# Professional Support and Wellbeing (PSW)

## Annual report 2025-26


July 2026

## NHSE Southwest

Dr Kay Spooner

Associate Dean PSW SW

# Contents

# 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 second annual report for PSW, and its aim is to show the work PSW is doing and the demographics of those referring into the service- to help with prevention- which is one of the three key aims of the 10 year - government health plan ( https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future/fit-for-the-future-10-year-health-plan-for-england-executive-summary accessed 1.5.26).

This year's annual report was more challenging, as the database was changed mid-way through the financial year, and open cases at the end of October 2025 were transferred to the new database. However, the next annual report will be much easier to put together, as we will have a full year of data from a single spreadsheet with pivot tables.

I therefore used the following data for this annual report:

1. Data from closed cases on the old database that were opened (and closed) between April and October/November 2025
2. Data on the new database was taken from referral into the service for the demographics and meeting only data for the external providers
3. Feedback obtained was taken from case manager evaluation (sent out with the summary letter) and from an evaluation form, sent to all e mails on the database as having had a meeting, between 6 April 2025 and 5 April 2026

Therefore, numbers will not be 100% accurate this year.

# 3. Summary/Key Findings

- PSW had 368 referrals in 2025/26; an increase on 2024/25
- Of these, we held 313 virtual initial meetings
- 341 resident doctors- in - training, 8 dentists- in – training and 4 pharmacists
- This is 5.9% of doctors-in-training (a slight decrease on last year) and 2.4% of all the dentists-in-training (a decrease) in the southwest
- We had a record number of referrals in March this year – 63
- The majority are self-referrals (88.5%), but this is a decrease on last year, with more people referred in by supervisors/training programme directors (TPD)
- 37% re-referred (compared to nearly 12% last financial year)
- 37% referrals are from black and ethnic minority groups- an increase on 30% last year
- 28% referrals are from international medical graduates (a slight increase on last years 27%. However 49%% did not disclose
- 30% of referrals are from Primary care, followed by Medicine (15%) and Foundation (13%)
- As a percentage of referrals per number in that specialty, we see just over 10% of pathology and public health residents, and just over 9% of Primary Care resident doctors
- 28% referrals are from the CT/ST3 grade, followed by CT/ST1, then CT/ST2
- We get more referrals from women, then men, but more people are choosing not to declare gender
- The majority of onward referrals for external provider support are for counselling
- The main reason for referral is job and individual factors. Health issues appear to be less of a problem this financial year.
- 100% of Case manager feedback was good or very good (15% response rate, down from 30% response rate last year)
- 100% of service users would recommend the PSW service (financial year service evaluation 20% response rate)

---

*Thank you so much, this is an excellent trainee service*

---

# 4. About the SW PSW

The PSW has been supporting doctors-in-training across the southwest for over 17 years, providing a 1-1 confidential and free service- and has been supporting dentists-in-training and Advanced Care Practitioners (ACPs) for over 6 years. Pharmacists and pharmacy technicians- in- training can also be seen after supervisor referral and a separate funding arrangement.

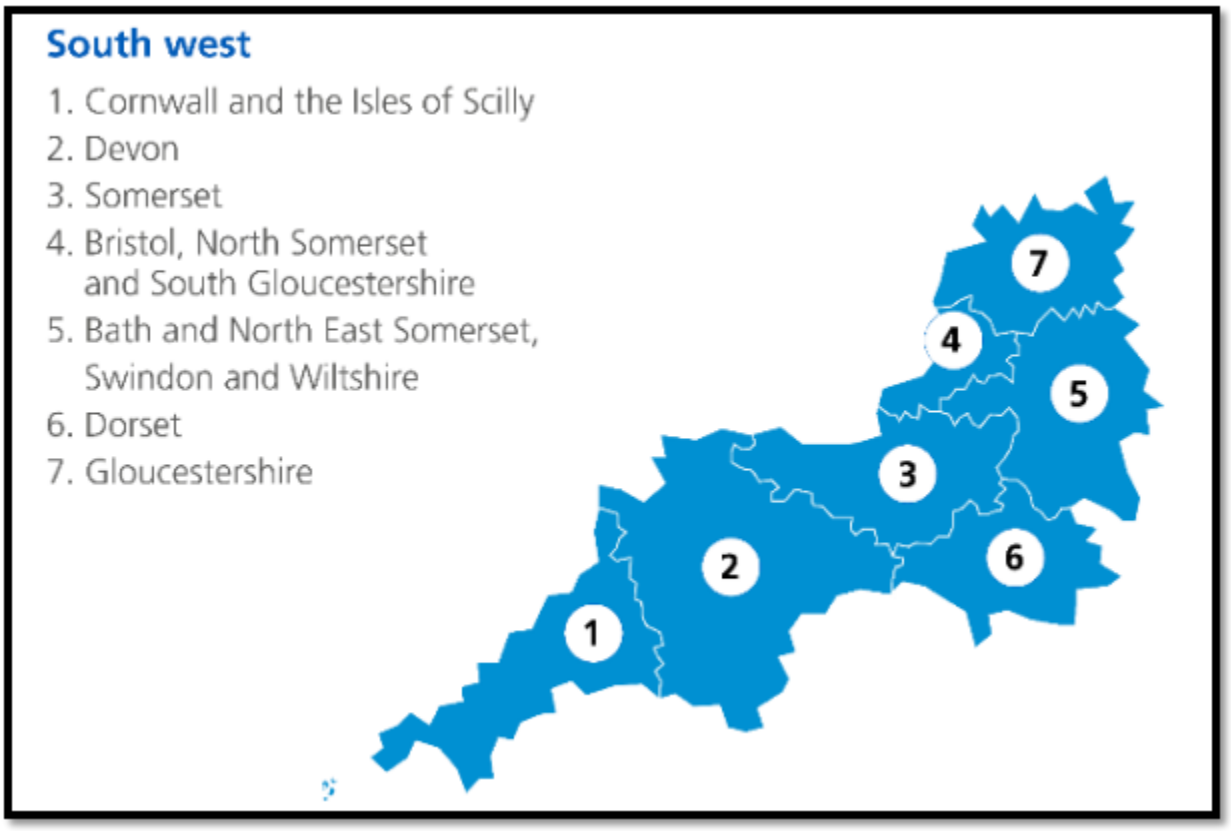



*Figure 1 The southwest*

# 5. The PSW team

The PSW team is made up of clinical and non-clinical case managers, supported by the 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.

| Case manager | | Meeting slots and other/previous roles |
|---|---|---|
| **Non-clinical case manager (Agenda for change)** | 30 hours/week | 5 meetings/week, mentoring course, talks |
| **Non-clinical case manager** | 20.25 hours/week | 3 meetings/week, coaching course, talks |
| **Non-clinical case manager** | 30 hours/week | 5 meetings a week, talks, neurodiversity |
| **Seconded clinical case manager** | 8 hours/week | 2 meetings a week, neurodiversity national task group |
| **Seconded clinical case manager and team lead** | 16 hours week | 2 meetings/week, website, line manager, supervises PSW fellow/s, talks, lead PSW, evaluation, annual report |

*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 aimed to have less than 10% referred. This financial year the percentage has remained at 11%.  We are still finding resident doctors who have been told they had to refer in as a stipulation of the ARCP panel and wanting evidence of 'engagement with PSW'.

We do not provide evidence of engagement of our service as it is confidential, voluntary and separate to training, and we continue to educate ARCP panels stipulating PSW engagement. Each resident doctor does get a password protected summary letter via e mail, detailing the key points in the conversation and action plan; which they can share if they wish.  For the support to be successful, the individual needs to be fully engaged and want help.

15% of referrals in 2025/26 did not have a meeting in that financial year. That could be because they referred at the end of the financial year and the meeting was held in 2026/27. We do get quite a few who do not book a meeting at all; one or two even refer a couple of times and still do not book a meeting.

Once a referral comes in, the administration team allocate a PSW number and send a meeting booking link by e mail.

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.

At our weekly referral review meeting we go through that week's referrals, and check eligibility.

The referral form has been streamlined over the years, and its most recent change was initiated by the management team and admin to bring a combined referral form for Staff and Associate Specialist (SAS) coaching, Supported Return to Training (SuppoRTT) coaching and PSW.  This is so that all the information from all three workstreams can go onto one database. We will monitor this new approach over the next few months.

In order to proceed with the referral, the person completing the form has to agree to our confidentiality statement.

A copy of our old and new referral forms can be found in Appendix 1.

Referrals have been increasing year on year to PSW with the exception of a plateau 2023/24.

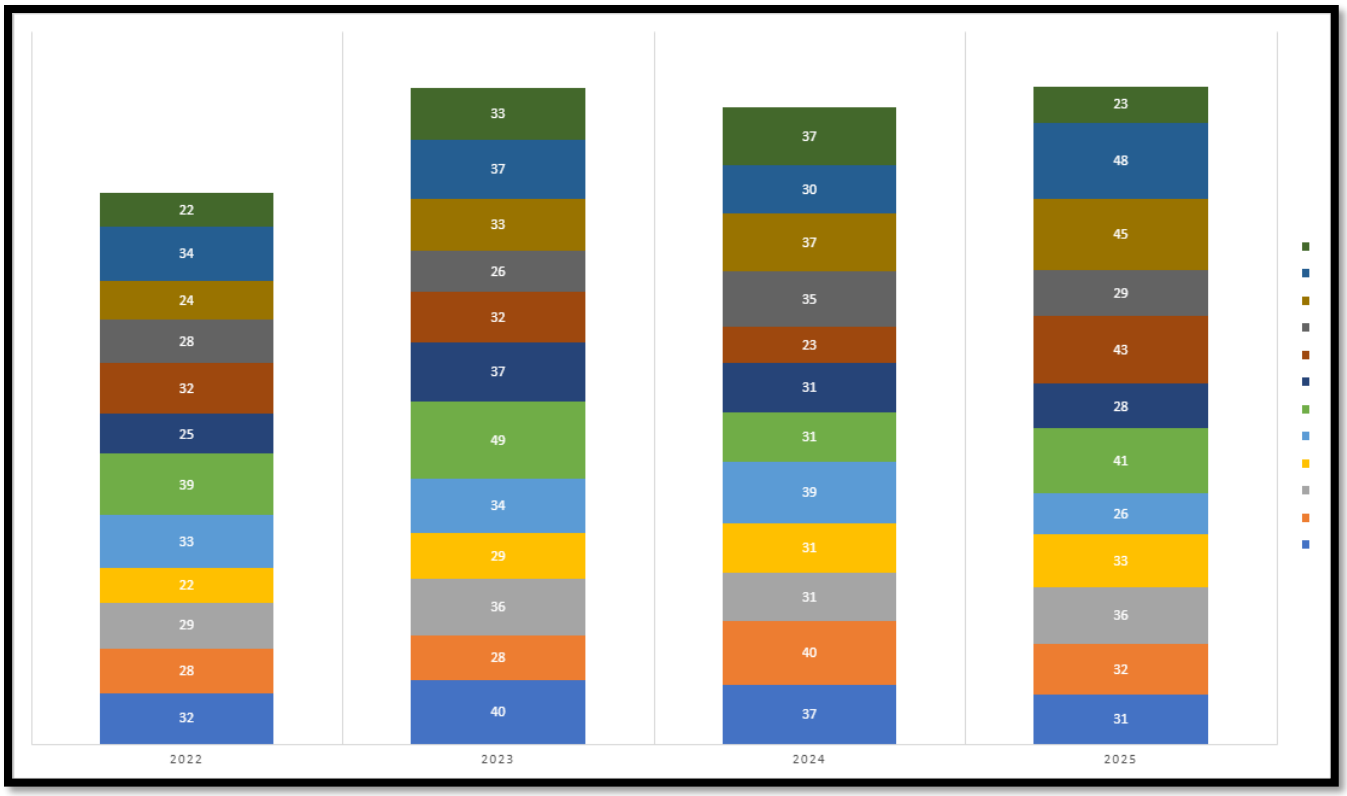



*Figure 2 PSW referrals by month and year (actual numbers taken from PSW database- whole years rather than financial years. However, this would not include those cases that referred in via the new database in November/December 2025)*

Unusually, the start of this year (2026) has proved exceptionally busy with a record number of referrals in March (figure 3). Looking at the March data in more detail, 38% of these were GP resident doctors (the next biggest groups foundation and medicine at 13% each). 75% of these GP resident doctors were IMGs and the majority had study skills/exam support/dyslexia and language and communication coaching. Likely in preparation for the Applied Knowledge Test (AKT) and Simulated Consultation Assessment (SCA).

