

Professional Support and Wellbeing (PSW)

Annual report 2024-25



July 2025

NHSE Southwest

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1. Mission statement

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.

2. Introduction

Training and working in healthcare can be stressful, and life events can also affect our ability to work effectively. A timely support service is therefore essential to help these individuals not only get back on track, but to help them recognise the warning signs and seek help early.

This is the first annual report for PSW, and its aim is to show what PSW has achieved over the past year and its future plans.

A note on the actual figures contained in the report- the excel spreadsheet/database is categorised in actual years rather than financial years. Some tables and charts are taken directly from this as Pivot Tables have been set up and will therefore show the year 2024 data. Where there are specific numbers, I have selected data from the spreadsheet for the dates of 6 April 2024 to 5 April 2025 for more detailed analysis.

3. Summary/Key Findings

- PSW had 350 referrals in 2024/25. 343 doctors-in-training (Resident doctors), 6 dentists-in-training and 1 pharmacist
- This is 6% of all the doctors-in-training and 3.75% of all the dentists-in-training in the southwest
- The majority (91.1%) are self-referrals
- 11.7% are re-referrals
- We get more referrals from women, then men, but more people are choosing not to declare gender
- 30% referrals are from black and ethnic minority groups
- 27% were international medical graduates (IMGs)
- The majority of referrals come from Primary Care, followed by foundation then medicine
- The commonest grade referring is CT/ST3
- The majority of onward referrals for external provider support are for counselling and coaching
- The main reason for referral is health, job and individual factors
- 100% feedback to the service (30% response rate) was good or very good
- 202 doctors are being mentored by our mentoring service
- We have 119 mentors currently on our books

4. About the SW PSW

The PSW has been supporting doctors-in-training across the southwest for over 15 years, providing a 1-1 confidential and free service- the amalgamation of support services from the previous Severn and Peninsula Deaneries. It now supports pharmacists and pharmacy technicians- in- training (via supervisor referral and funding agreement), dentists-in-training and Advanced Care Practitioners (ACPs).

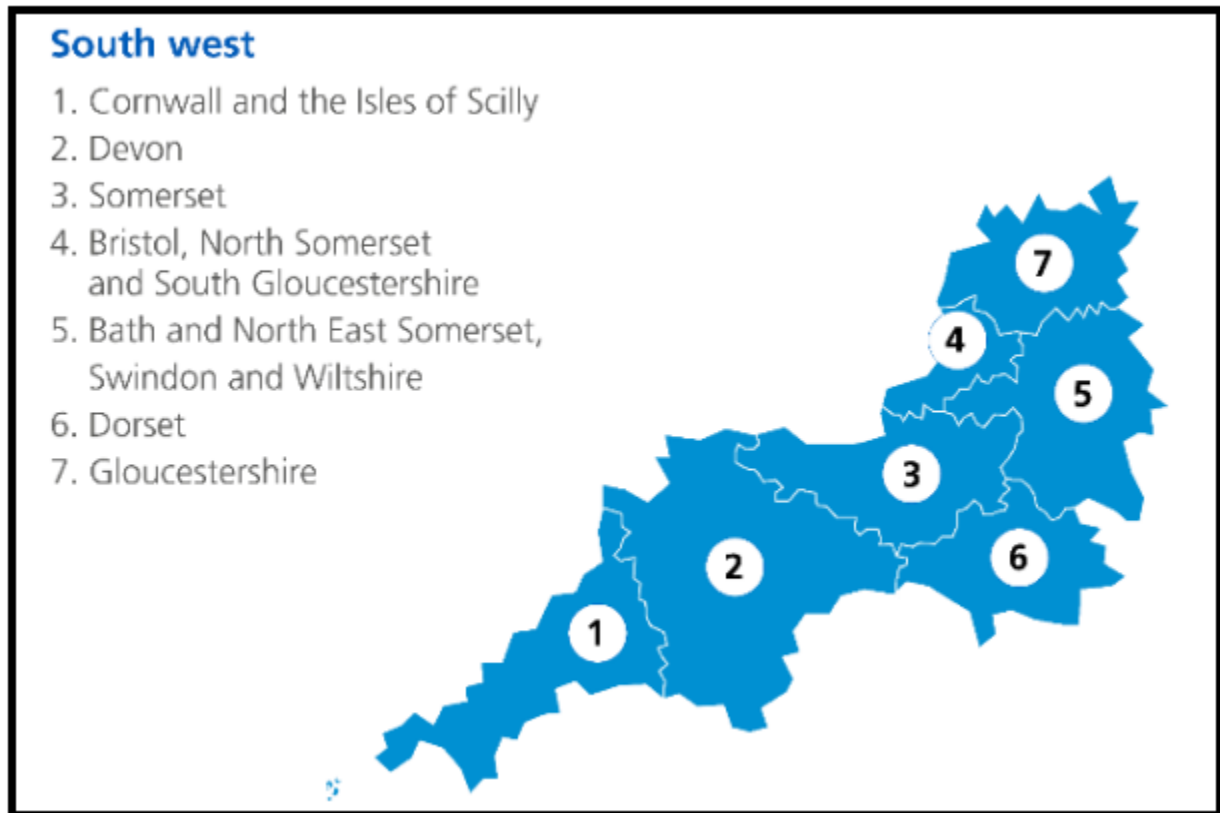


Figure 1 The southwest

5. The PSW team

The PSW team is made up of clinical and non-clinical case managers, supported by a small administration team. We currently have 2 clinical case managers and 3 non-clinical case managers, all less than full time. The primary role is case - managing the referrals. All case managers are trained in either coaching, counselling, or psychiatry. As well as providing 1-1 meetings, they all support other training activities (see below)

Case manager	Hours	Meeting slots and other roles
Non-clinical case manager (Agenda for change)	30 hours/week	4 meetings/week, mentoring course, talks, in-house career support
Non-clinical case manager	20.25 hours/week	3 meetings/week, coaching course, talks
Non-clinical case manager	30 hours/week	4 meetings a week, talks, neurodiversity
Seconded clinical case manager	8 hours/week	2 meetings a week, neurodiversity national task group, course design
Seconded clinical case manager and team lead	16 hours week	2 meetings/week, website, Enhanced support course, line manager, talks, lead PSW

Table 1: Case manager hours and roles

6. Referrals

Referrals to the service can be from individuals (self-referral) or by a supervisor/training programme director (TPD)/head of school (HoS) (referred) via a form on the website. To improve engagement in the service, we are aiming to have less than 10% referred. In the last financial year, it was 8.9 %. However, interestingly, when I looked at those who did not engage, the majority had self-referred (80%) and still did not book a meeting. This could be due to many reasons- possibly due to finding a meeting time that fits with work and home life.

Once a referral comes in, the administration team check that the individual is eligible for support (has a training number in the southwest). If not, the case is flagged to the lead associate dean (AD) who responds and signposts to other supportive organisations.

An e -mail is sent to the individual needing support with a meeting booking link. If the individual is referred, this is copied into the referrer as well. Once a booking is made, no further contact is made with the referrer.

A summary of the process is below:

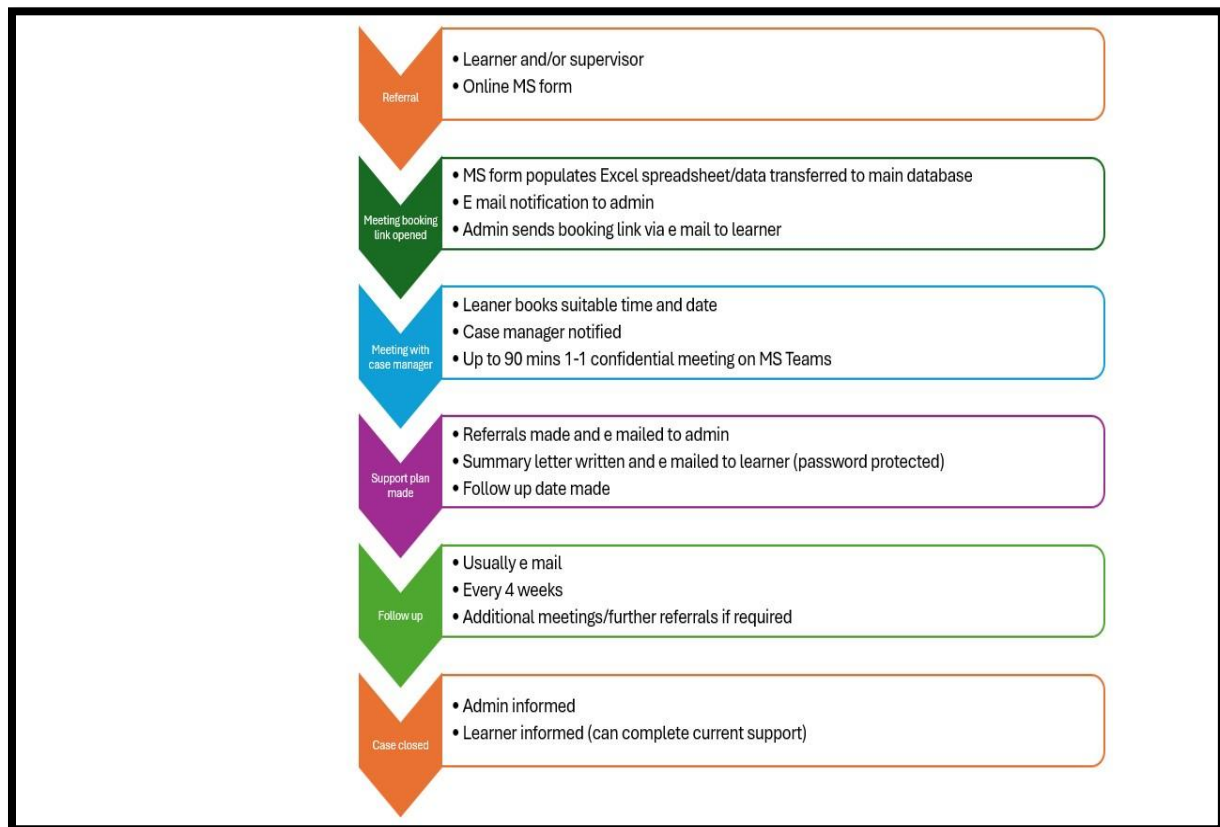


Figure 2 The PSW referral process

A copy of the referral form can be found in Appendix 1.

The referral form has been streamlined over the years and there is still room for further improvement, which I will discuss at the end. In order to proceed with the referral, the person completing the form has to agree to our confidentiality statement.

