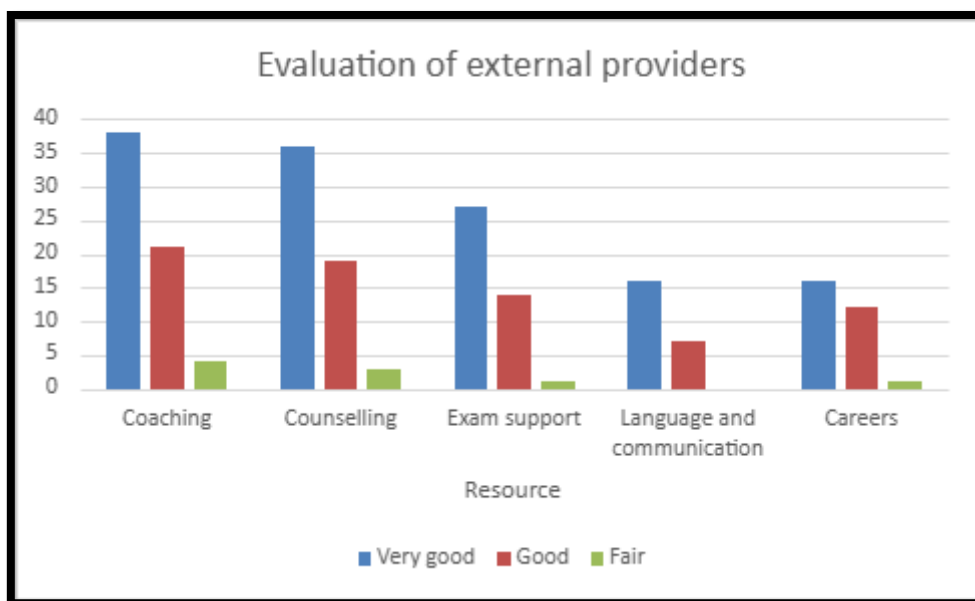


Figure 63 Evaluation of external providers

From the 100 evaluation responses, we can see that the majority of resident doctors/dentists found the external providers very good or good. A word count of the free text is below:



Figure 64 Word cloud of text feedback about the external providers

There were some lovely quotes within the feedback for the external providers:

Exam support/study skills

“Exam support might be more helpful if from a clinician rather than a teacher. It wasn’t necessarily study skills that I needed.”

Counselling

“Face to face counselling was so helpful and has really helped my personal and family life at a difficult time”

“PSW access to counselling was fantastic and really helped me avoid burnout and continue working effectively, thanks so much!!”

“The counselling offer was really helpful and offered support very quickly which I appreciated.”

“The counselling service changed my life at every level. I had not realised how much I was struggling, not home much better I could feel by recognising and addressing why I was struggling.”

Careers

“The careers support was amazing, meant I didn't quit medicine. It's such a shame that support is no longer available. I would find it useful now, and know so many others that would too!”

“The careers support was also invaluable and I wish it was available to more people as I know a lot of friends who would find it helpful”

Coaching

“Empathetic and understanding coach who suggested various strategies”

“The coaching was excellent - really enjoyed the sessions and made a difference to my clinical work”

Dyslexia

“The PSW was an invaluable service in helping me with a diagnosis of dyslexia, exam support and professional counselling. I think the service is key in supporting doctors and trainees in a huge number of ways which was not available via my employers or Royal Colleges.”

There were also **negative comments** to reflect on:

“Did nothing to stop bullying behaviour that I was being subjected to”

“The service was unable to help with my specific returning to work situation or advise on likely outcomes and effects to my training”

“I know my counsellor found my situation rather complicated. Some sessions were helpful, but the support seemed to end abruptly without any long-term plan or follow up.”

“Just as a note during counselling for someone I briefly knew I don’t think it’s appropriate to suggest someone has autism without knowing them - this added to my anxiety - I think maybe don’t suggest this to people”

“The timing/availability of coaching sessions did not fit in with my rota very well. Sessions were only available on Mondays and that was not always possible, so it did not make continuing with coaching worthwhile”

There was a comment about coaching via phone calls 'not as helpful' and we are addressing this. Also "bring back careers support".