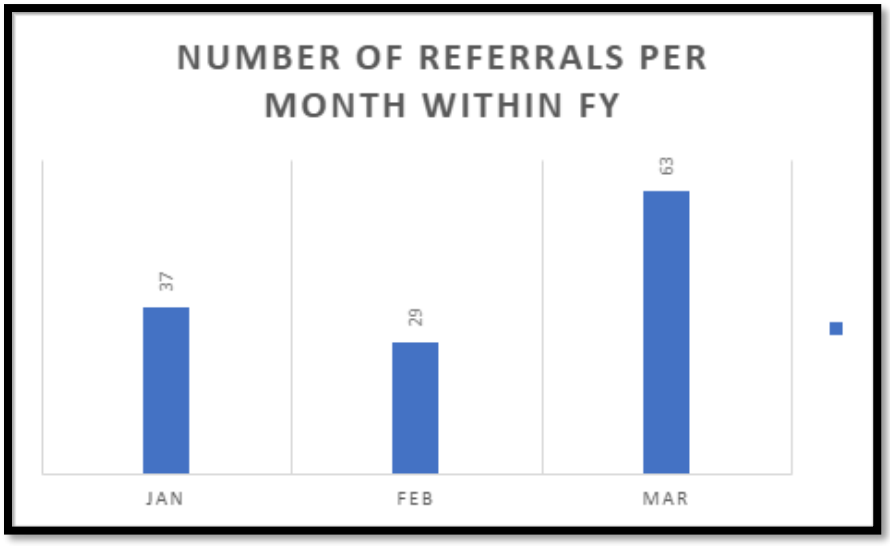



*Figure 3 Number of referrals by month 2026*

Figure 4 below shows, most of our service users hear about PSW via their TPD/HoS or supervisor.

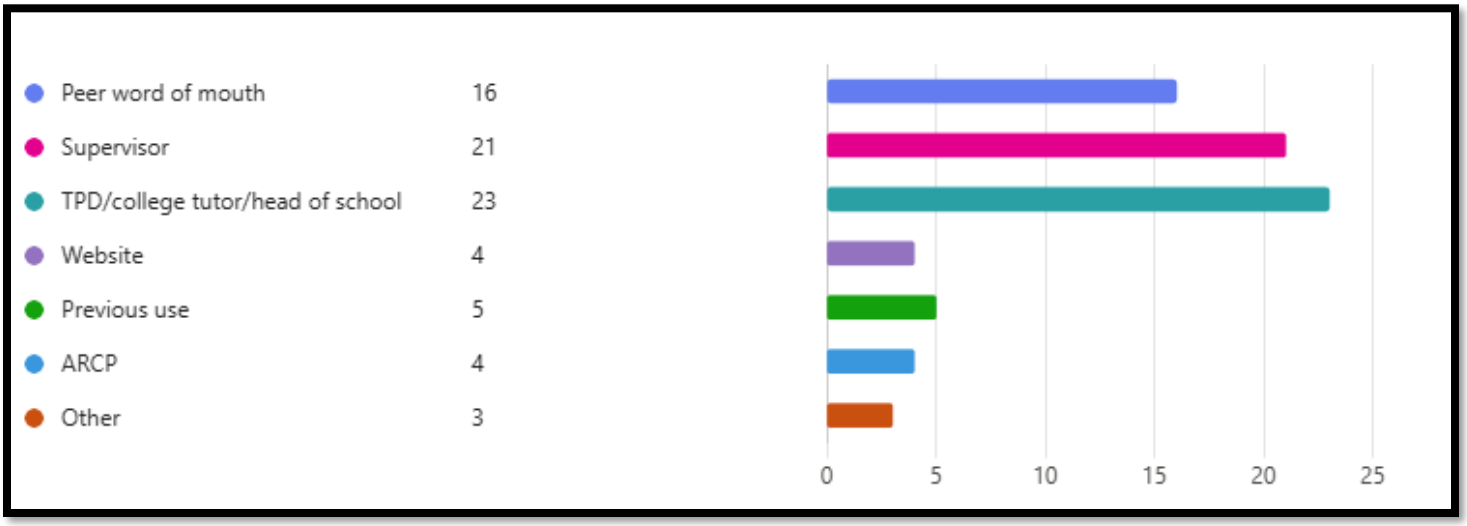



*Figure 4 Question ' How did you hear about PSW'- taken from the financial year case manager evaluation data*

In the last financial year, PSW had 368 referrals, 341 resident doctors- in - training, 8 dentists- in – training and 4 pharmacists (15 unknown).

Of these, we held 313 virtual initial meetings

As of November 2025, data from the Trainee Information System (TIS) showed there were 5443 doctors-in-training and 159 dentists in training across the southwest (we are not given ACP or pharmacy data).

This means we had referrals from about 5.9% of doctors and 2.4% dentists training in the southwest. This is a very slight increase in doctors and a drop in dental referrals.

This financial year we saw a more than triple increase in the number of doctors re-referring to PSW.

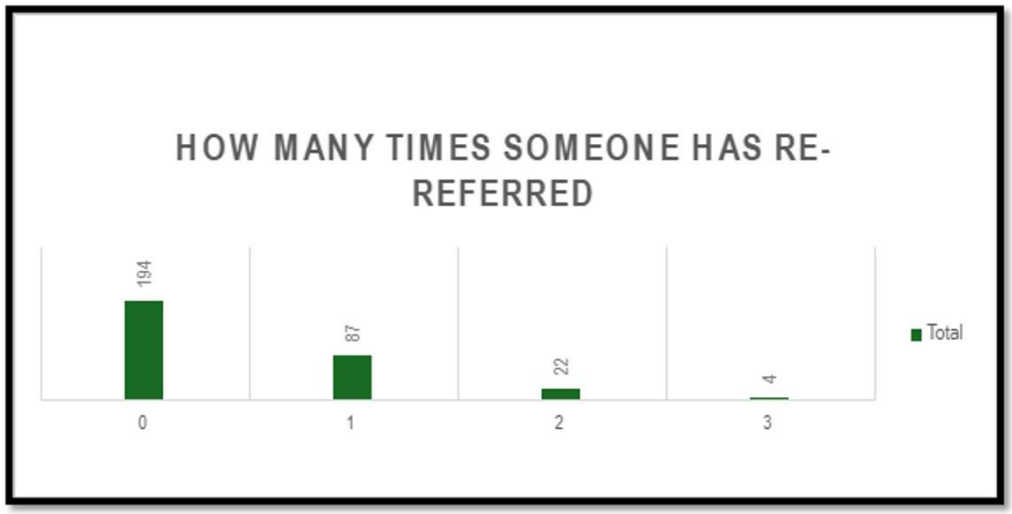



*Figure 5 Number of times a doctor/dentist has been seen by PSW- data from new database this financial year*

This could be because once people know about the service, they know what we offer and come back for further support. Looking at the data in more detail, the biggest group of re-referrals are from primary care (over 30%) and the majority of these are referred for dyslexia assessments and/or study skills.

In terms of protected characteristics, gender was similar to last year: 55% of those seen are female, 31% male and the rest did not disclose.  The diagrams below show this as a comparison to the TIS gender data.

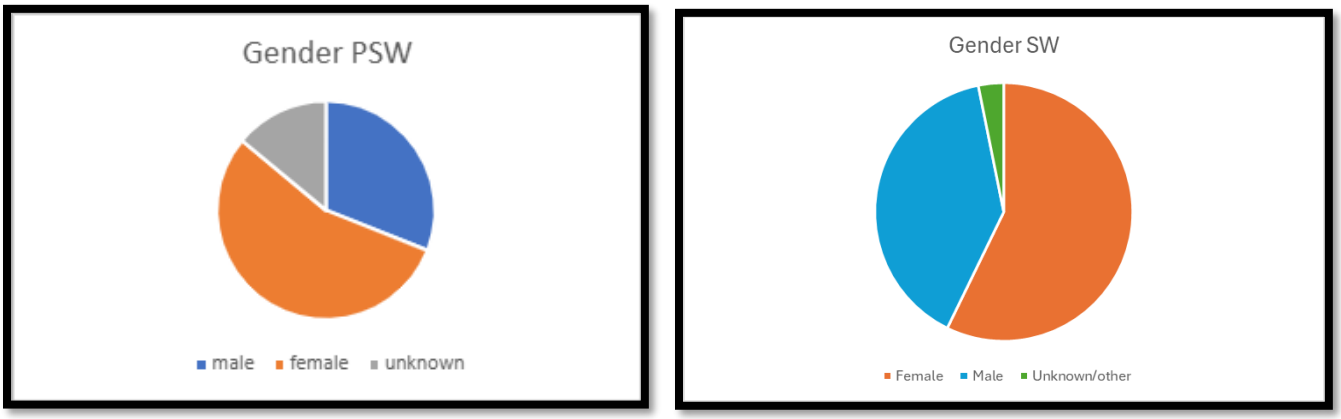



*Figure 6 Pie chart comparisons of PSW gender referrals (left) and SW resident doctor gender (from TIS-right)*

This financial year we had a slight increase in referrals from international medical graduates (IMGs) at 28%. However, 14% of referrals did not disclose their medical school origin.

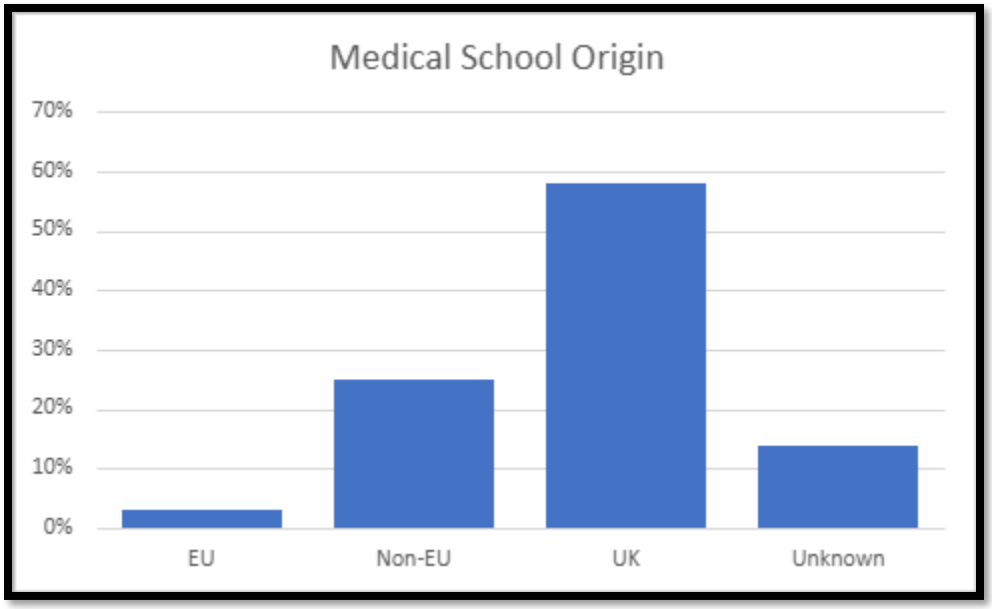



*Figure 7 Country of primary medical qualification for PSW referrals*

37% of referrals are from black and ethnic minority groups, which is an increase from the 30% last year. 16% of referrals did not disclose their ethnicity, although it is not a mandated question on the referral form.