Referrals have been increasing year on year to PSW with the exception of a plateau last year. We do not advertise the service currently as the change from Health Education England (HEE) to NHS England southwest (NHSE SW) meant we had instability in the admin team and case managers and we didn't want to overload the service. We also had changes to e-mail addresses and were under the impression the website might change. Therefore, we didn't want to design posters to send out that needed to be changed. When we have more stability in the service (once the new merger with the Department of Health has happened) we will advertise. Currently we rely on word-of-mouth from colleagues and supervisors to those in training to make them aware of the service. We do also have a website which is kept up to date.

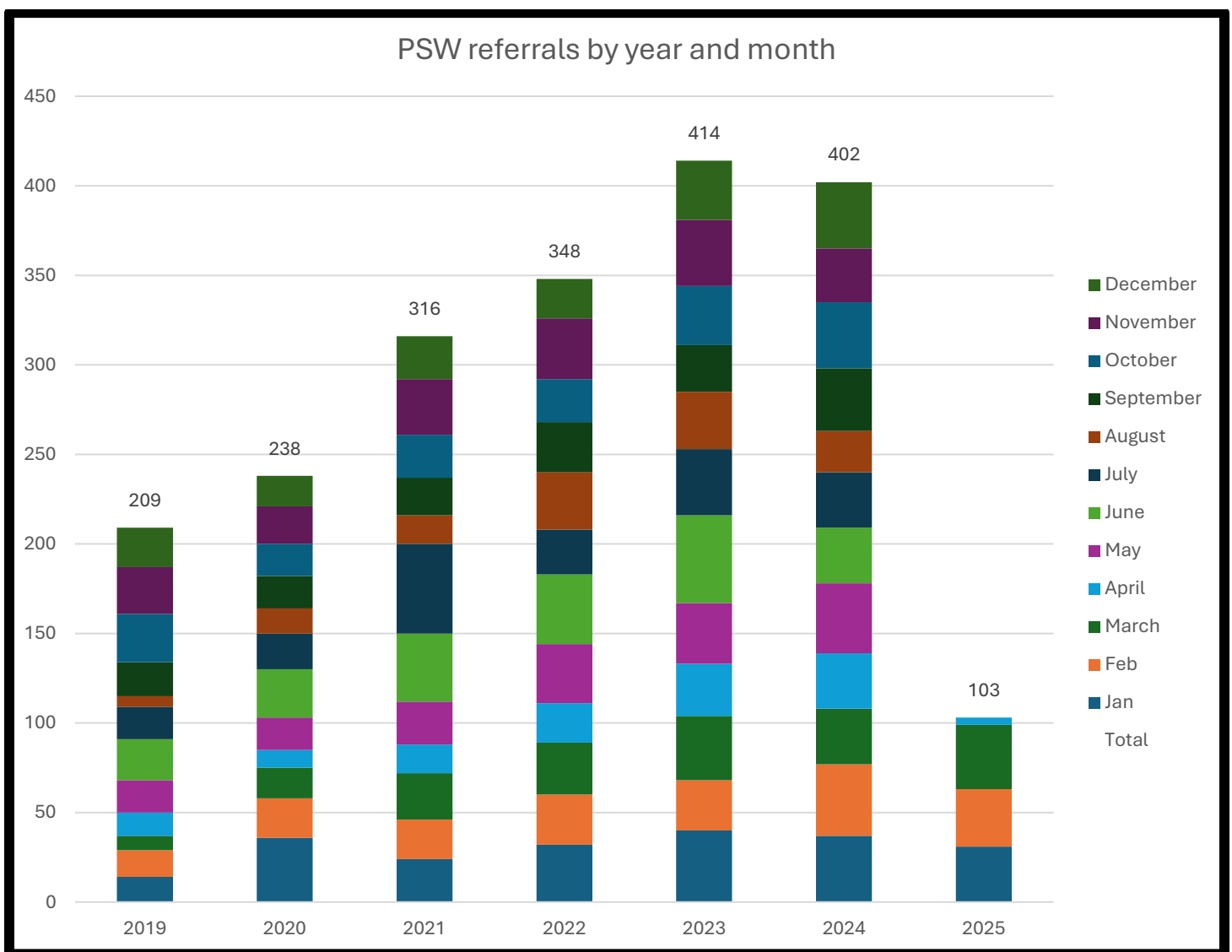


Figure 3 PSW referrals by month and year

In the last financial year, we had 350 referrals. 343 doctors in training, 1 pharmacist in training and 6 dentists in training. As of November 2024, data from the Trainee Information System (TIS) showed there were 5760 doctors-in-training and 160 dentists in training across the southwest (we are not

given ACP or pharmacy data). This means we saw 6% of doctors and 3.75% dentists training in the southwest. Only 1 was a re-referral in the same year; however, 44 referrals from 2024/25 had previously referred into the service (re-referral rate of 11.7%). This could be because once people know about the service, they know what we offer and come back for further support.

We stopped automatically inviting those with a non- favourable ARCP outcome a couple of years ago. This was also taking up a lot of valuable admin time checking all ARCP outcomes and opening new cases for each. Due to the poor engagement rate of these people, it was deemed not viable or useful. Self- referral, and early referral for support before ARCP is encouraged.

When referrals come in, the majority of Resident doctors are working full-time. It will be interesting to see if this drops over the years. I think more and more Resident doctors are moving to 80% to help with life balance and wellbeing.

In terms of protected characteristics, 56% of those seen are female, 27% male and the rest did not disclose. The diagrams below show this as a comparison to the TIS data. We see 6% of the female training population and 4.4% male. I am unsure why the PSW data has more 'unknown gender' than the TIS dataset. Interestingly on the PSW case manager feedback there was one comment about gender:

" I don't describe my gender as anything. My sex is female "

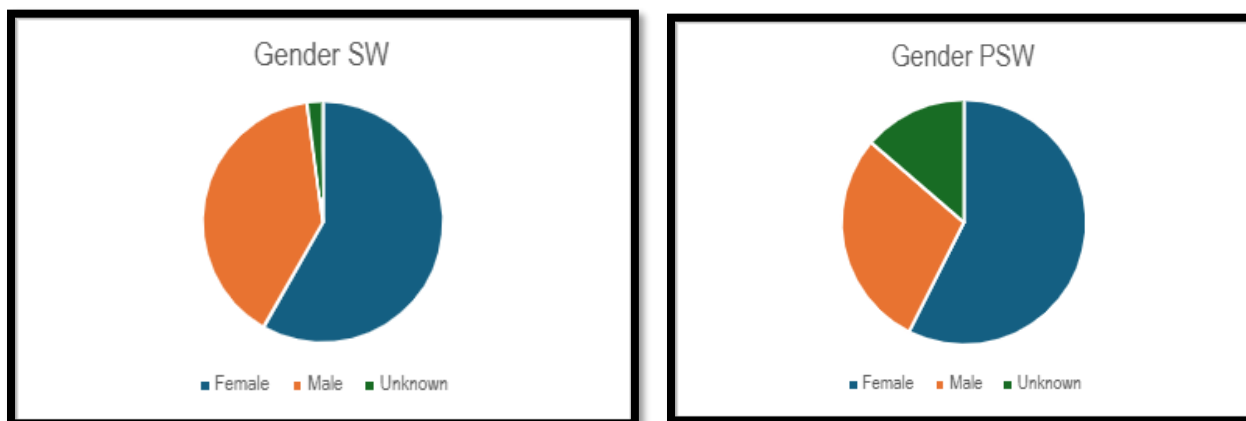


Figure 4 Pie chart comparisons of SW resident doctor gender and those referring to PSW

In 2023 we started collecting ethnicity data and country of medical school to understand our referring population. Since starting to collect this data, we have noticed an increase in referrals from non-UK graduates. In 2024, 27% of those referring were international medical graduates (IMGs) and those from non-EU countries were the majority (about 3:1 non-EU: EU). We have also noticed an increase in referrals from EU (nearly double) and non-EU medical graduates (increase of about a third).

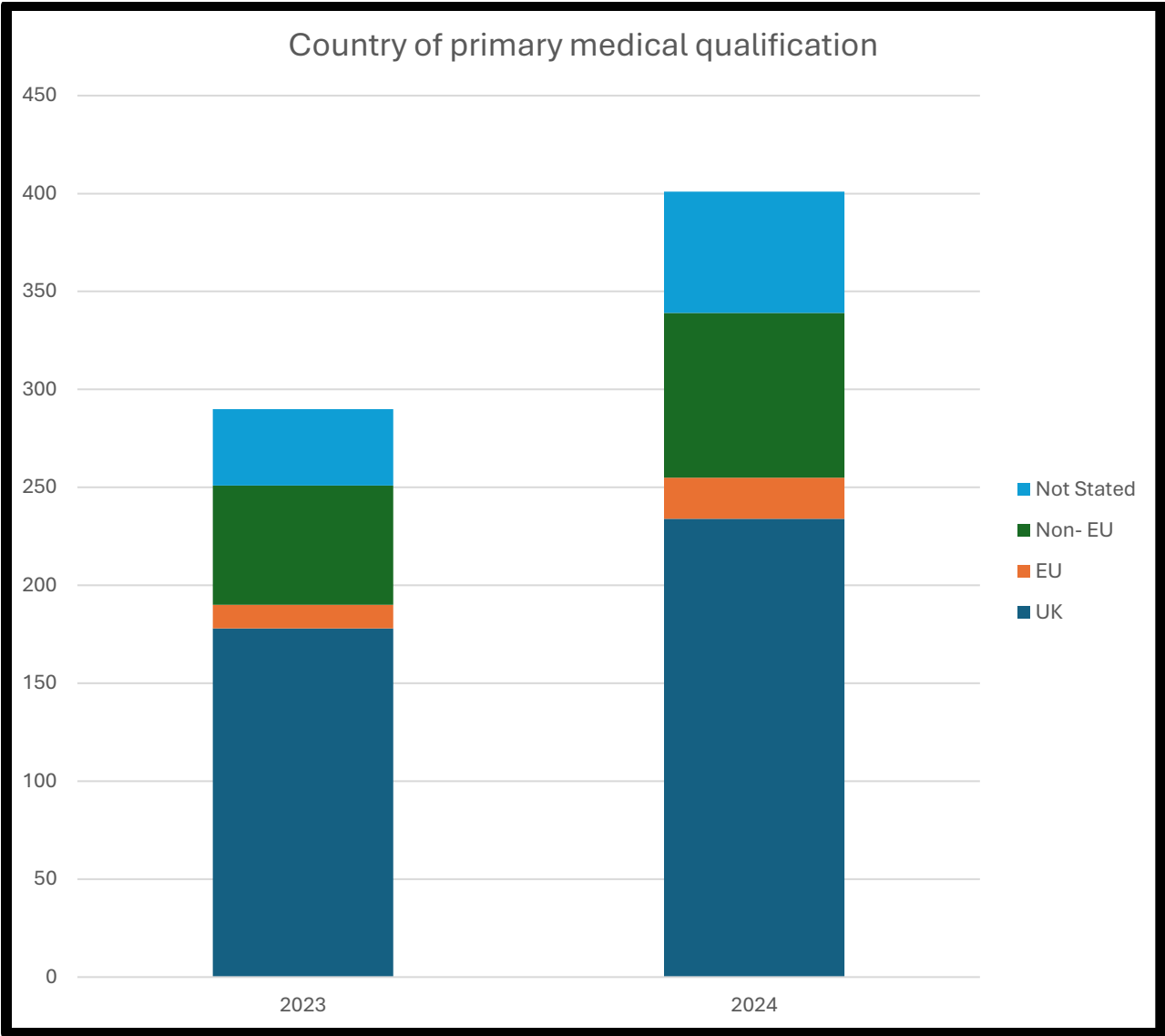


Figure 5 Country of primary medical qualification for PSW referrals

About 30% of referrals are from black and ethnic minority groups.