Sadly, there were no suggestions about preventative measures and additional resources. There was one quote about those accessing the service feeling stigmatised:

"There is a very well known stigmatisation of trainees who have to access this service as being known as "problematic", which is contributory to systematic character assassination"

Anonymous resident doctor 2025

However, this was the only comment about this. By having a confidential service, colleagues and supervisors may not know they are accessing it, and it may be for this reason residents do not share the fact they are using PSW.

6. Recommendations

Recommendation	Changes being made
Increase the number of initial meeting appointments	This is in progress
Have more variety of times and dates and possibly the ability to contact the case manager and see if there is any flexibility in the time	This is in progress
A possible automated booking system, where the resident goes on- line to find a meeting slot. To book the appointment they have to complete the referral form, this goes straight to the case manager who checks suitability and confirms the meeting or asks questions directly	This is aspirational, but we may be able to improve our booking system.
Increase coaching and counselling provision (including more clinical coaches)	We are currently onboarding another communication coach.
Re-instate a career service and even expand it	We will put this on the NHSE SW risk register
Increase education of supervisors, including ARCP, writing reports, difficult conversations, reasonable adjustments	We will continue to work with FDLS to assist with the education of supervisors.
Possible supervisor drop-in sessions or an ability of supervisors to confidentially ask questions and advice from PSW	The plan is to attend a deputy dean drop-in session and ask attendees if this would be useful
More online support information or providing trusts/GP and dental practices with support guidance, as attendance at courses is poor	The website is being continually updated as information comes in
Increase support of WARD to help peers	This is aspirational as funding for the WARD fellow has now stopped
Advertising campaign to increase awareness, posters etc	Once we know our position in the new Dept of Health set up, we can do this
Consider a package of information for supervisors and residents at induction to make sure they know where to go to for support	Currently a handbook for supervisors is in progress. This could also be done for resident doctors
Add evaluation to the annual report- so yearly data to make more timely changes as necessary	This will now happen
Tidy up the database- maybe at the end of every financial year, that year's data is copied onto a separate spreadsheet, the evaluation form e mail out and then personal data removed.	This needs discussion with the admin team to see what is achievable
Find a way of making better pivot tables for the data	Needs discussion with the admin team

Add age data and make some others compulsory e.g. Ethnicity, med school	To be discussed with admin
Need to get some evaluation of our external providers	To be discussed with admin and management regarding the Statement of Works given to our providers
Find a better way of adding up the resources we use- do we need a separate column for each	Will get help from an excel expert
Re-think our reason for referral data- do we need something more specific? E.g. Low mood, exams	To be discussed at the September team meeting
Encourage more dentists, pharmacists and advanced care practitioners in training to use our services	We have been asked to talk to some of these specialties about PSW. Currently this is on hold while we focus on case management of referrals
One day, open the service to locally employed doctors	Aspirational

Table 19 Recommendations from the 2022-25 evaluation and planned changes

7. Acknowledgements

Dr Rachel Armstrong, PSW fellow- co- wrote the evaluation questionnaire and provided the thematic analysis and proof-read the evaluation

Sophie Hunt, PSW administrator- for all the administrative tasks of making the MS Forms evaluation and tidying up the excel data prior to analysis

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The PSW administration/managers- Evette, Chris, Giovanna

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Dr Elaine Wainwright - Visiting Research Fellow, Bath Spa University- qualitative analysis of original evaluation

Prof. Gordon Taylor - Professor of Medical Statistics & Director of the RDS SW, University of Exeter- quantitative analysis of original evaluation

The FDLS team

On behalf of the PSW team I would like to thank all the external support providers who have given us verbal feedback on current areas of concern for us to develop the service. You have helped to make a positive difference to the lives of many and continue to do so.

We would especially like to thank all the postgraduate learners who have completed the evaluation forms and given us feedback. Your contributions will help to shape the future of the service for the better – thank you.