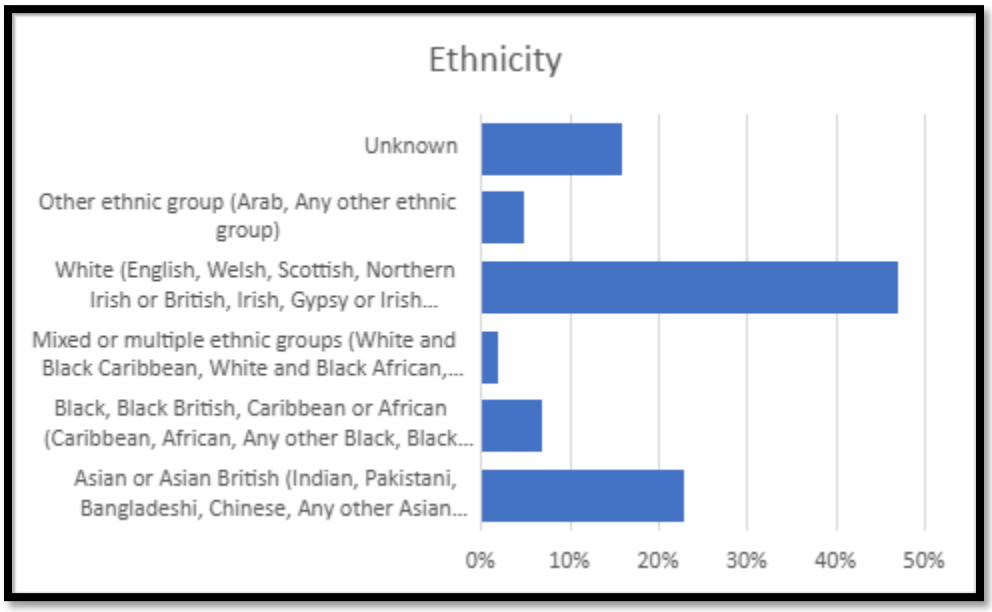



*Figure 8 Ethnicity of referrals*

35 referrals (9.8%) stated that they had a recognised disability under the Disability Act 2010. This is a very slight increase on last year (9.5%).

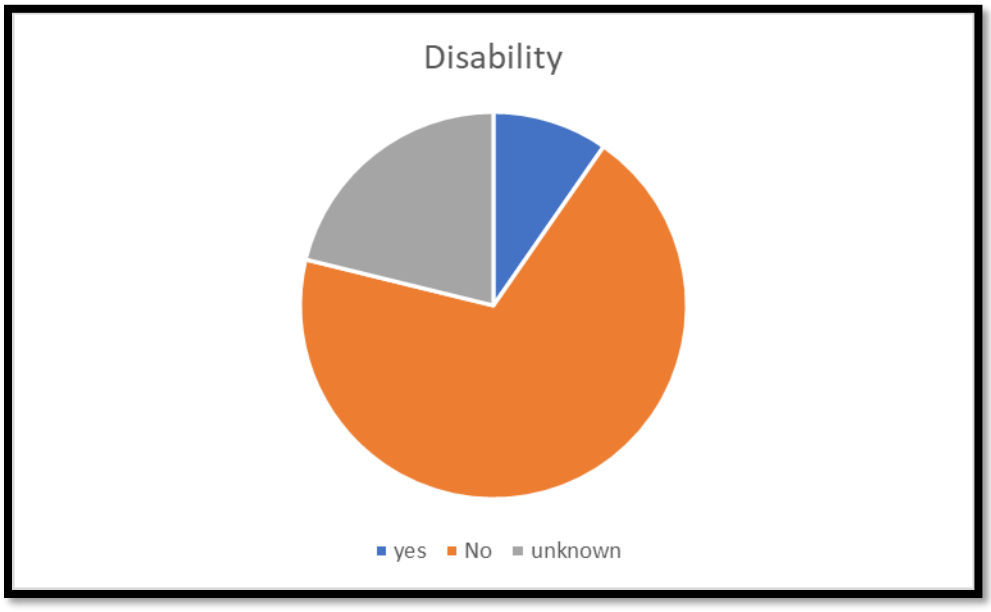



*Figure 9 Disability of referrals*

# 7. Reasons for referral

Reasons for referral are multi-factorial, and it is hard to analyse accurately. Our previous referral form asked 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. The data below is from that referral form.

| |
|---|
| **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- old referral form*

I used the mode to demonstrate the most commonly chosen number, rather than the average. Last year, health, the job and individual factors had the most impact on their reason for referral. This year it was job and individual factors.

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

*Table 3 PSW reason for referral*

As these categories are not very specific, our new referral form asks for a main reason for referral as a tick box. Only one box can be chosen. Examples are: low mood/depression; life/work balance. The new referral form can be found in Appendix 1b.

# 8. Managing the case load

This financial year, managing the case load has been harder, as we have transferred to a new database (with data for this annual report across both databases), streamlined some of our admin processes, and case managers have taken on more of the admin work.

In 2025/26 financial year, taking data from the closed cases that were not transferred to the new database; we had 89 referrals from April to November; and held 78 meetings. Therefore 11 people referred in, but did not have a meeting and the case was closed before November. This means that about 12% of referrals did not book a meeting. When looking more closely at this data, they are mainly self-referrals; and there is a spread of demographics.

This is despite our admin team sending reminder e mails after 1 week, then a further week before closing the case. However, if it is felt that the referral is high risk, it is flagged up to the lead AD for further management and contact.

There could be many reasons why people do not book a meeting- they may struggle with finding a suitable time/place around work.

230 cases were closed in 2025/26 and the average case duration across all case managers was 6 months, with the longest being 156 months. We offer 17 meetings a week. This can vary depending on annual leave. 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:

---

*The generous length first consultation to help identify the issue and work out which services would be best suited.*

---

New referrals are currently 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 admin or 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 27 May 2026 was 277.

*“Thank you, this support has helped me stay motivated and feel supported in my working environment”*

# 9. Key performance indicators (KPI's)

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

*Table 4 Current PSW KPI's*

We are currently achieving our KPI's.

---

*Very quick even during holiday season, very grateful for the hard work*

---

*Really fast and supportive, thank you so much, this has helped keep me in work and keep me well*

---

*Very easy to access and quick to get support*

---

Nationally, Quality metrics are being trialed for Professional Support and wellbeing Units (full information can be found in Appendix 4. Below is how we are currently performing against these.

| Domain | KPI Name | Description | PSW southwest |
|---|---|---|---|
| Access & Responsiveness | Referral to first response time | Median days from referral to first PSU contact | We keep a database of contacts dates. Looking at the data base we are within the target of <10 days |
| Access & Responsiveness | Referral triaged within timeframe | % triaged to appropriate service < 10 working days | We do not have a triage meeting, so onward referral is done after the initial case manager meeting. Currently referrals go out within 10 days |
| Quality & Effectiveness | Mutually agreed goals addressed | % confirming agreed goals addressed | A support plan is agreed with the resident at the initial meeting and engagement with that service followed up. In terms of a quality measure, we ask for evaluation on that initial meeting (if they felt they were able to discuss their concerns fully -100% yes, felt problems were understood -100% yes, and support offered would help make positive steps -100% yes.) |
| Quality & Effectiveness | Service user satisfaction | % rating PSU support as beneficial (≥4/5) and reporting improved understanding of their challenges and next steps. | Our annual evaluation asks whether the PSW service improved their situation- the average score out of 5 was 4.62 and 95% rated it 4-5/5 |
| Health, Wellbeing & Safety | Access to wellbeing services | % users identified as having wellbeing needs who are signposted or referred to appropriate health or wellbeing services. | All users of the service who have a case manager meeting are either referred to external providers and/or signposted to other services |
| Governance & Quality Assurance | Case documentation/ feedback summaries | % finalised within 10 working days of discussion/case closed | A password protected summary letter is sent to the doctor/dentist. Dates of meetings, and when letter sent out are stored on the database (conditional formatting highlights if KPI not met and case manager informed). This is happening within 10 days |
| Governance & Quality Assurance | Equality data completeness | % cases with equality data recorded to enable monitoring of fairness and differential outcomes | 100% cases have equality data |

| | | | |
|---|---|---|---|
| Stakeholder & System Impact | Referrer service satisfaction | % referrers rating PSU support as effective and timely (≥4/5) in providing support | From our annual evaluation, 100% of responders said we were 4 or 5/5 for being timely and 94% gave us 4 or 5/5 for overall satisfaction |
| Stakeholder & System Impact | Progression towards agreed training goals / appropriate outcome for individual | % of DDiT making progress within 6 months of PSU support | From our annual evaluation 87% said PSW has had a positive (4-5/5) impact on their ability to continue working in the NHS long term |
| Stakeholder & System Impact | Clarity of next steps following PSU support | % of service users reporting clarity about identified next steps (training, remediation or career planning) following PSU involvement | From the case manager evaluation, 100% of responders felt the support provided positive steps |
| Learning Environment & Culture | Psychological safety | % reporting that PSU feels listened to; fairness and respect; confidence in seeking support; evidence of confidentiality explained | The free text quotes demonstrate this and 100% of responders on the annual evaluation would recommend us |

*Table 5 PSW SW evidence for the 2026 national quality metrics*

# 10. School data

The majority of referrals came from Primary care (30%), followed by medicine (15%) and then foundation doctors (13%). This is a slight change from last year, as medicine has overtaken foundation in referral numbers.

However, as a percentage of the number of doctors referred to PSW in that specialty the numbers change, and pathology and public health are the highest. This is probably because those schools have much smaller numbers than Primary Care, Foundation and Medicine.

On average, 6.5% of resident doctors in the SW referred to PSW in 2025/26.

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


*Figure 9 Total number of PSW referrals per specialty in 2025/26*

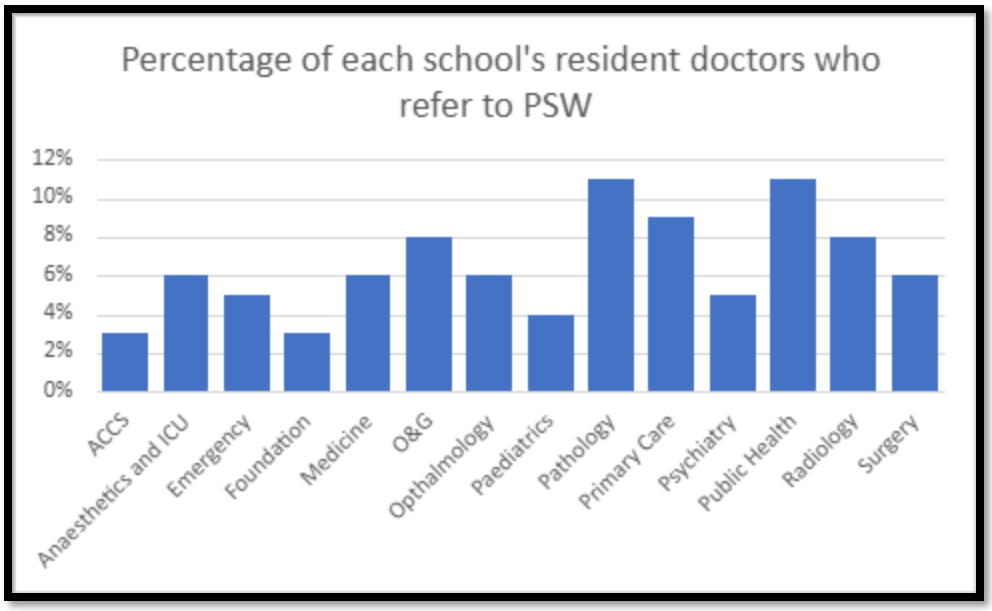



*Figure 101 Percentage of each specialty seen by PSW in 2025/26*

We get the majority of referrals from the grade CT/ST3 (28%).

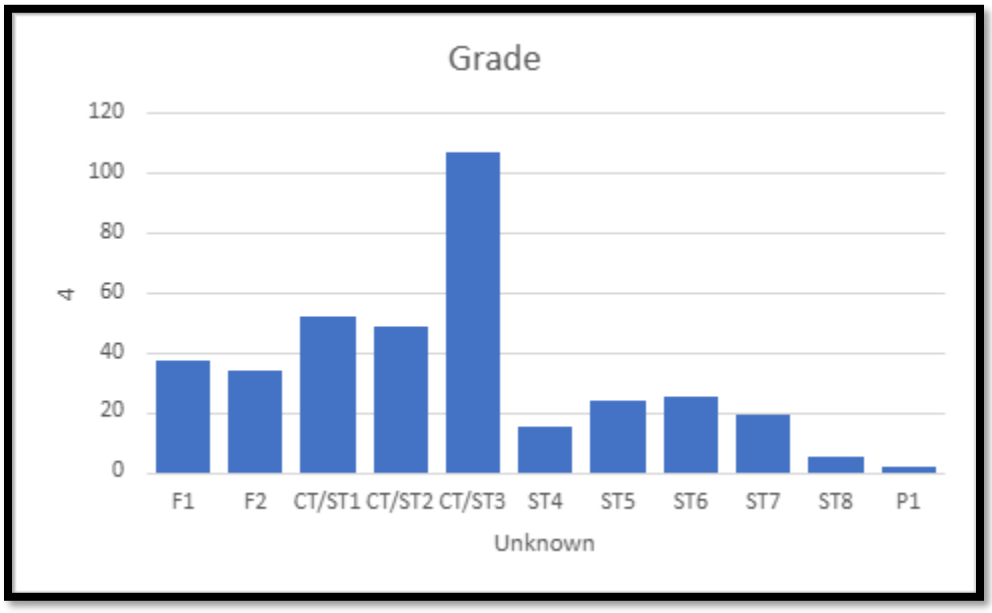



*Figure 12 Grade of those referring to PSW in 2025/26*

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 ST8- key transition points in medical training – becoming a registrar and a consultant.