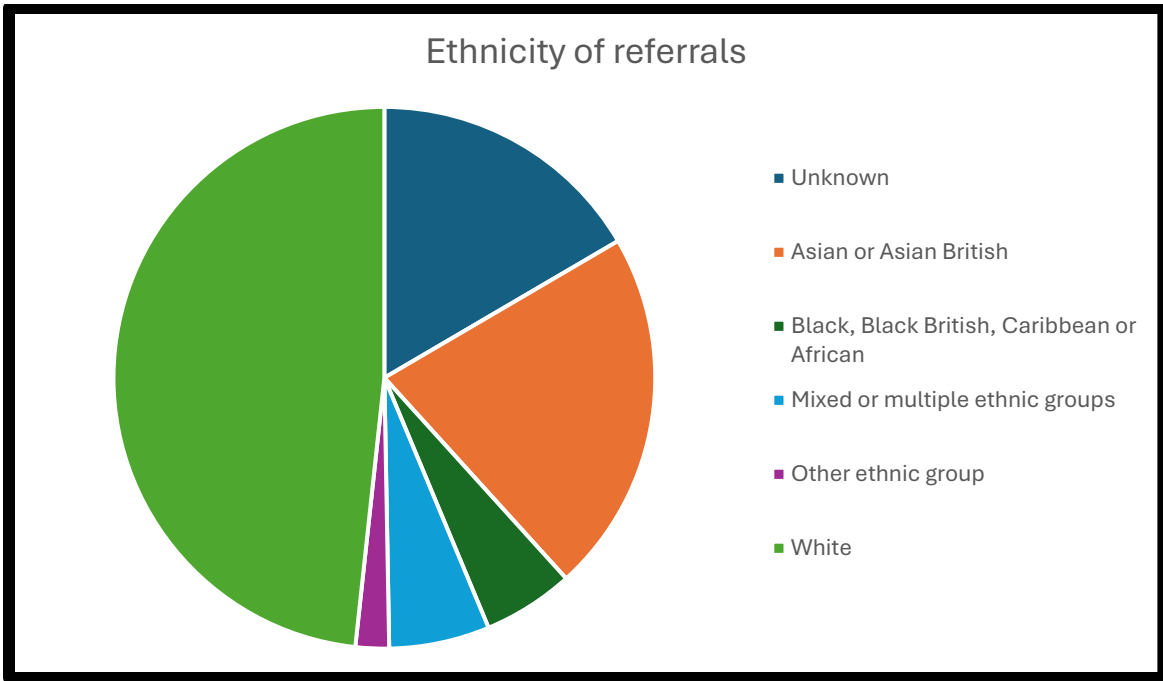


Figure 6 Ethnicity of referrals in 2024

We have also started asking about disability as covered in the Disability Act 2010. 35 referrals (9.5%) stated that they had a recognised disability under the Disability Act 2010.

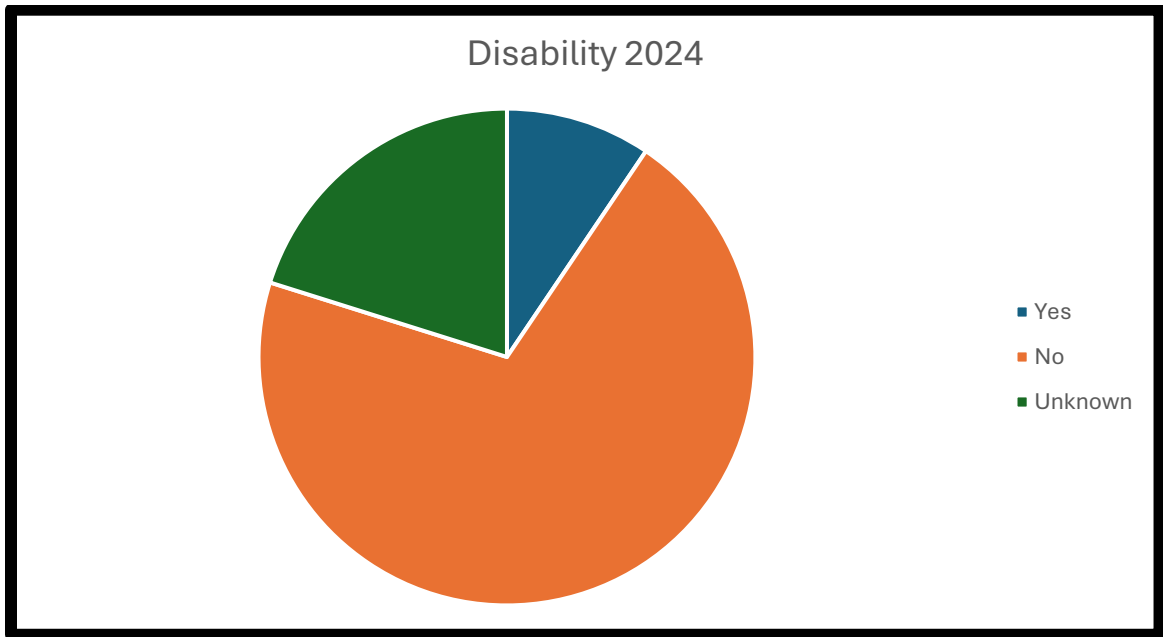


Figure 7 Disability of referrals 2024

7. Reasons for referral

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 2 PSW reason for referral criteria definitions

Rather than averaging the numbers, I felt that the mode (most commonly chosen number) would be more representative and from the table below, it shows that health, the job and individual factors have the most impact on their reason for referral.

Work factors	Home factors	Health factors	Job factors	Individual factors
1	1	5	5	5

Table 3 PSW reason for referral 2024

8. Managing the case load

In 2024 (not the financial year, but likely to be similar) we had 402 new referrals and 367 people seen. Therefore, 35 people did not book a meeting despite referring (8.7%). This is despite our admin team sending reminder e mails after 1 week, then a further week before closing the case (as a PSW number is allocated on the referral coming in, hence it is closed quickly if no response). The admin team uses Planner for each case to keep track of their progression through the service with a timeline. However, if it is felt that the referral is high risk (e.g. words that implied very low mood, depression, self-harm, suicidal ideation, unsafe to be at work), it is flagged up to the lead AD for further management and contact.

199 cases were closed and the average case duration across all case managers was 8 months, with the longest being 15 months. We offer 15 meeting slots a week. This can vary depending on annual leave, sick leave, and teaching on PSW linked courses. We internally cross cover. The meetings are currently 90 minutes to allow plenty of time for the individual to feel listened to and open up fully about concerns. This time is appreciated:

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

“I liked that you were given 1.5 hours because that felt like a very good amount of time to discuss more difficult topics.”

New referrals are discussed each week at our case manager meeting, and any complex cases are discussed in more detail for managing and learning. If a case is considered urgent when the referral comes in, this is flagged to the lead AD who contacts them. If they are away, there is a case manager escalation plan (see Appendix 2) for advice.

The service is confidential, so any e mails from supervisors about resident doctor engagement are replied to by the lead AD, explaining our service and suggesting talking to the resident themselves. The case manager may also inform the resident that the supervisor has inquired about them.

As the database is continuously being updated, the number of open cases as of 3 June 2025 was 276.

9. Key performance indicators (KPI's)

KPI	Basis
Dates offered for initial meeting	<i>Within 48 hours of referral received.</i>
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 4 Current PSW KPI's

We are currently achieving our KPI's.

10. School data

The majority of referrals came from Primary care (33%), followed by foundation doctors (16%) and then medicine (11%). However, as a percentage of the number of doctors in that specialty the numbers change and in 2024 Pathology had the most referrals as a percentage of their total SW training numbers.

This information is passed to Heads of Schools via the PSW/SuppoRTT network meeting quarterly.