8. Appendices

Appendix 1: Referral form

Basic demographics	
First name, surname and preferred name E mail address Telephone number Home address Contact in case of emergency (NEW 2024)	
Professional information	
Professional registration and number Training programme Dental speciality Medical specialty Foundation grade Core grade Speciality grade Medical training programme 1 and 2 Pharmacy speciality Dental foundation, core and speciality grade Pharmacy grade ARCP at time of referral Full time or part time	
Location of work	
Base Location Trust	
Reason for referral (1- no impact 6- significant impact)	
Work factors Home factors Health factors Job factors Individual factors	
Referral type	
Referred- by whom, position Self-referred	
Free text	
Further information and what they expect from the service	

Appendix 2: PSW information sheet

Professional Support & Wellbeing Information Sheet

Mission statement:

PSW is here to provide personal and professional support and development to postgraduate learners across the southwest to reach their full potential and provide safe patient care

For emergency support please contact:

- Tell someone you trust how you are feeling
- [Samaritans](#) (Call 116 123)
- [BMA Wellbeing](#) (Call 0330 123 1245)
- [Practitioner Health](#) (text 'PHP' to 85258) (Call 0300 0303 300)
- NHSE have put together a [resource list](#), including access to a confidential text support service which you can access by texting SHOUT to 85258 for support 24/7
- Contact your GP
- Dial 999 or go to your local emergency department

Engaging with our service:

Support from the PSW SW is voluntary. However, once engaged, we expect you to use the services provided as soon as possible.

1. Please provide a valid email address for all correspondence (N.B. doctors.org.uk emails seem to not like our booking link, so please use another)
2. We ask for home address in case of emergency and emergency contact
3. We are a confidential service and would only break confidence, ideally with your permission, if there is a serious risk to yourself or others.
4. Please inform us if any personal details change ASAP
5. Letters from case managers will be sent as a pdf by e mail within 5 working days of your meeting. Please inform us within 10 days of any changes before this becomes a record of the meeting.

6. All letters, meeting notes and referral forms are stored securely (electronically) on a SharePoint drive within NHS England. They are only accessible by the PSW team (Associate Dean for PSW, case managers and admin) for cross covering.
7. All learner data on our system is destroyed 6 years after the case is closed as per NHSE's Record Management Policy and Records Retention and Disposal Schedule
8. Complaints about the service should be e mailed to england.psw.sw@nhs.net

Our external providers

1. All external expert referrals are for a maximum of 6 sessions (coaching, counselling, study skills, language and communication support).
2. The external provider should contact you within 14 days of your PSW meeting.
3. Please inform your case manager if you have not heard from the provider after this time.
4. Please have/or book your initial session within 4 weeks of being referred.
5. All 6 sessions should ideally be completed within 9 months of starting. You are unable to 'bank' your sessions.
6. A cancelled session within 24 hours of the meeting or a Did Not Attend (DNA) will count as 1 session received.

What we are unable to provide

1. We are not an emergency service.
2. We are not an occupational health service and are unable to suggest workplace adjustments. Please contact your employer for this information.
3. We are not here to replace mainstream NHS services.
4. We are unable to get involved in training issues e.g. inter-deanery transfers or ARCPs.
5. We are not a diagnostic service and are unable to provide assessments for ADHD or autism spectrum but can refer for dyslexia assessment if indicated.

We look forward to meeting you.

For more information, please look at the PSW guidance document on our [website](#).

Appendix 3: Case manager feedback questionnaire

PSW NHS England SW Evaluation

1. Please select the date of your first meeting: Date.

Please input date (dd/MM/yyyy)

2. Who was your case manager? Single choice.

Amber Shipley (AS)

Kay Spooner (KS)

Rebecca Calvert (RC)

Sarah Huline- Dickens (SHD)

Sam Robinson (SR)

3. What is your speciality/school? Single choice.

Select your answer

4. What is your grade? Single choice.

Select your answer

5. Overall, how was your experience of the service?. Single choice.

Select your answer

6. What is the main reason for the answer you have given? Single line text.

Enter your answer

7. Were you given the opportunity to discuss your concerns fully? Single choice.

Yes

No

8. Can you tell us why you gave your answer? Single line text.

Enter your answer

9. Do you feel your problems were understood by your case manager? Single choice.

Yes

No

10. Did the support offered to you help you make positive steps? Single choice.

Yes

No

11. What support has been offered?

Single choice.