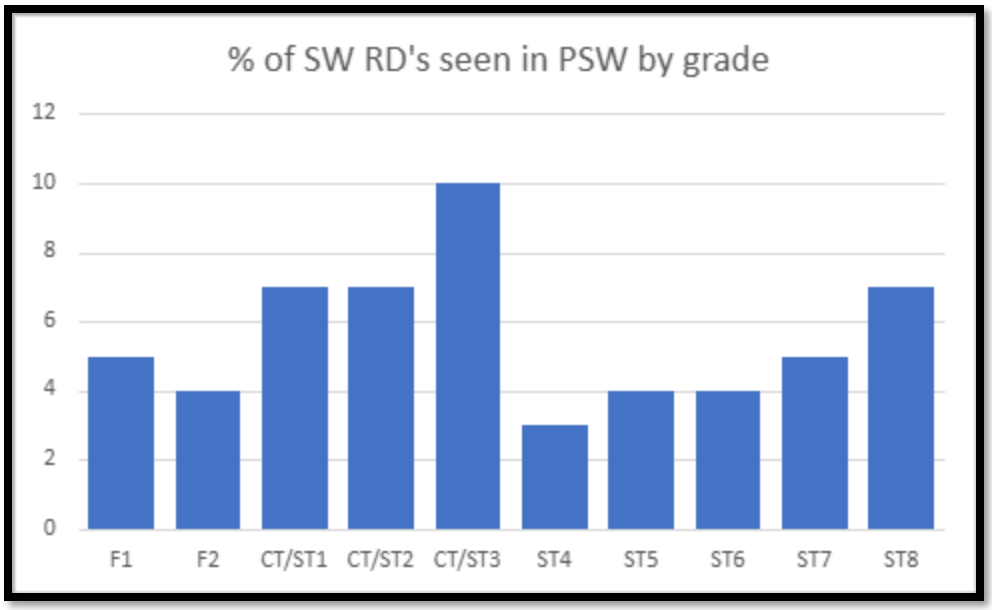



*Figure 13 Graph of the grade of referrals to PSW as a percentage of the total SW numbers of that grade*

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.

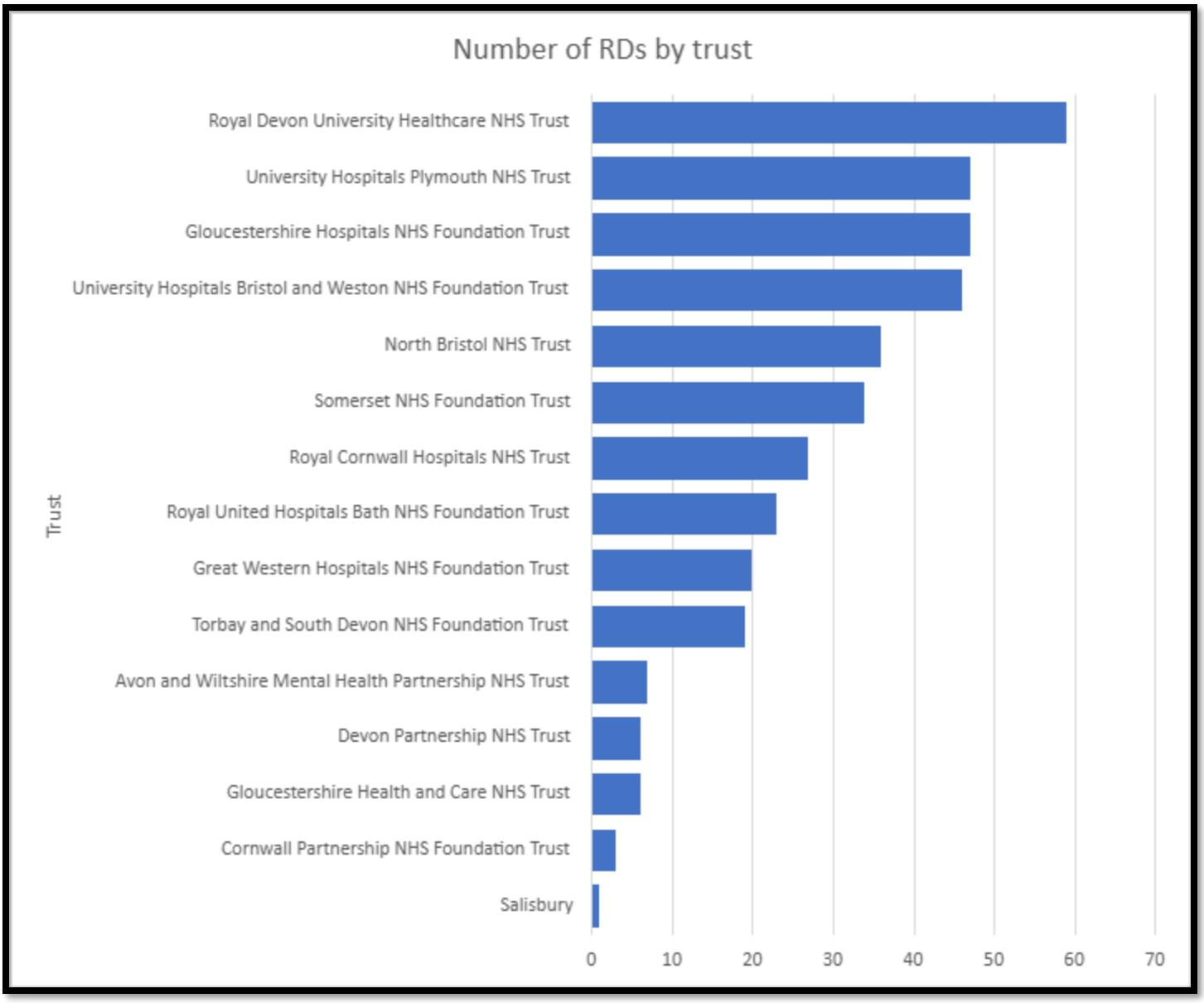



*Figure 14 PSW referrals by trust*

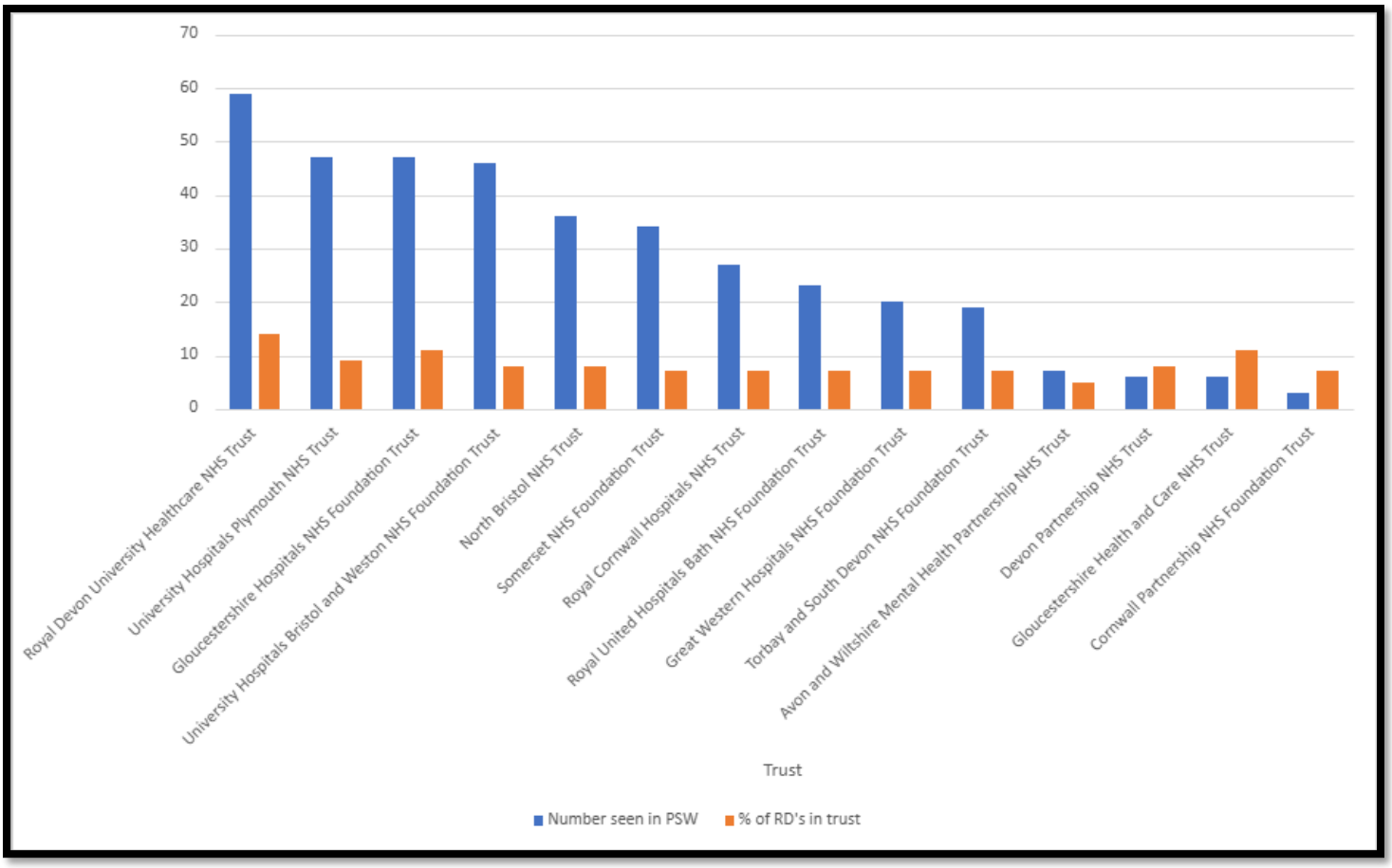



*Figure 15 Number of RD's seen in PSW per trust (blue) and the percentage of those seen in PSW per total RD's per trust (orange)*

# 11. Onward referrals to external providers

We are able to offer individuals 6 1 -hour 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 referral process for formal assessment for Dyslexia was very helpful as I never knew about this and was struggling with my professional exams*

*It was very helpful, good support through my dyslexia screening and exam preparations , I passed my two exams after PSW*

The ARA has been accepted for exam purposes by all royal colleges except GP, so their resident doctors need a full assessment. We currently have one dyslexia assessor. Further recruitment is pending the new onboarding process.

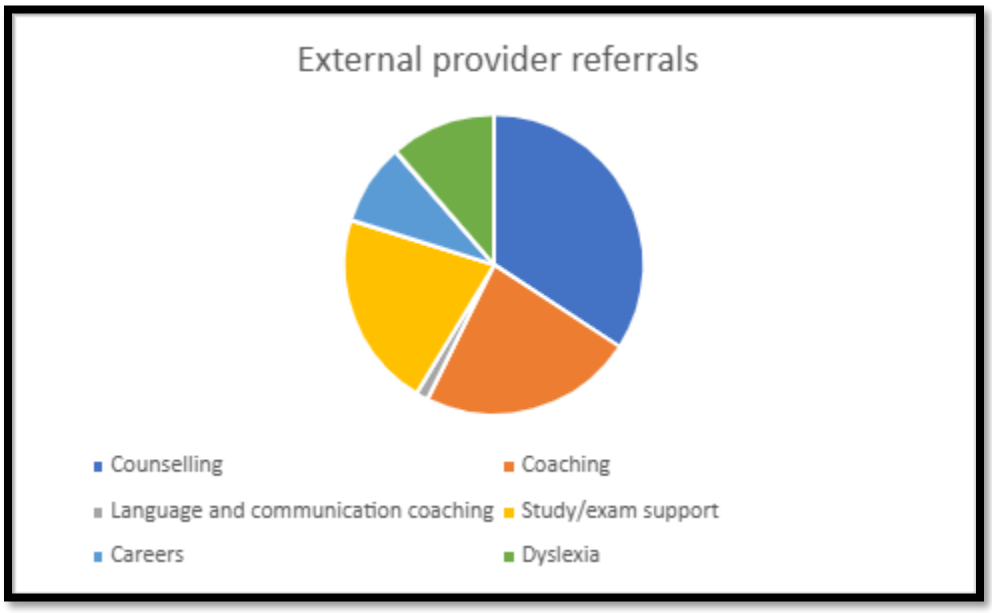



*Figure 16 Pie chart showing breakdown of referrals to external providers*

Careers is currently being offered as one session for career uncertainty.