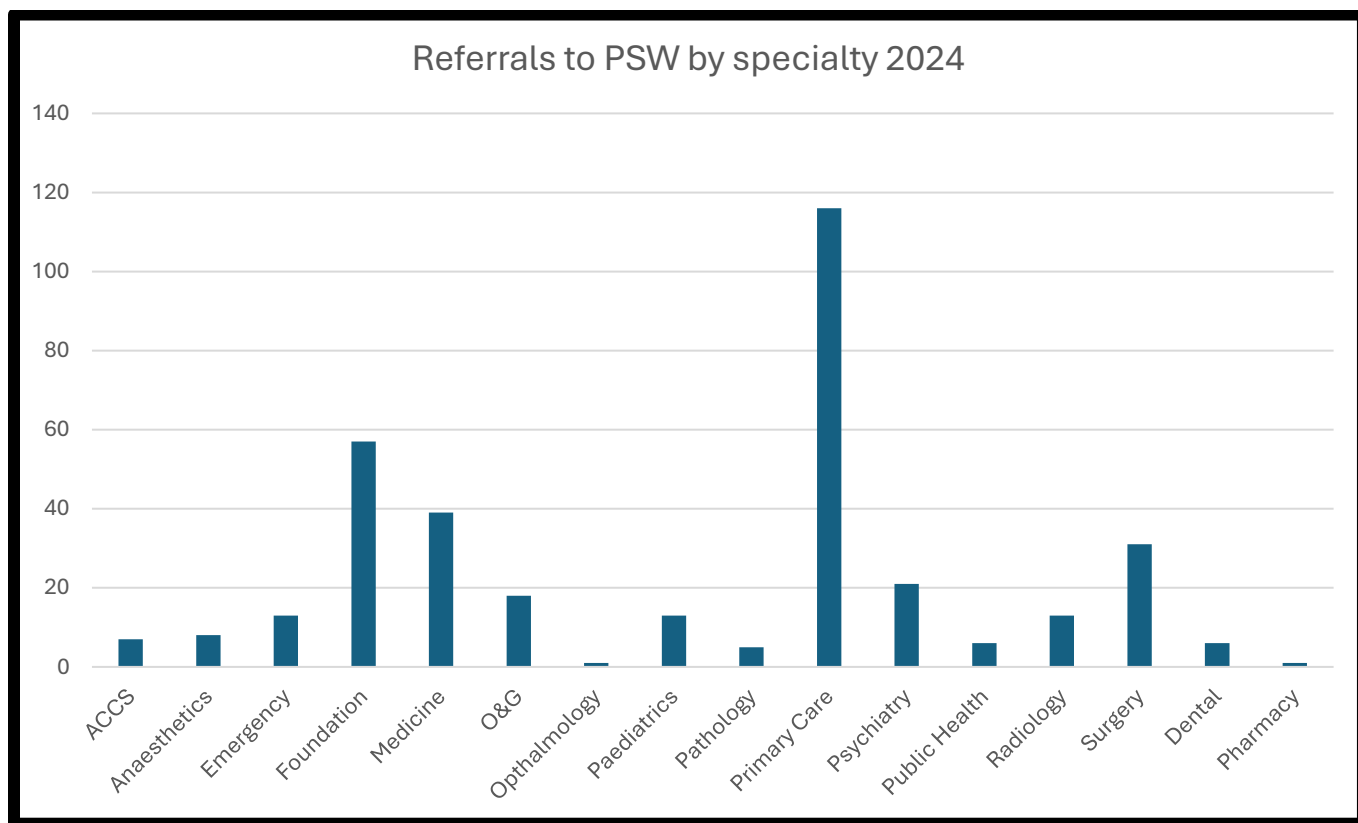


Figure 8 Total number of PSW referrals per specialty in 2024

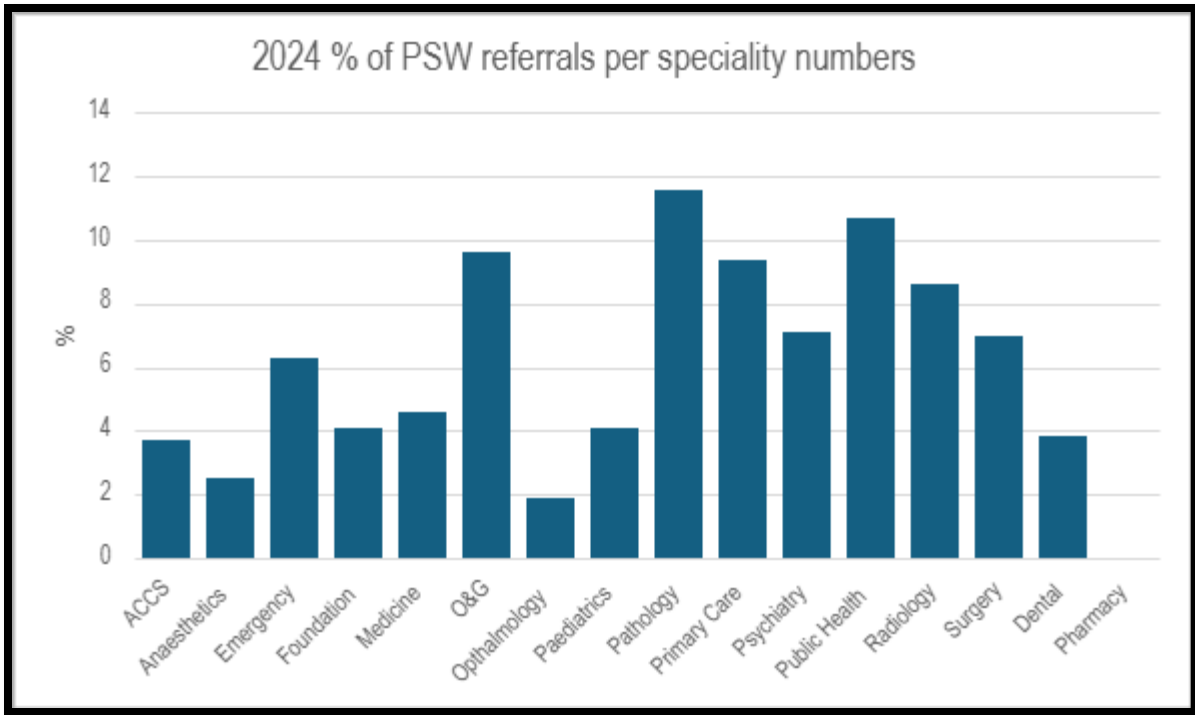


Figure 9 Percentage of each specialty seen by PSW in 2024

We get the majority of referrals from the grade CT/ST3.

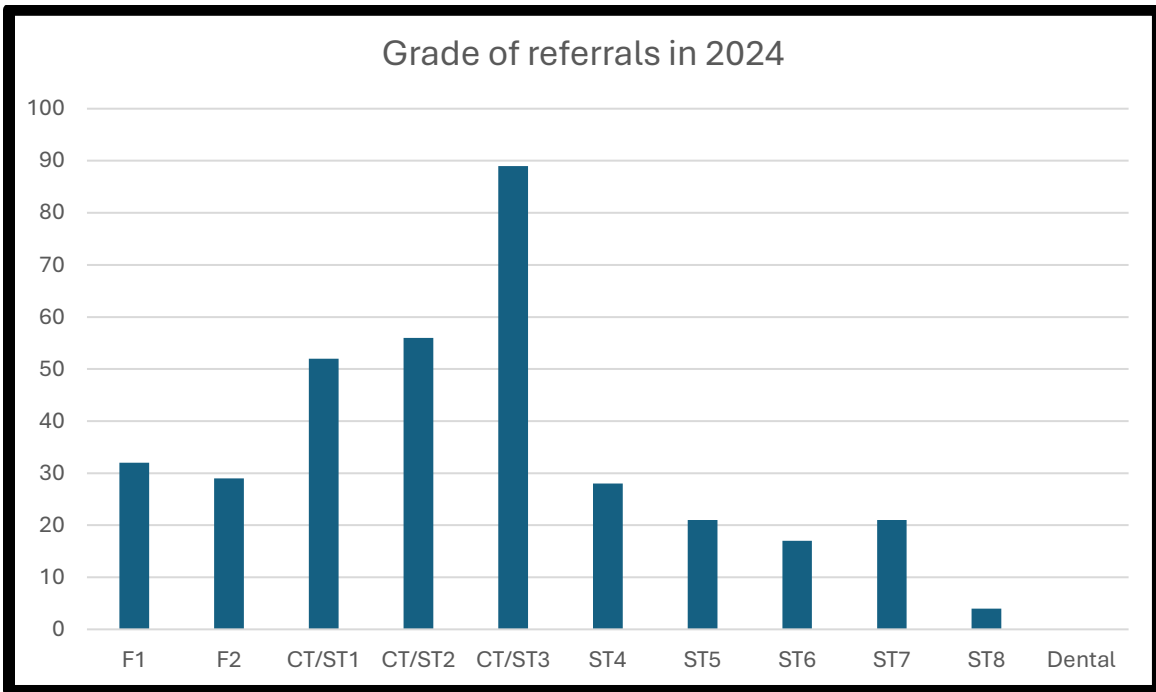


Figure 10 Grade of those referring to PSW in 2024

However, when calculated as a percentage of the total number of Resident doctors in that grade, we start to see peak referrals at CT/ST3 and ST7- key transition points in medical training – becoming a registrar and a consultant.

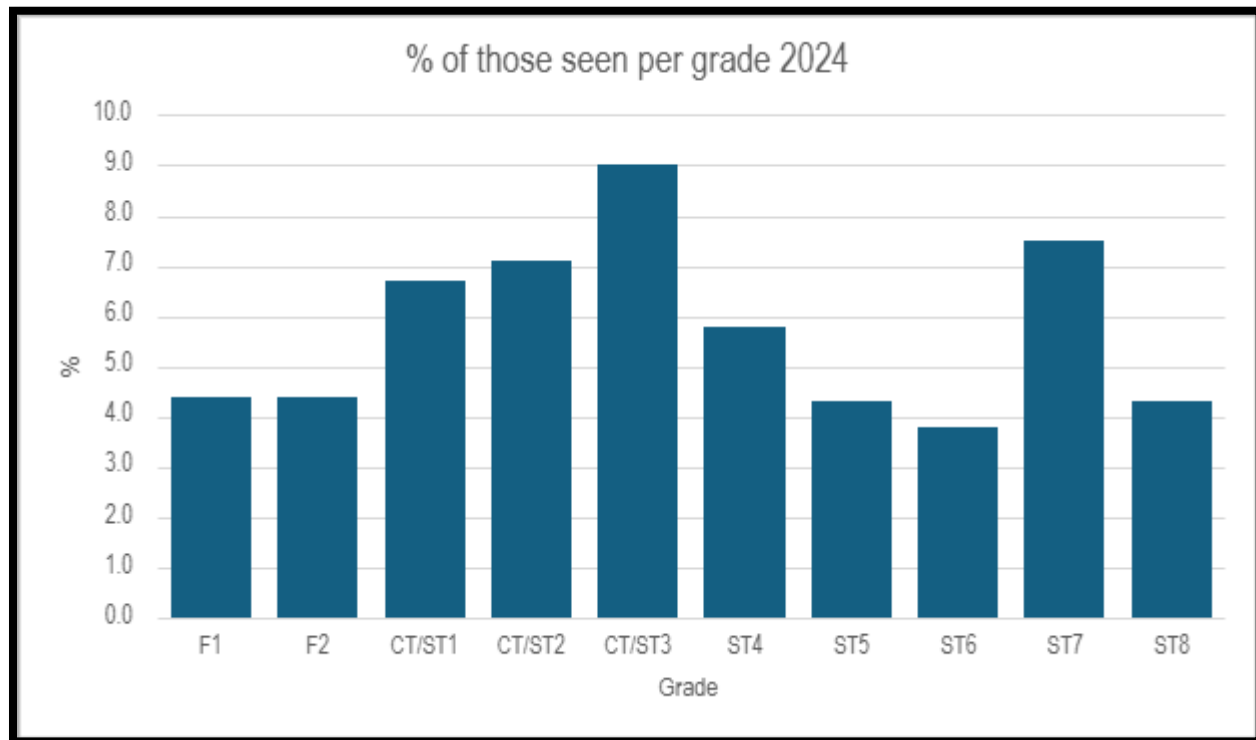


Figure 11 Graph of the grade of referrals to PSW as a percentage of the total SW numbers of that grade

The pivot tables on our database/spreadsheet also allow us to break down yearly information by trust. Primary care in Severn uses Gloucestershire NHS trust as a lead employer, so the data is skewed because we get a lot of GP referrals which will show up as one trust.