(Please select all that apply)

Select your answer

12.What other support were you offered? Single line text.

Enter your answer

13.How would you describe your gender? Single choice.

Select your answer

14.What is your age group? Single choice.

18-24

25-34

35-44

45-54

55-64

15.How would you describe your ethnicity? Single choice.

Select your answer

16.Are your day-to-day activities limited because of a health problem or disability which has last, or is expected to last, at least 12 months? (include any issues / problems related to old age) Single choice.

Yes, limited a lot

Yes, limited a little

No

Prefer not to say

17.Do you have any further comments? Single line text.

Enter your answer

18.Are you happy for your comments to be published anonymously? Single choice.

Yes

No

Appendix 4. Evaluation questionnaire

Professional Support and Wellbeing (PSW) southwest service evaluation questionnaire

Many thanks for using PSW. In order to continually improve our services, we would like to invite you to complete a short questionnaire on our services.

All feedback is anonymised. Many thanks for your time.

Please rate the following responses between 1 (strongly disagree) to 5 (strongly agree):

- The PSW service was easy to access.
- The PSW service responded in a timely manner.
- The PSW service improved my situation (the reason I accessed the PSW service).
- I am satisfied overall with the service PSW provided.

Please rate the following responses between 1 (very negative impact) to 5 (very positive impact).

- What impact has the PSW had on your ability to continue working in the NHS in the long term?
- What impact has the PSW had on your wellbeing?

Please click which service or services you accessed (click all that apply):

- Coaching
- Counselling
- Exam support
- Language and communication support
- Careers support

For each:

Please rate your overall experience of this service: very good, good, fair, poor, very poor

Please give additional comments on what you did or did not find helpful.

Would you recommend the PSW service to friends or colleagues? Yes/No.

Where are you now?

- Working in NHS: Remain in same training programme as at time of referral to PSW.
- Working in NHS: Changed to an alternative training programme.
- Working in NHS: post CCT
- Working in NHS: CESR/portfolio pathway
- Working in NHS: Working as a locally employed doctor/SAS doctor
- Working in NHS: Locum work

- Working in an academic role.
- No longer working in medicine.
- Career break
- Other: free text

What did you find helpful about the PSW service?
(free text)

Is there anything that you feel could have been improved?
(free text)

Any other comments or feedback:
(free text)

Many thanks for your time.

Appendix 5: GMC National Training Survey Burnout report questions (GMC, 2024)

Burnout report

To measure risk of burnout, we use the seven work-related questions from the established and widely used Copenhagen Burnout Inventory (CBI). Following a successful trial, these questions are presented as optional for respondents to the national training surveys (NTS). We report responses separately to the regular NTS indicators using the method explained below.

The reports show the proportion of doctors that indicate low, moderate or high risk of burnout.

How the burnout categories are created

The questions are scored using the established NTS scoring system on a scale from 0-100 (table 1). The respondents' mean scores across all seven questions are categorised into one of three levels of burnout (table 2).

You can see reports for burnout across groupings such as specialty, country or training level.

In all of the reports any group where the number of respondents for the burnout questions was less than three, results have been removed to protect confidentiality of responses. Because they are optional, there are fewer responses to these questions overall. This means more report groupings are hidden than in other areas of NTS reporting.

Table 1: Burnout questions and answers with applied scores

Score Applied High – Low	0	25	50	75	100
Is your work emotionally exhausting?	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
Do you feel burnt out because of your work?					
Does your work frustrate you?					
Do you feel worn out at the end of the working day?	Always	Often	Sometimes	Seldom	Never

Are you exhausted in the morning at the thought of another day at work?					
Do you feel that every working hour is tiring for you?					
Do you have enough energy for family and friends during leisure time?	Never	Seldom	Sometimes	Often	Always
Table 2: Burnout category score range					
Burnout category	Score range				
Low	Over 50				
Moderate	Over 25 up to and including 50				
High	Less than and including 25				

8 .References

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