*Excellent non-judgemental, wise and balanced overall viewpoint on careers decisions and difficulties faced as a trainee attempting to balance work, curriculum, commitments as well as rewarding and fulfilling family and life outside of work.*

# 12. Evaluation and case manager feedback

We conduct yearly evaluations as part of this annual report. E mails were sent out to all those people who had had an actual meeting during the financial year. 387 e mails were sent out blind copied. 13 bounced back, so 374 were received. A reminder e mail was sent out after 2 weeks and the evaluation questionnaire open for 1 month. 76 people completed the evaluation, which is a response rate of 20%

The results are below. 1 is the lowest score and 5 the highest.

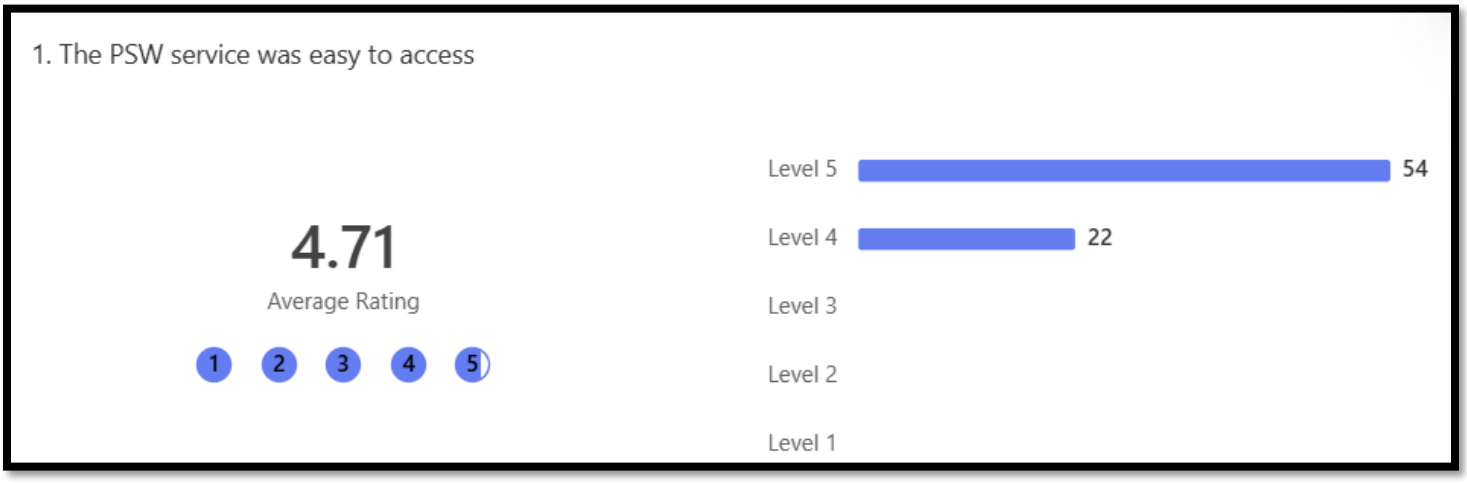



*Figure 17 Question about ease of access to the PSW*

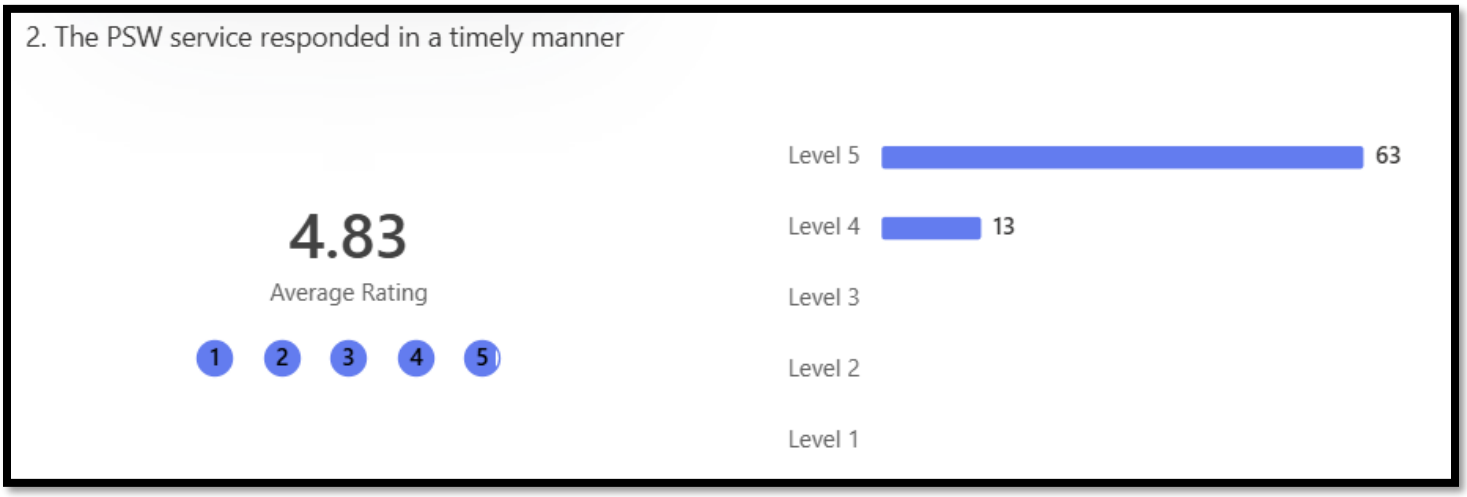



*Figure 18 Question about timeliness of service*

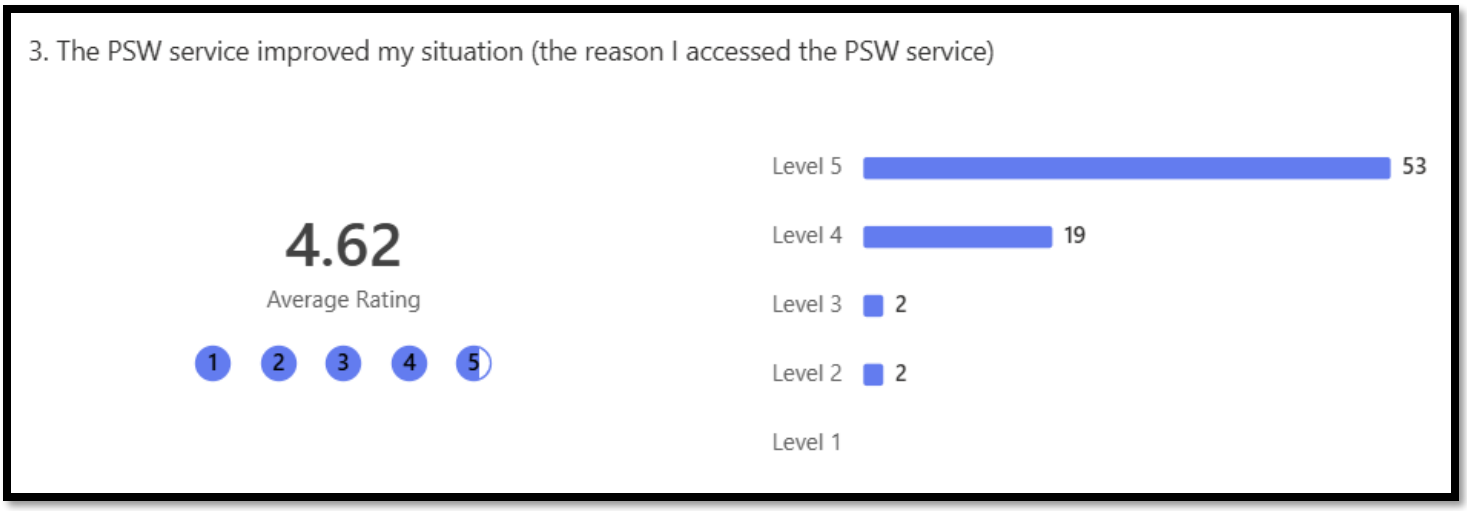



*Figure 19 Question about effectiveness of service*

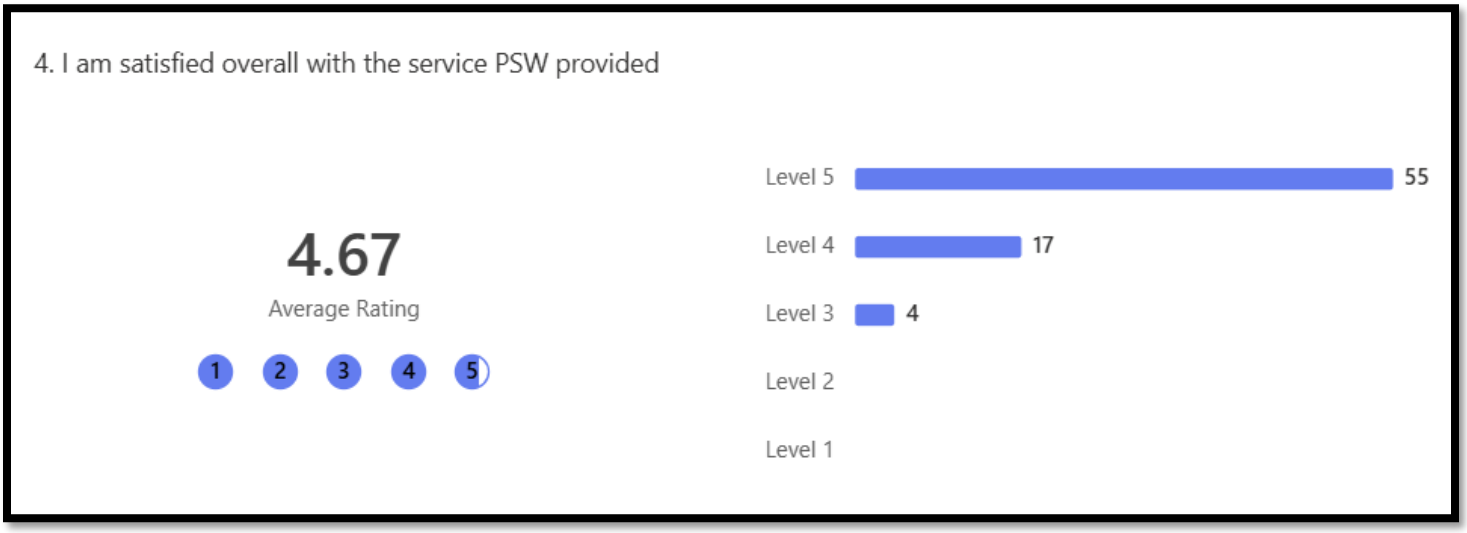



*Figure 20 Question about overall satisfaction*

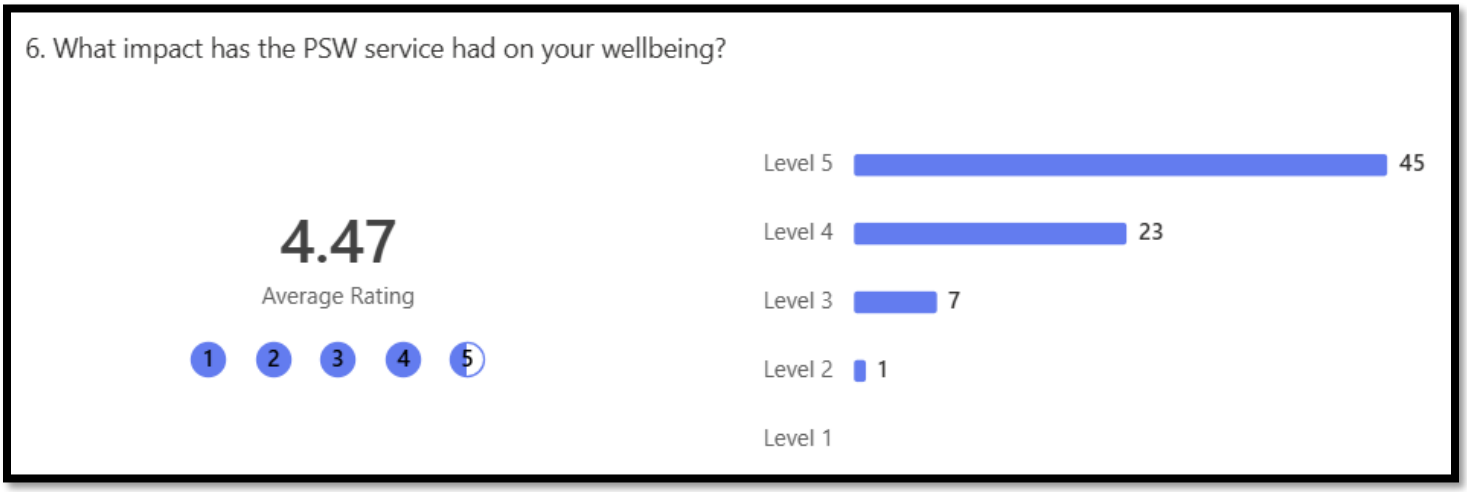



*Figure 21 Further question on effectiveness of service*

These are reassuring results that we are providing an efficient service that fits the needs of our resident doctors and dentists.