Referrals by NHS trust

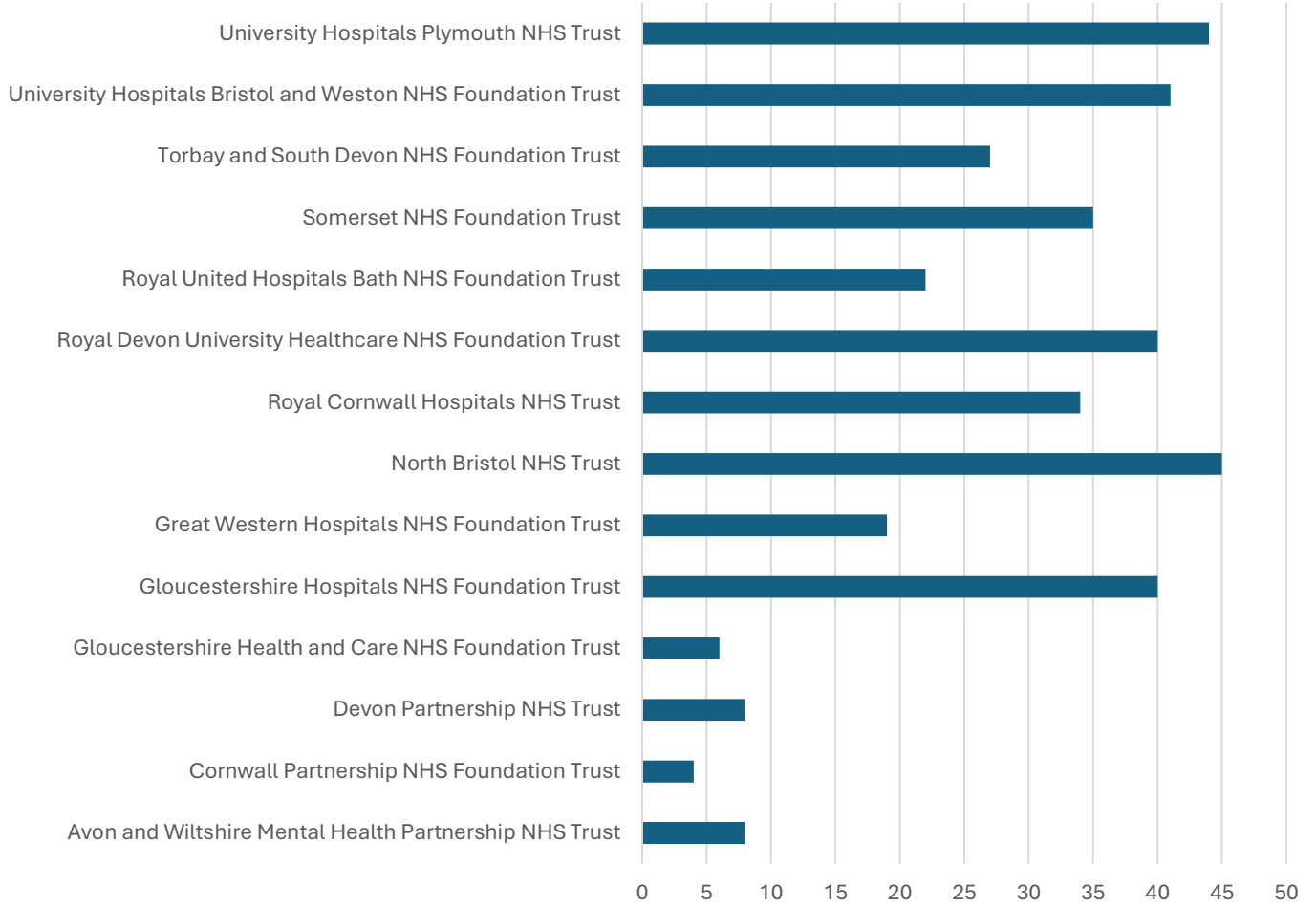


Figure 12 Referrals by trust

11. Onward referrals to external providers

We are able to offer individuals 6 sessions of coaching, counselling and study skills. In addition, we can provide a full dyslexia assessment or a streamlined Assessment of Reasonable Adjustments (ARA) by recognised dyslexia assessors. The ARA has been accepted for exam purposes by all royal colleges except GP, so their Resident doctors need a full assessment. In the last year, we have managed to onboard another dyslexia assessor, so we now have 3.

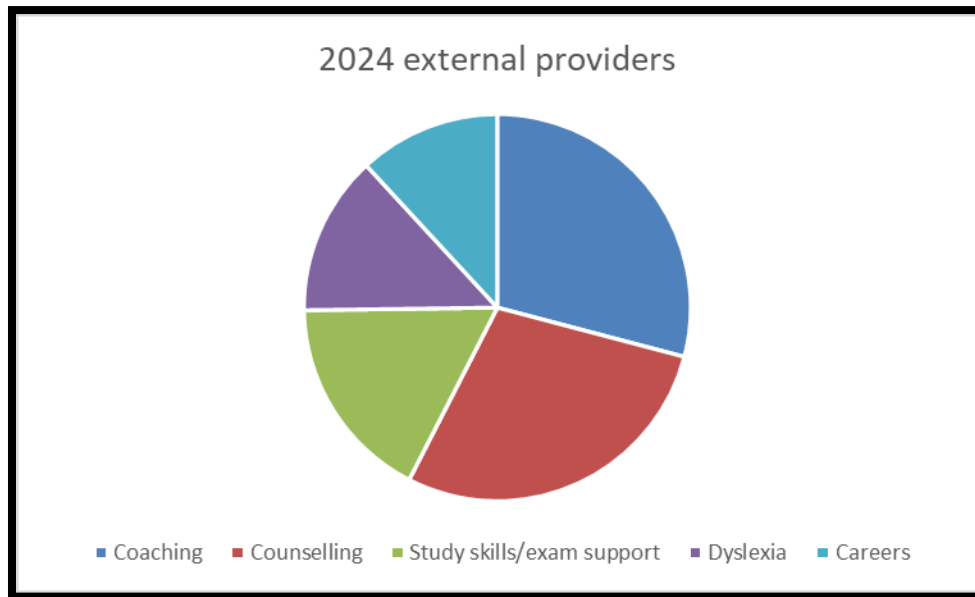


Figure 13 Pie chart showing breakdown of referrals to external providers

The careers service officially ended on 1 April 2024 with the final merger of HEE into NHSE. However, the careers advisor became a case manager, as there was a vacancy. We are unable to advertise the careers service externally; but we internally refer to our career case managers who will have a career meeting if required. From the chart above, it is still very much in demand and careers was highlighted in the 2015 GMC document Promoting Excellence: standards for medical education and training (P.24 section R3.2).

12. Governance

Domains of quality (Agency for healthcare research and quality)

Safe- we provide 1-1 confidential meetings. All case managers are aware of psychological safety, our escalation guideline, breaking confidence guideline and NHSE ED&I policies as part of mandatory training with their yearly appraisals. There was a data breach with a letter going to the wrong DiT, but measures have been put in place to password protect letters now. Case managers have regular coaching supervision by an external coach.

Effective- We are currently completing a 3 -year evaluation of the service which will hope to answer this question and help review our data collection for future analysis. Quote from the feedback:

“The team were brilliant at helping me identify what I needed to stay healthy and at work and to put in place a mechanism to achieve this”

Patient/person centered- confidential, 1-1 meetings, quote from feedback: “The initial triage appointment was fantastic - felt whole situation taken into account and joint decision making of what service to access”

Timely- we hit our targets in 2024 to see a referral within 2 weeks of referral unless they could not attend.

Efficient- we get quarterly case lists to go through and close cases if no response. There have been no official complaints about the service. We keep complimentary e- mails and share with the team.

Equitable- We have only recently started collecting ED&I data, which will help evaluate the demographics of who is accessing us, so that we can make sure we are accessible to all.

13. SWOT analysis

Strengths- Experienced team, good mix of clinical and non-clinical case managers with personal experience of counselling, coaching, psychiatry, neurodiversity and careers. Good external providers for- coaching, counselling, study skills/exam support, dyslexia. We have made changes over past couple of years to improve efficiency- Tidied up database, use of MS forms for referrals, booking system, password protecting letters, website updates, podcasts, talks to departments and schools, Continuing Professional Development for team- talks from external providers, health care professionals linked to addictions. Coaching supervision for team. Away days for team bonding, support and sharing of ideas. Standard Operating Procedures updated, some forms removed, admin system simplified, blanks in database removed. Stopped looking up ARCP outcomes and opening cases when poor uptake.

Weaknesses- staff changes due to merger. Recruitment freeze. Lack of admin staff, so discussions on what work can be done by other members of the team

Opportunities- the 3-year evaluation project should provide data to plan the future of the service. It has also brought to light the difficulties in analysing our data due to the way it is collected, categorised and stored.

Threats- recovering from last merger and recruitment freeze and now planning a new merger with the Department of Health. Low morale, uncertainty of staffing, service, budget. Some external providers no longer wanted to work for us, slow to onboard new people.

14. Other team activities

WARD (Well and Resilient Doctors)

In 2024 we were able to secure funding for a WARD fellow for one year. WARD was founded by a southwest resident a few years ago. The aim being a peer-peer mentoring group, that also provided support talks to peers. Sadly, over the years it stopped functioning. PSW was keen to support this group get back on its feet by having a fellow to help them with mentor training, setting up their mentoring programme and contact list of champions. It is unlikely we will get funding again, but hopefully they will continue to expand and support their peers.


A mentoring course was set up in January by the WARD fellow and a case manager. 20 resident doctors were trained and a handbook produced by the fellow and lead AD produced to go along with the training. The WARD team were then taking on the matching and evaluation of their scheme.