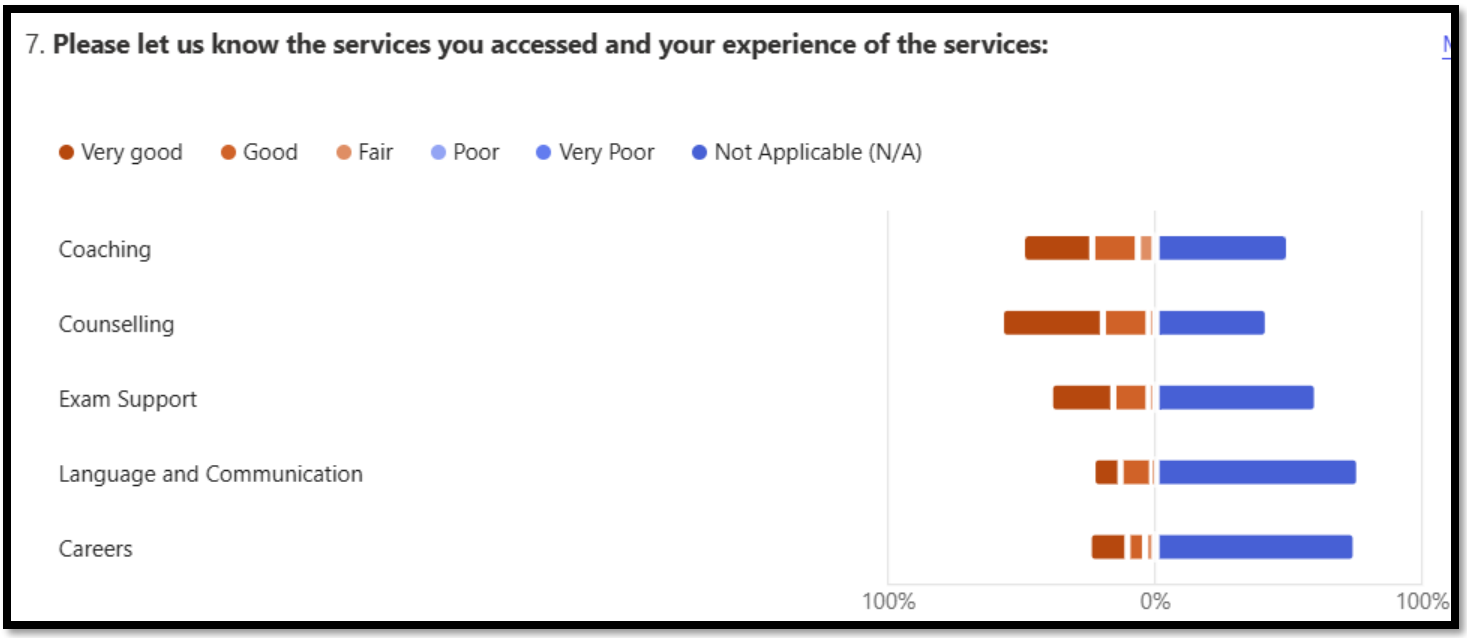



*Figure 22 A diagram showing those services used and how good they were*

Unfortunately, feedback to our external providers is not shared with us, and as case managers we are not currently informed when their support finishes. We therefore decided to add this question to our annual evaluation to get some feedback on the services that NHSE PSW SW are providing. Feedback is nearly all good or very good.

---

*I used PSW for time management coaching and found the sessions extremely valuable! Having access to this resource made me feel supported in my career journey.*

---


*Figure 23 Word cloud on additional comments*

100% said they would recommend PSW
We take evaluation and feedback seriously from both our stakeholders and providers. We investigate and take forward any actions as required.

In the past, we sent out an evaluation form when the case was closed and asked about where they are now. However, due to the poor response rate for these we stopped them. Instead, this question is now added to our annual evaluation (see figure 24). Despite many people thinking our doctors are

leaving the NHS, this limited data shows that the majority we see remain in it after our support. Plus, are in the same training programme (figure 25).

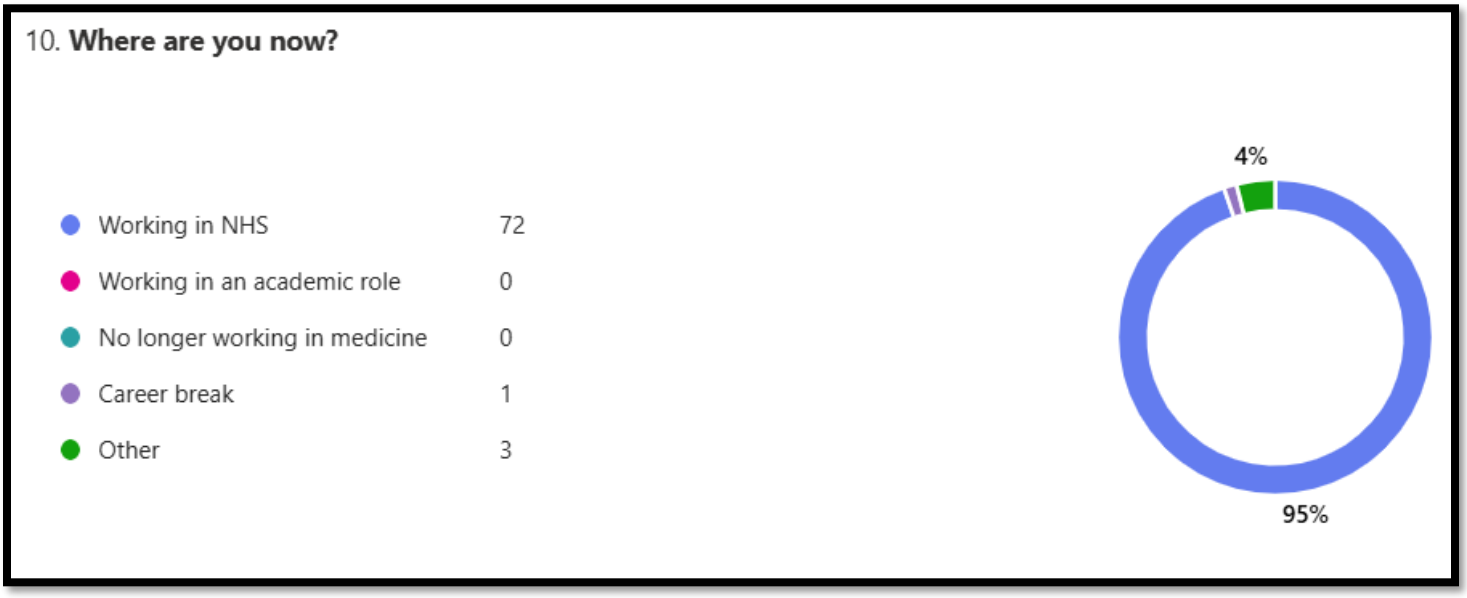



*Figure 24 Question to find out if the RD is still in training*

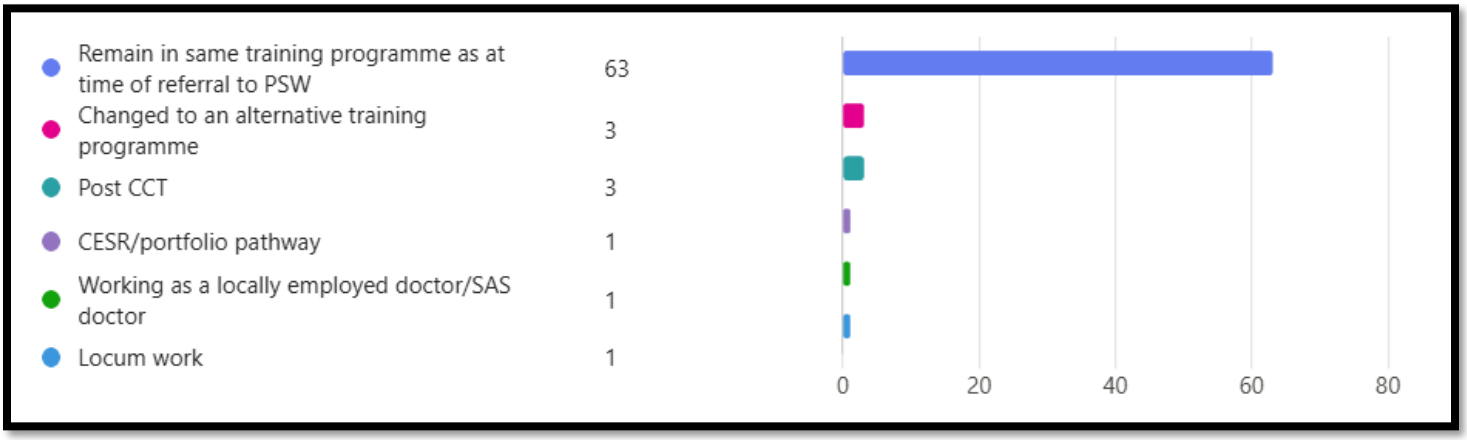



*Figure 25 If within the NHS, what role they are in*

The MS Forms data also produces word clouds to summarise the comments:


*Figure 26 Word cloud for the question- What was helpful*


*Figure 27 Word cloud for the question- Anything that could be improved?*

In terms of what could be improved, we do get asked for additional coaching and counselling sessions by individuals. These can be granted in exceptional circumstances. Some individuals would like different times for their meetings, and we have tried different methods of scheduling and booking case manager meeting, and case managers are often flexible in accommodating the RD's.


*Figure 28 Word cloud for- Any other comments:*

Case manager feedback:

We had 53 responses over the financial year, despite 313 meetings. This is a response rate of 17%. This evaluation is sent out on the e mail with the meeting summary letter. It was started to get feedback on the actual PSW meeting and case managers, as this is something we can directly control and improve on.

Of the feedback, 100% of people said the service was good or very good. The majority being very good (91%). 100% of respondents said that they were given the opportunity to discuss their concerns fully, that they felt the case manager understood their problems and that the support offered helped to make positive steps forward.

---

*Incredible support for someone going through severe burnout.*

---

# 13. 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 in the last financial year, with a referral form going to the wrong external provider. Procedures were followed to report this and the resident doctor informed. Measures have been put in place to password protect referral forms and they can only be opened by the correct provider.

Case managers have coaching supervision by an external coach.

Some quotes about our case manager meetings:

---

*Made me feel safe and comfortable to discuss my concerns*

*I had room to discuss my matter, I felt safe sharing personal information.*

*Felt listened to and not dismissed/undermined*

---

**Effective-** Our second 3-year evaluation was completed last year (2022-2025). This gave us demographic data but also a lot of qualitative data. 100% of doctors and dentists in training who used the service said it was good or very good.

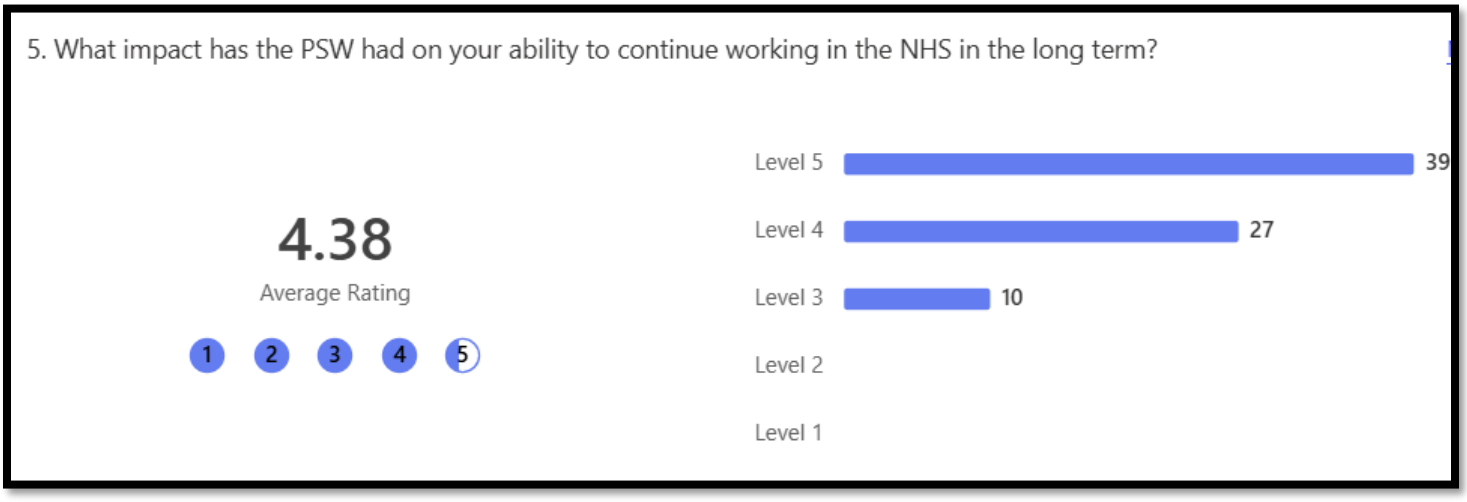



*Figure 29 Evaluation question about the PSW and the individual's ability to remain working in the NHS*

---

*Incredible support for someone going through severe burnout.*

---

*It was very helpful, good support through my dyslexia screening and exam preparations, I passed my two exams after PSW*

---

*I have seen myself develop and progress over the last few years and am grateful that the support has been there.*

---

**Patient/person centered-** confidential, 1-1 meetings, quote from feedback:

---

*Felt I was given ample time in space to delve into any and all concerns I had.*

---

*I was given opportunity to speak at length about my situation and asked questions to clarify any points that I didn't make clear.*

---

*Exceptional professionalism and kindness*

---

**Timely**- we hit our targets in 2025/26 to see a referral within 2 weeks of referral unless they could not attend.

---

*Quick support, helpful people throughout*

---

**Efficient-** To improve efficiency and time doing follow-up e mails (many of which get no response); we have decided to stop monthly follow up e mails. We will follow up all cases 4-6 weeks post their initial meeting, and then decide whether they need a further check-in.

We have had no official complaints about the service, and we keep complimentary e- mails and share with the team.

---

*The referral process for formal assessment for Dyslexia was very helpful as I never knew about this and was struggling with my professional exams*

---

**Equitable-** We have been collecting ED&I data for a couple of years and are noticing an increase in use by non-UK graduates and black and non-white groups (figure 8). It is great that they feel able to come to us for support and most people hear about our service from their supervisors/TPD (figure 4).

# 14. SWOT analysis

**Strengths-**

1. Our 1-1 initial 90 minutes meeting with a case manager
2. Experienced team, good mix of clinical and non-clinical case managers with personal experience of counselling, coaching, psychiatry, neurodiversity and careers.
3. Good external providers for- coaching, counselling, study skills/exam support, dyslexia.
4. New database and referral form which will make analysis and storage of data, plus deletion after 6 years, much easier.
5. Continuing Professional Development for team- talks from external providers. Course on suicide awareness and domestic abuse/coercive behaviour
6. Coaching supervision for case manager.
7. Team meetings every few months for support, sharing of ideas and reviewing the service

**Weaknesses**

1. Limited staff capacity
2. New onboarding process for external providers

**Opportunities**

1. The team are working hard and coping with the uncertain future
2. Mentoring course for supervisors has just been released
3. New website under construction
4. Specialty school peer mentoring pilot being conducted by current PSW fellow

**Threats**

1. Uncertainty about the position of PSW and direction in the new structure of postgraduate medical and dental education.
2. Budget uncertainty
3. Unknown structure and function of PSW in future

# 15. PSW fellows

We currently have 2 PSW fellows. One is working on a school -based peer mentoring service

The other fellow is helping with the Resident doctor/dentist wellbeing and support handbook (due to be finished in July) and helping with a support checklist for supervisors.

They can attend our weekly business meeting, network meetings and Operational meetings, to provide input from a training perspective and support their own development.

# 16. Mentoring

Mentoring for those in the southwest continues, but in a limited fashion, due to workstream prioritisation in the new structure.

# 17. Other activities

Following on from a successful trial in 2024, we sent another Season's greetings card/Are you alone? at the end of last year.

The e mail card was sent to all doctors and dentists in training in the southwest, as well as SAS doctors. 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. 7 people responded in 2025 and were connected by e mail (with their permission).


*Figure 30 Seasons greetings e card*

A support and wellbeing handbook/reference guide is also in the final stages of preparation for our postgraduate learners; to supplement the support offered by PSW and to also offer suggestions for personal reflection and development.

# 18. Finances

With budget uncertainty, we have been unable to plan fully this year.  Graph showing our expenditure for the last financial year as a percentage of total budget is below.

Counselling is the major referral service.

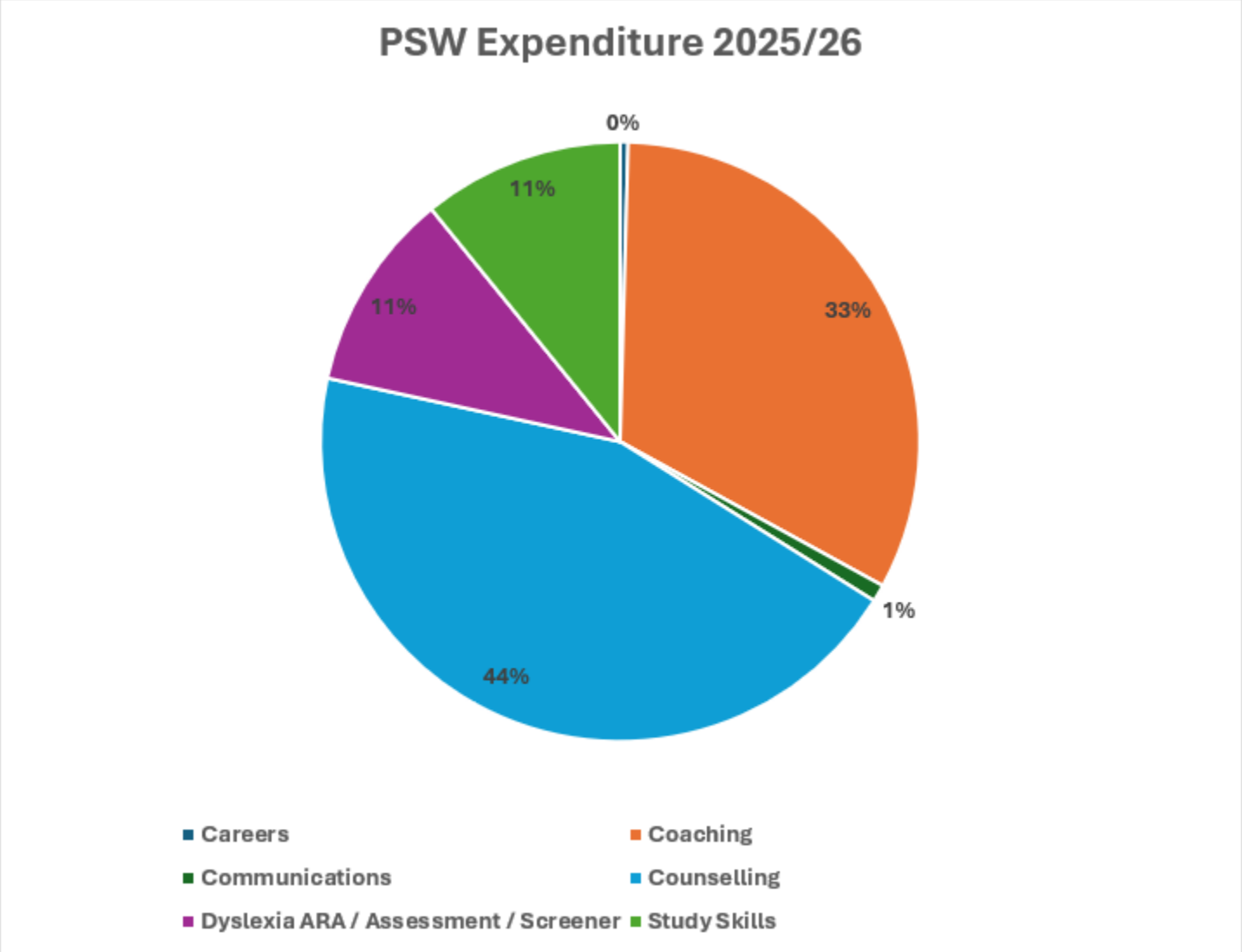



*Figure 31 PSW expenditure 2025/26*

# 19. Future Plans

The **support and wellbeing handbook for resident** doctors/dentists, underway.

There is currently work going on at a national level to discuss the support that should be provided, and we may be more aware at the end of 2026.

# 20. Thanks:

To the case managers- Sarah, Amber, Sam and Becky
Admin/management- Fiona, 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.

# 21. Appendices

## Appendix 1a- Current referral form

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

# Appendix 1b- new referral form 2026

NHS England South West

## South West Referral Form

Use this form to request the following support:

- **PSW –** Self-referrals by Resident Doctors or Dentists, or referrals by an ES,CS, TPD or HoS.
- **SuppoRTT Coaching –** Referrals made by a SuppoRTT Champion or ES.
- **SAS Coaching –** Referrals made by an SAS Tutor.

* Required

Immersive Reader

**If you require this form in another format, please enable 'Immersive Reader' by clicking on the three dots at the top of this text box on the right hand side.**

Immersive reader provides options for a comfortable and easy to process experience by allowing you to listen to the text read aloud or adjust how text appears by modifying spacing, colour and more. For instructions on how to use this tool, please visit https://www.onenote.com/learningtools

**To proceed with your referral, please click next.**

1. **Confidentiality and Data Management:**

We will treat all referrals confidentially and will follow the processes and procedures described in accordance with NHSE guidelines. Anonymised data will be used for service evaluation and research purposes. Please note that as this is a confidential service, the individual has the right to keep confidential the outcome of the meeting, unless it is felt confidentiality cannot be maintained due to a risk to self, others, or security.