WARD wellbeing day

A day to re-launch WARD was held in January 2025 in Taunton. It is amazing what can be done with no budget and the kindness of Musgrove Park education centre, the speakers and those attending, who all brought food and drink to share. It was a great day. Over 30 resident doctors attended and plans were made to set up a WARD committee and have champions in each trust/area.

PSW Fellows

In 2024 we went from 2 fellows to 1 due to funding. The fellows support PSW by attending meetings and providing input from a training perspective (they don't attend the confidential referral meetings). Each fellow has a specific interest area and in 2024 two courses were run based on feedback from the 2019-2022 evaluation- Thrive as a registrar – to focus on the peak in referrals at CT/ST3 level; and Mistakes in medicine- based on concerns voiced by doctors in meetings. Both had excellent feedback, were face to face, but not well attended. This could be due to the challenges of advertising to all the SW doctors in training (needs to go via admin who download the e mails from TIS and send out a campaign manager e mail). E mails are notoriously ignored when they get so many. Some posters were e mailed to medical education managers (MEMs) for display, but I don't know if this happened. In future, we could use WARD to promote.



How to Thrive as a Registrar

A one day course aiming to equip new registrars with the skills and confidence to thrive in their role

Monday June 17th 2024 Derriford Hospital, Plymouth
Or Wednesday 10th July 2024 Bristol
9am – 4pm
Refreshments provided

A complimentary 1- day course for doctors who will be about to step-up to registrar

Two dates to choose from
Please register by emailing : pswcourses@gmail.com

Book your study leave now






Figure 14 Thrive as a Registrar course poster



Living and learning from mistakes and complaints

Wednesday 1st May
Taunton Rugby Club Veritas Park, Hyde Ln, Taunton TA2 8BU
9am – 4pm
Refreshments provided

- Have you ever made a mistake ?
- Found it playing over and over in your head?
- Wanted to support a peer who has made a mistake ?
- Do you want to understand the coroners court process?

Then join us, for a complimentary 1- day course for doctors- in- training

Please register by emailing : pswcourses@gmail.com

Book your study leave now




Figure 15 Living and Learning from mistakes and compliments course poster

The WARD fellow this year, trialed drop-in sessions for Resident doctors to get information on PSW and signposting. This was advertised through admin via a campaign manager e mail, but no-one attended the first 6 sessions. There were challenges getting the e mails out in a timely fashion. However, currently, we have no other way of directly contacting Resident doctors.

Season's greetings card/Are you alone?

As a trial at Christmas, we sent an e mail card to all doctors and dentists in training in the southwest, as well as SAS doctors and locally employed doctors (latter via WARD). This also included an invitation to join a group of colleagues if you were alone at Christmas- recognising that many of our doctors are from overseas. 6 people responded and were connected by e mail (with their permission).



Figure 16 Seasons greetings e card

Mentoring

Mentoring for those in the southwest continues. The form to request a mentor is found on the website and matching is done by the lead AD and admin when the referrals come in. Currently 202 people are or have been mentored. The majority of these are F1's. Medicine and surgery are the most common schools for referrals.

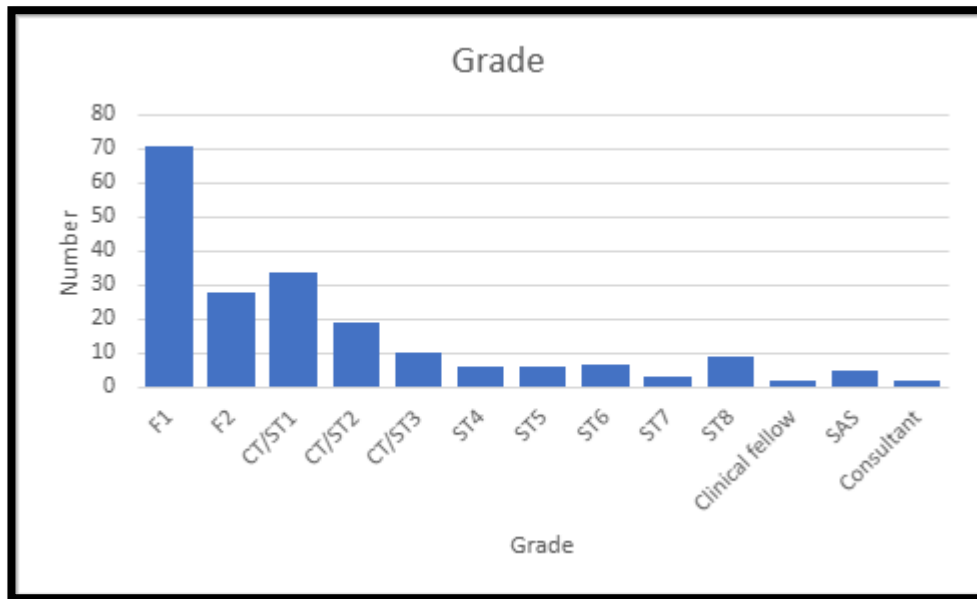


Figure 17 Grade of those requesting a mentor

In terms of mentors, we have 119 mentors on our books. The majority of these are consultants. Anaesthetics, medicine and surgery are the main mentor specialties.

We have no feedback on this service, and this is something we should aim to do in the future.