***Before proceeding, if you are making a referral for an individual, we ask that you complete this form with their knowledge and input, or alternatively, that you encourage them to complete this form themselves. This encourages autonomy and engagement in the process.***

***Please note that if you complete the form on behalf of an individual, they are entitled to ask for a copy.***

Please confirm that you are happy for us to collect and **store your confidential details** for appropriate management of your referral and for **anonymous reporting and evaluation** purposes. Further explanation is available upon request. *

- ◯ I confirm
- ◯ I do not confirm

2. Are you self referring? *

Making a referral on behalf of an individual, please select No

- ◯ Yes
- ◯ No

## Please provide your details as the TPD, ES, CS, SuppoRTT Champion or SAS in this section.

***Before proceeding, if you are making a referral for an individual, we ask that you complete this form with their knowledge and input, or alternatively, that you encourage them to complete this form themselves. This encourages autonomy and engagement in the process.***

3. Please provide your name: *

4. Please provide your role as a supervisor: *

   TPD, ES, CS, SuppoRTT Champion or SAS Tutor etc

5. Please provide your email address: *

Please provide us with the following information for the individual being referred:

6. Are you referring for:- *

Please be aware that only RTT Support Champions or Educational Supervisors can refer for RTT Coaching and only SAS Tutors can refer for SAS Coaching

- ◯ PSW
- ◯ SuppoRTT Coaching
- ◯ SAS Coaching

7. Reason for referral *

Main reason for referral - Select answer based on previous question i.e if you selected PSW, only select answers starting with PSW

- ◯ SAS - Coaching
- ◯ SuppoRTT - Coaching
- ◯ PSW - Anxiety
- ◯ PSW - Exam Support
- ◯ PSW - Life events eg. bereavement
- ◯ PSW - Life/Work balance
- ◯ PSW - Low mood/Depression
- ◯ PSW - Training issues/Professional development
- ◯ PSW - Work stress
- ◯ PSW - Career uncertainty

8. First name: *

9. Surname: *

10. Preferred name (if different)

11. Email address *

Please provide us with an email you use regularly

12. Alternative email address *

13. Mobile number: *

14. Please provide details of someone we can contact in case of an emergency: *

Please include their full name, relationship to you, and their preferred contact method. (e.g telephone number)

If you prefer not to provide one, please put 'prefer not to say'

18. Programme: *

- ◯ Advanced Clinical Practitioner
- ◯ Dental
- ◯ Medical
- ◯ Pharmacy
- ◯ Public Health
- ◯ SAS

19. School *

- ◯ SAS
- ◯ Acute Care Common Stem
- ◯ Anaesthetics
- ◯ Dentistry
- ◯ Emergency Medicine
- ◯ Foundation
- ◯ Intensive Care Medicine
- ◯ Medicine
- ◯ Obstetrics and Gynaecology
- ◯ Ophthalmology
- ◯ Paediatrics
- ◯ Pathology
- ◯ Primary Care
- ◯ Psychiatry
- ◯ Public Health Medicine
- ◯ Radiology
- ◯ Surgery

20. Region *

- ◯ Bath, North East Somerset, Swindon, Wiltshire
- ◯ Bristol, North Somerset, South Gloucestershire
- ◯ Cornwall and Isles of Scilly
- ◯ Devon
- ◯ Dorset
- ◯ Gloucestershire
- ◯ Somerset

21. Location/Trust *

- ◯ Community Setting e.g GP Practice
- ◯ Avon and Wiltshire Mental Health NHS Trust
- ◯ Cornwall Partnership NHS Foundation Trust
- ◯ Devon Partnership NHS Trust
- ◯ Gloucestershire Health and Care NHS Foundation Trust
- ◯ Gloucestershire Hospitals NHS Foundation Trust
- ◯ Great Western Hospitals NHS Foundation Trust
- ◯ North Bristol NHS Trust
- ◯ Royal Cornwall Hospitals NHS Trust
- ◯ Royal Devon University Healthcare NHS Foundation Trust
- ◯ Royal United Hospitals Bath NHS Foundation Trust
- ◯ Salisbury NHS Foundation Trust
- ◯ Somerset NHS Foundation Trust
- ◯ Torbay and South Devon NHS Foundation Trust
- ◯ University Hospitals Bristol and Weston NHS Foundation Trust
- ◯ University Hospitals Plymouth NHS Trust

22. Grade *

- ◯ F1
- ◯ F2
- ◯ CT1/ST1
- ◯ CT2/ST2
- ◯ CT3/ST3
- ◯ CT4/ST4
- ◯ ST5
- ◯ ST6
- ◯ ST7
- ◯ ST8
- ◯ Pharmacist in Training - Year 1
- ◯ Pharmacy Technician Pre Reg Trainee - Year 1
- ◯ Pharmacy Technician Pre Reg Trainee - Year 2
- ◯ SAS

23. ARCP at time of referral *

(as applicable to your programme)

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 8
- ◯ N/A

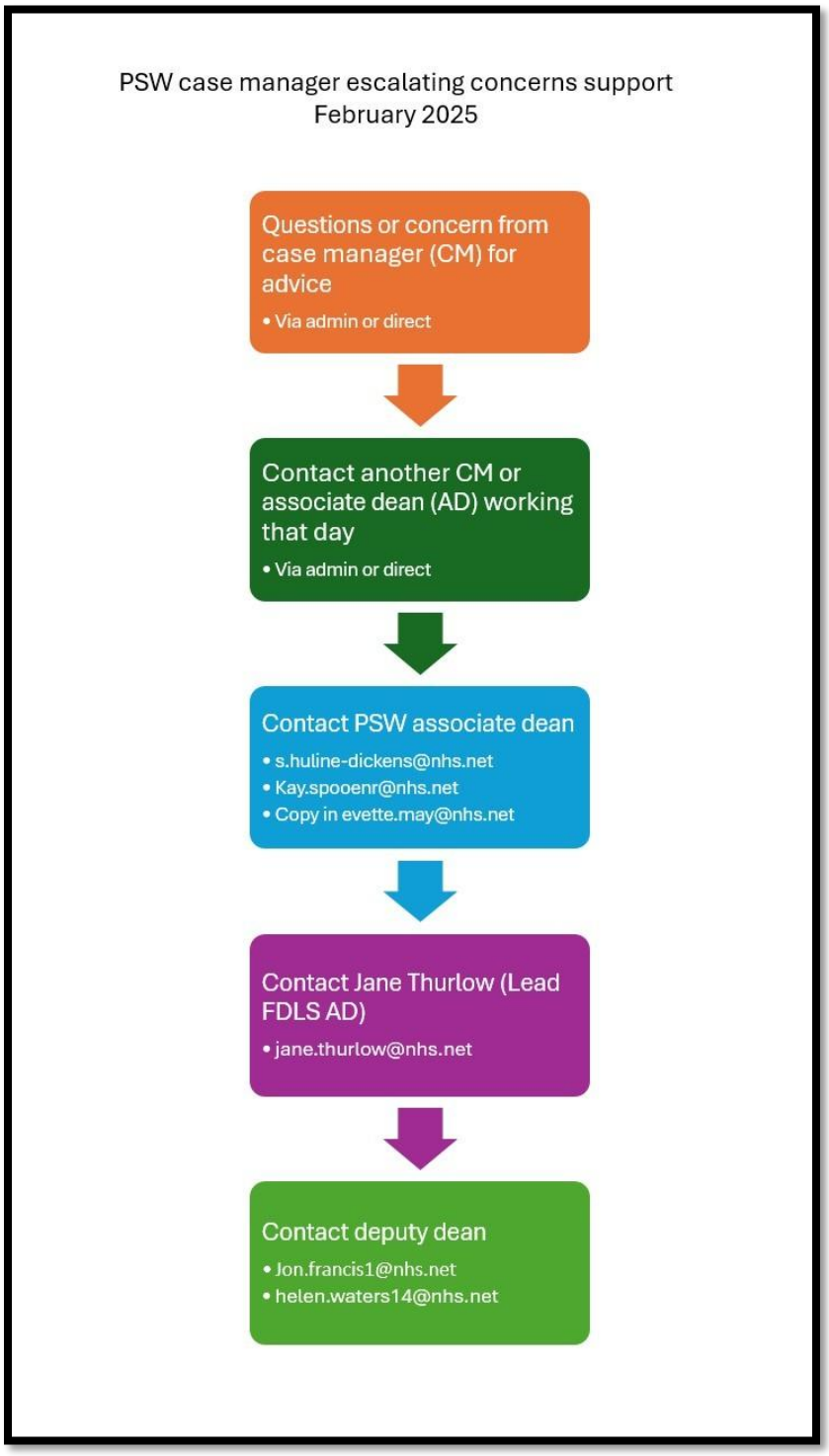
24. Please indicate whether you are Full time (FT) or Less than full time (LTFT): *

- ◯ FT
- ◯ LTFT

30. How would you describe your ethnicity:

- ◯ Asian or Asian British - Bangladeshi
- ◯ Asian or Asian British - Indian
- ◯ Asian or Asian British - Pakistani
- ◯ Any other Asian background
- ◯ Chinese
- ◯ Black or Black British - African
- ◯ Black or Black British - Caribbean
- ◯ Any other Black background
- ◯ Mixed White and Asian
- ◯ Mixed White and Black African
- ◯ Mixed White and Black Caribbean
- ◯ Any other mixed background
- ◯ White - British
- ◯ White - Irish
- ◯ Any other white background
- ◯ Any other ethnic group
- ◯ Not Stated

# Appendix 2- Escalating concerns



# 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- Proposed PSW Quality Metrics May 2026

**Professional Support Unit Quality Metrics**

| | Domain | KPI Name | Description | GMC Domain | NHSE Domain | Target | Method | Suggested examples of how information could be gained |
|---|---|---|---|---|---|---|---|---|
| 1 | Access & Responsiveness | Referral to first response time | Median days from referral to first PSU contact | GMC 3 | NHSE 3.4 | ≤ 10 days | PSU data | PSU referral log with date of referral and date of first contact; Exception reporting for delays beyond target |
| 2 | Access & Responsiveness | Referral triaged within timeframe | % triaged to appropriate service < 10 working days | GMC 3; 3.14 | NHSE 3.4 | ≥ 95% | PSU data | PSU referral log showing triage decision and support pathway; Audit of referrals triaged within timeframe; Examples of signposting to alternative services where appropriate |
| 3 | Quality & Effectiveness | Mutually agreed goals addressed | % confirming agreed goals addressed | GMC 1.2; 3 | NHSE 3; 6.4 | ≥ 95% | Coach & indivdual | Goals clarified at PSU entry (e.g. referral form, case manager discussion or coaching); Review at discharge (e.g. verbally or post support evaluation) |
| 4 | Quality & Effectiveness | Service user satisfaction | % rating PSU support as beneficial (≥4/5) and reporting improved understanding of their challenges and next steps. | GMC S1.1; 3 | NHSE 1,3 | ≥ 85% | Learner feedback | User satisfaction evaluation (supportive, fair, respectful); trend analysis |
| 5 | Health, Wellbeing & Safety | Access to wellbeing services | % users identified as having wellbeing needs who are signposted or referred to appropriate health or wellbeing services. | GMC R3.2 | NHSE 3.1 | ≥ 90% | PSU data | Documentation of identified wellbeing needs (e.g. referral request, notes from case manager discussion, advice given to educators); records of signposting to suitable provision of Occupational Health; GP; Mental Health services |
| 6 | Governance & Quality Assuranc | Case documentation/ feedback summaries | % finalised within 10 working days of discusion/case closed | GMC 3; 3.14 | NHSE 3.4 | ≥ 95% | PSU data | Review of case notes and summary communications where relevant |
| 7 | Governance & Quality Assuranc | Equality data completeness | % cases with equality data recorded to enable monitoring of fairness and differential outcomes | GMC 3.4 | NHSE 3.2; 3.3 | 100% | PSU data | Annual equality of access monitoring report |
| 8 | Stakeholder & System Impact | Referrer service satisfaction | % referrers rating PSU support as effective and timely (≥4/5) in providing support | GMC S1.2; 3 | NHSE 3.4 | ≥ 85% | Referrer feedback | Referrer feedback surveys; thematic analysis of qualitative feedback; could include referrer examples of learner progress following PSU support if available (e.g. WPBA, MSF, exam results, ARCP) |
| 9 | Stakeholder & System Impact | Progression towards agreed training goals / appropriate outcome for individual | % of DDiT making progress within 6 months of PSU support | GMC 1.2, 3; R3.14 | NHSE 3; 6.4 | ≥ 85% | Directorates | Post support learner feedback survey |
| 10 | Stakeholder & System Impact | Clarity of next steps following PSU support | % of service users reporting clarity about identified next steps (training, remediation or career planning) following PSU involvement | R3.5; R3.16 | NHSE 6.4 | ≥85% | Learner feedback | Post support learner feedback survey |
| 11 | Learning Environment & Culture | Psychological safety | % reporting that PSU feels listened to; fairness and respect; confidence in seeking support; evidence of confidentiality explained | GMC S1.1; 3 | NHSE 1 | ≥ 90% | Learner feedback | Post support learner feedback survey |