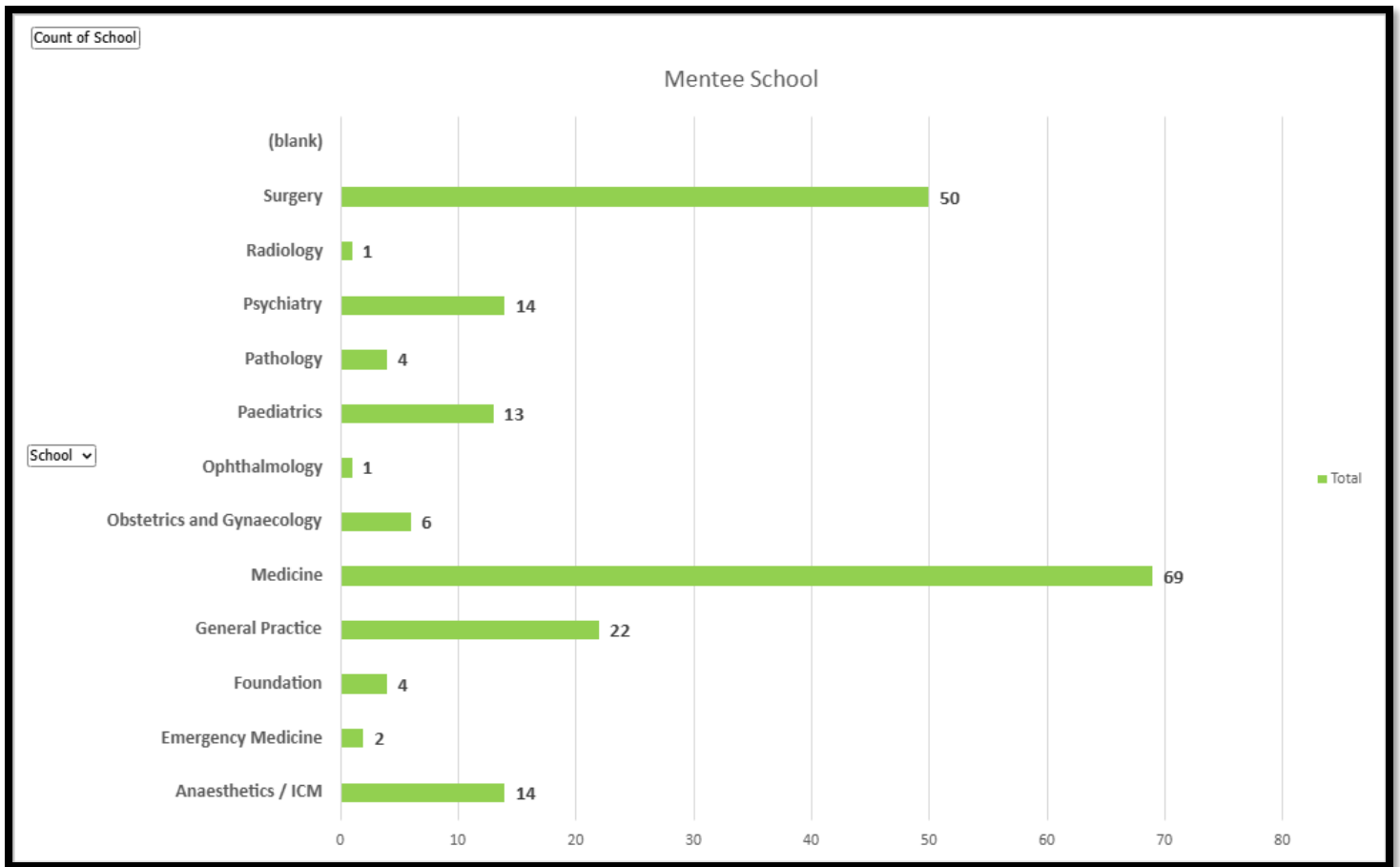


Figure 18 Specialty of those resident doctors requesting a mentor

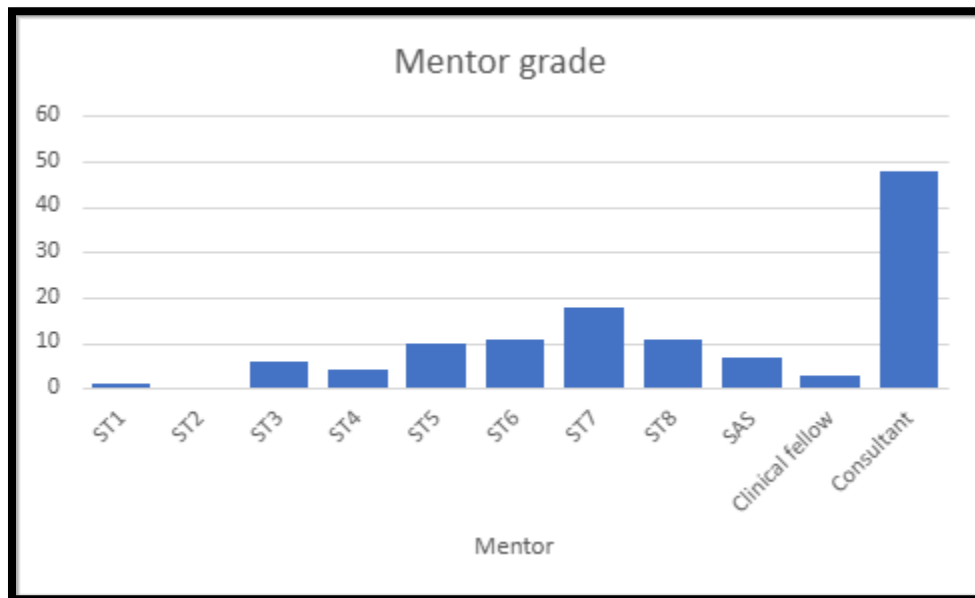


Figure 19 Grades of our current mentors

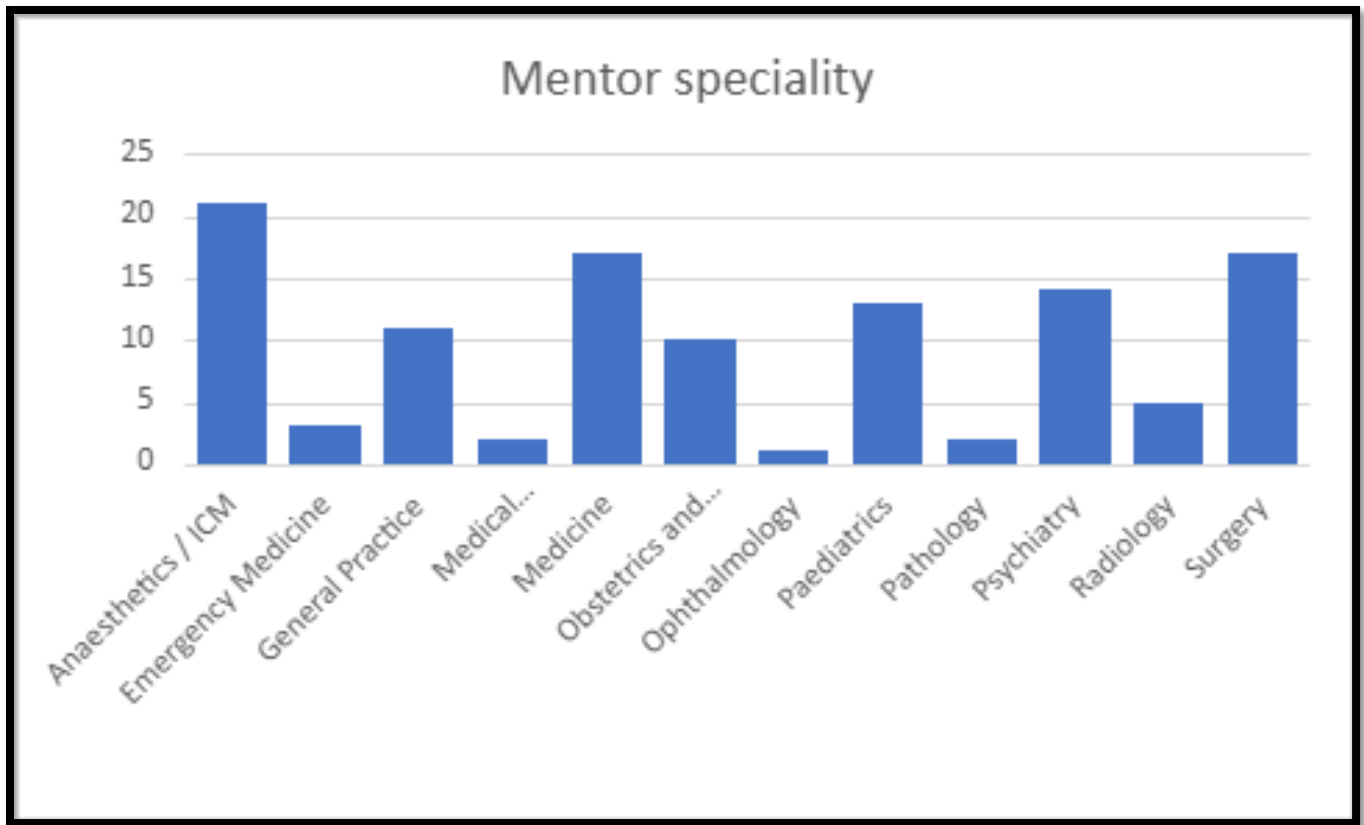


Figure 20 Specialty of the mentors

15. Feedback

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, which is a 31% return rate. Of these, 100% said the service they received was good or very good (90% very good). However, it could be that the other 69% were not happy?

Everyone who replied said they felt their concerns were listened to, and that their problems were understood by the case manager. 3 people said the support offered did not help them to take positive steps moving forward, but looking at these feedback forms, they were happy they were listened to and had not yet taken up the support offered.

Overall experience of the service:



Figure 21 Word cloud from the case manager feedback forms

"Open and supportive environment/communication"

"Kind, empathetic and informative"

Were you given the opportunity to discuss your concerns fully:



Figure 22 Word cloud regarding discussing concerns from the case manager feedback form

Support offered:

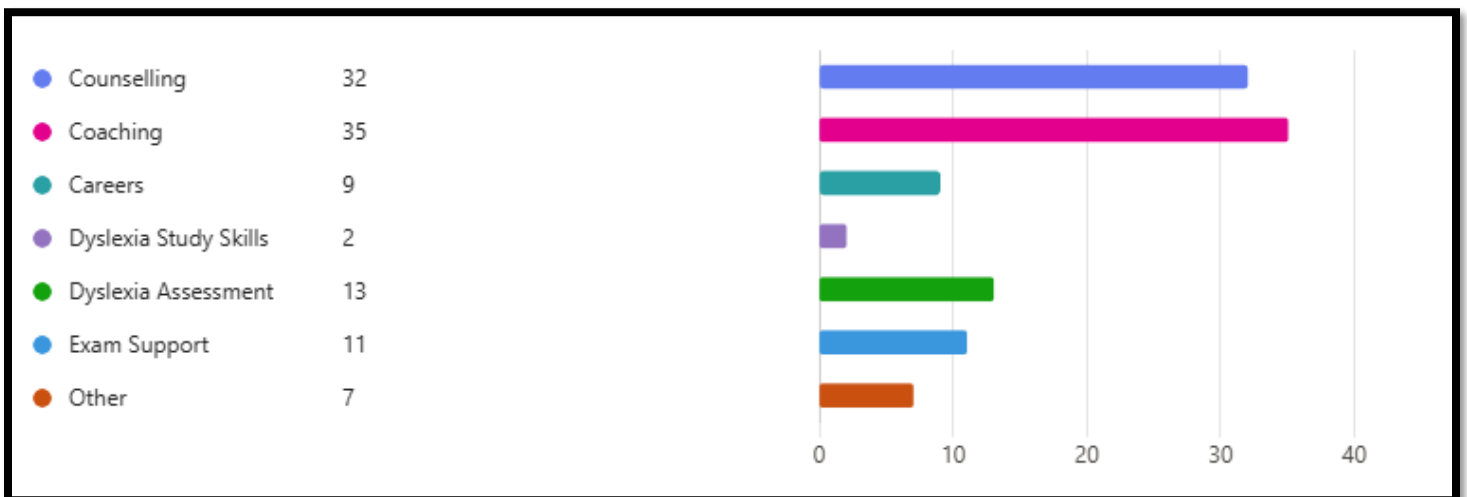


Figure 23 Information on the support offered gathered by the case manager feedback form. Other includes- GP, occupational health, Practitioner Health Service.

Other support offered/signposted to:

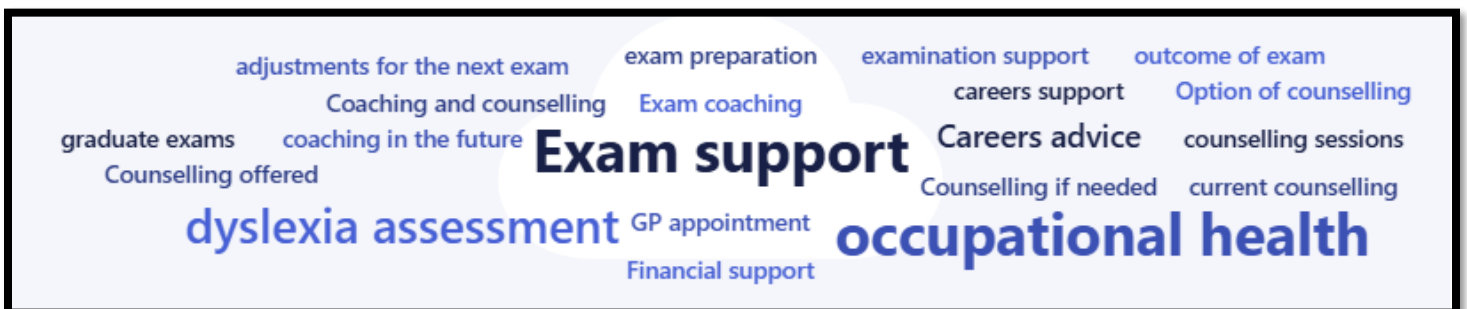


Figure 24 Word cloud of support offered or signposted

Age is asked in this evaluation:

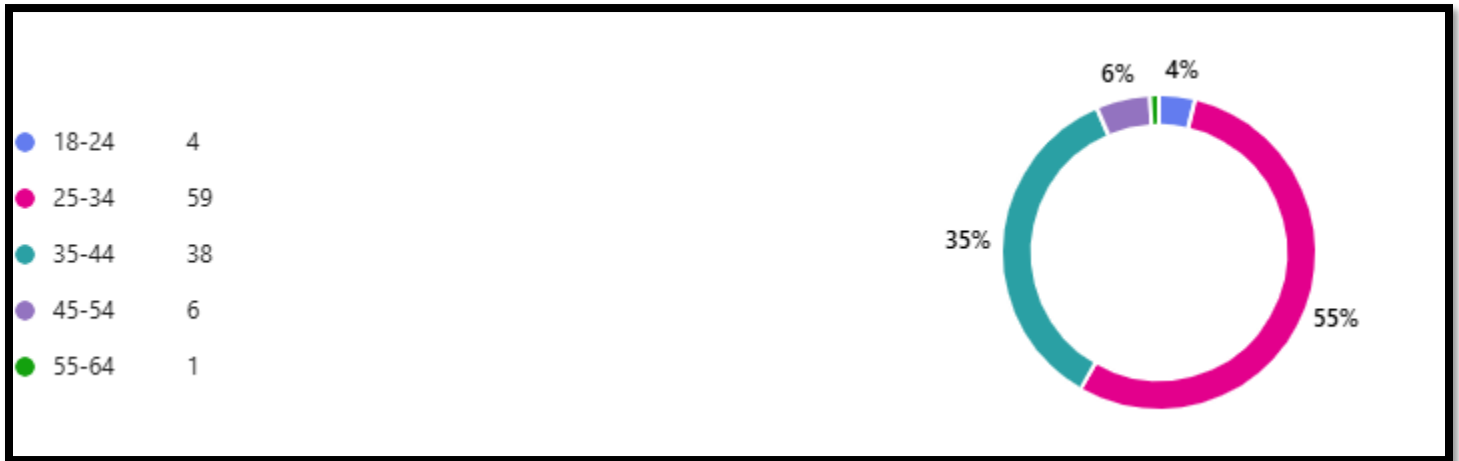


Figure 25 Age of those who returned the case manager feedback

An additional question is asked about day-to-day activities- are they 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):



Figure 26 Question on the feedback about whether they are limited because of a health problem or disability

Any further comments:



Figure 27 Word cloud of other comments from the case manager feedback

For some people, leaving medicine is still the outcome, despite all the support offered:

“Very happy with the PSW process but ultimately, I am still having to leave training due to an inflexible system. It was great to talk through everything objectively and dispassionately, but no changes made.”

16. Finances

Over the past couple of years we have been unable to plan fully due to an unknown budget. However, here is a graph showing our expenditure for the last financial year. Counselling is where the majority of our money goes. There is obviously a need for this from our referrals and some additional feedback from counsellors was that the Resident doctors feel 'frightened' at work, have increasing stress and anxiety, take work home, portfolio work impacts on their homelife and they feel their supervisors have no capacity to support them.

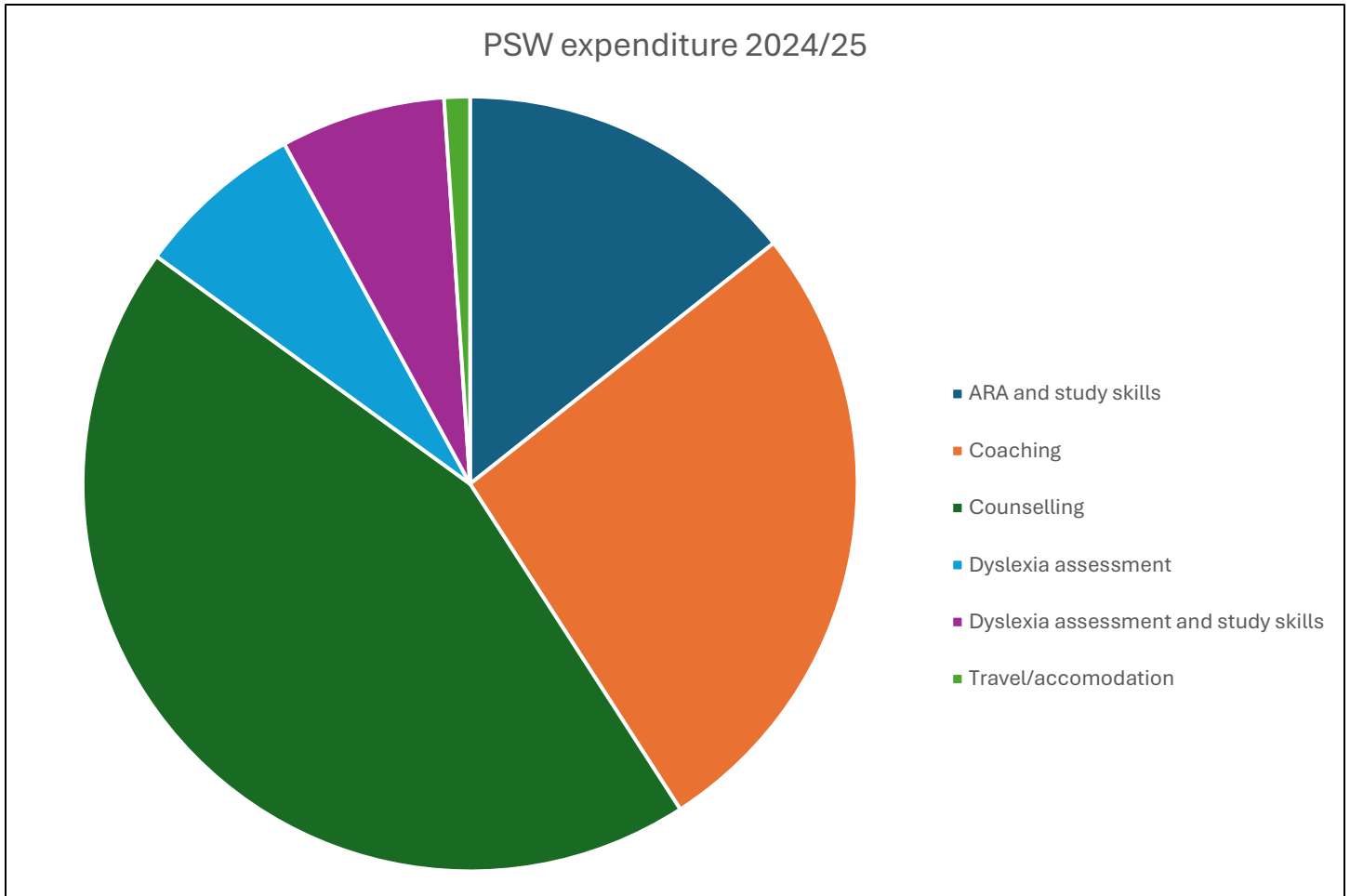


Figure 28 PSW expenditure 2024/25

17. Future Plans

Due to financial constraints, we are unable to make any formal plans. Our main work is in supporting those who need us in a 1-1 capacity. In future, we would like to provide **workshops** and **courses** to help prevent burnout, work stress, exam failure etc. Although we have been given access to those courses that are provided by the faculty team (Faculty Development Learner Support- FDLS). Once we know what the new organisation will look like and that we have secure funding and capacity for more referrals, we will start to **advertise** our services. We also plan to update the **PSW handbook** and guidance on the service for stakeholders, supervisors, TPD, HoS; so they know more about the service and have information on how to support Resident doctors .

If possible, a more **automated admin system and data storage** would help with data analysis.

We would also like to start **drop-in sessions for supervisors** to help support them supporting their learner. Produce a document on **signposting for neurodiversity** and update the **website** with all this information.

Mentoring also needs some evaluation.

18. Thanks:

To the case managers- Sarah, Amber, Sam, Becky and Tailte

Admin/management- Sophie, Evette, Chris

FDLS team- Jane, Anne, Jon

External providers

The doctors and dentists for their feedback and support of the service

The Dean, deputy Deans, associate Deans, Heads of School, and all our other stakeholders.

Many thanks for your continued support of our service.

19. Appendices

Appendix 1- Current 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 specialty Medical specialty Foundation grade Core grade Specialty grade Medical training programme 1 and 2 Pharmacy specialty Dental foundation, core and specialty 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- Escalating concerns

PSW case manager escalating concerns support February 2025



Appendix 3- Breaking confidence

Breaking confidentiality PSW SW Guideline June 2024

Reasons

1. Risk to themselves e.g. Suicide/ self -harm
2. Risk to others e.g. concerns about patient safety (the practitioner patient's patients)

Prevention

1. All case managers to have an out of office on with emergency information and psw e mail, when not working.
2. Information on website for emergency support and reinforcing not an emergency service
3. PSW information sheet sent to resident at booking with information on confidentiality and when might break
4. Check referral has current place of work details and home address.

Risk to themselves:

Concern raised by resident in e mail

1. Member of PSW team to phone resident
2. If response, check risk and signpost to ED, GP (see checklist below)
3. Regular PSW check-in's over the following days
4. Suggest they inform Training Programme Director (TPD)/supervisor so aware if unwell
5. If refuse support, explain about the need to break confidence for their safety to their workplace or police so they can do a welfare check

Concern raised during case manager meeting

1. Check risk- see checklist below
2. Signpost to ED, GP
3. Regular PSW check-in's over the following days
4. Inform TPD so aware if unwell
5. If refuse support, explain about the need to break confidence for their safety to their workplace or police so they can do a welfare check

If unable to get hold of the resident

1. Contact their place of work- see if they are in work (hence need accurate workplace)
2. Contact their TPD if not
3. If unsuccessful- police to conduct a welfare check (need home address and photo ID-employer)

Risk to others

1. Speak to resident
2. Explain concern
3. Inform TPD to contact supervisor
4. Document in resident case folder on SharePoint

Case manager to talk to another CM for support

With thanks to:

Practitioner Health

PSW national network

BMA counselling

Zero Suicide Alliance

PSW national network NHSE

Suicide checklist/questions:

SEE

Risk factors-

Change in behaviour

Not socialising as normal

Dark comments on social media- self-loathing, guilt, shame, lost hope

Increased use of drugs and/or alcohol

Commenting about being a burden ('I would be better off dead', 'no-one would miss me', 'I am such a burden' etc), others better off without them.

Increased risk in men, relationship breakup, social deprivation, job loss, money issues, LGBTQ, bereavement- especially by suicide

SAY

Say what you have noticed and what you are concerned about.

Ask how they are feeling.

LISTEN.

Ask directly if they are suicidal? Have they made a plan? Have they already taken anything or done anything.

(Focus on them and not how you are feeling. Don't interrupt or judge them. You are not there to solve the problems, but to listen and support if you can)

SIGNPOST

Can you take them to the emergency department or GP

Call 999

Samaritans

Crisis teams

Papyrus

BMA Counselling

Practitioner Health

Dr Kay Spooner

Appendix 4- Future annual reports

1. To help with collection of data:
 - At end of financial year- copy whole database between dates. Save to a different excel spreadsheet and filename.
 - Delete personal identifiers.
 - Save whole data as a table, as easier to analyse.
 - For case manager feedback- go to forms. Pre-populates charts and word cloud. Need to pick date range
 - Other measurements:
 - Response rates/referral rates (effective)
 - Confidentiality breaches (safe)
 - Resident satisfaction (person centered/safe/effective/equitable/efficient)
 - Legal claims
 - Suicides
 - Educational activity
 - Presence at meetings, inductions
 - Quality improvement/evaluation
 - Flexibility and accountability
 - How many extensions, ARCP 4, Resident doctors leave
 - Show value for what we do
 - Accounts
 - DNA on day of case manager meeting or external providers
 - Rota gaps, sickness rates, unable to do on calls/reasonable adjustments