Supporting your doctor or dentist –in- training

A guide for supervisors, training programme directors, heads of school and other trainers

Contents

Introduction

Forward

Training and working in healthcare can be stressful, and life events can also affect our ability to work effectively. 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.

Often, the first people aware of problems are either the individual or those working directly with them. However, despite supporting and monitoring educational progress being a core competency for educational supervisors ((AoME), 2022) and GMC (AoME, 2014) many feel underconfident or uncomfortable in this area.

This document is an updated version of the 2012 Trainee Support Guide by Education South West Severn Deanery. Its purpose is to be a reference guide and practical framework on how to support our dentists, doctors and other healthcare professionals within southwest training programmes (hereafter referred to collectively as resident/s) if they experience or display signs of difficulties during their training.

It also incorporates information from the NACT UK Supporting Trainees: A Guide for Supervisors, as well as information from other NHS England/Heath Education England (HEE) documents.

Importance of early recognition

It is important to identify those struggling or at risk of struggling early, so we can prevent sickness, time off work, delays to training and possibly leaving the NHS. Early recognition allows for timely support to not only help the individual, but patient safety (from possible future errors) and the team morale (from staff shortages through sickness).

Legal and ethical responsibilities

Conference of Postgraduate medical Deans (COPMED) UK- Gold Guide Version 10 2024

Section:5.12

“Under the Responsible Officers Regulations, every doctor with a full licence to practise must have a ‘designated body’ and relate to a named Responsible Officer (RO). ROs are responsible for ensuring the fitness to practise of their doctors, and that appropriate systems are in place to allow effective identification, support and monitoring of the doctor in difficulty. For doctors in postgraduate training, their RO is their Postgraduate Dean and their designated body the locality in NHSE”. (SW)

Section: 5.15

“Medical professionals have ethical and professional responsibilities to raise concerns about matters that may harm patients or colleagues”. This includes probity, health and self- awareness of the individual in training

GMC 2015- Promoting excellence- standards for medical education and training.

Section: R3.2

Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including:

a confidential counselling services

b careers advice and support

c occupational health services.

Learners must be encouraged to take responsibility for looking after their own health and wellbeing.

NHSE : Enhancing working doctors’ lives Annual report 2023

https://www.england.nhs.uk/wp-content/uploads/2023/11/PRN00960-enhancing-doctors-working-lives-2023-annual-report.pdf

Aim of NHSE: Support doctors and educators, trainers and supervisors to increase morale and so boost recruitment and retention

Acknowledgements

Many people have supported, educated and offered their expert advice to myself and the PSW team over the years, and this handbook is an accumulation of that knowledge. In particular I would like to thank:

Dr Russell Hathway- for his neurodiversity toolkit for supervisors

Dr Mary Docherty- for her talk and information she has shared with the Professional Support and Wellbeing (PSW) team at NHSE SW

The PSW team- Sam Robinson, Amber Shipley, Becky Calvert, Dr Sarah Huline-Dickens

The Faculty Development Learner Support (FDLS) team- Dr Jane Thurlow, Evette May, Jon Dicken, Fiona Clace, Christopher Stewart

Supported Return To Training (SuppoRTT) Associate Dean- Dr Tim Davis- for the SuppoRTT information

NHSE SW Postgraduate Dean- Dr Geoff Smith

NHSE SW deputy Postgraduate Deans- Dr Jon Francis and Dr Hiu Lam

NHSE SW PSW fellows- Dr Rachel Armstrong, Dr Rosie Palfry

Tailte Breffni/Mike O'Connor/Alan Cook/Davinder Sandhu- for the Trainee Support Guide 2012

Dr Adam Malin- retired SuppoRTT and PSW Associate Dean

NACT UK- for their Supporting Trainees guidance

A personal reflection

The work environment is very different now to 30 years ago. New doctors are starting with debts of up to £100,000. They are then in a lottery for their first foundation job and could be placed miles away from friends and family.

Once there, the days of hospital accommodation are long gone, and time needs to be spent hunting for somewhere to live. The reduction in placements and removal of the firm structure mean that new doctors never really feel a sense of belonging, may hardly ever see their supervisor and may find themselves dealing with their first life or death situation alone. There are less role models to watch and learn from, new teams to meet and then leave again, without ever really getting to grips with the job!

We are facing the longest waiting lists in history and a more rapid turnover of patients. Patients are living longer but are often less healthy. Demands and expectations have gone up. Changes to working hours mean more handovers, more unsociable hours. Where then does family life, seeing friends and having hobbies fit in?

Then the competition starts for jobs. Additional work roles and activities to fill application forms. Expensive exams, limited recognised courses to get study leave and pressure to not delay exams and get behind peers.

For those still prepared to work in the NHS, they are dedicated and hard- working individuals. When they struggle, it is because their amazing capacity to manage all this and their sense of responsibility to the job and their patients, has been exceeded- normally by life events. For many of those working in the NHS, work is the last part to be affected and so getting to know your residents is very important to pick up any early warning signs.

For many, just showing you care, respect and are there for them is enough. Although the capacity to do this by trainers is sadly being eroded due to the pressures of work and having your own life balance.

This guide is therefore for yourselves as well as the residents you support. We are all in this together and together we can support each other. The new generation will be looking after us in the future, so let us all help to better equip them and help them thrive in their work.

Dr Kay Spooner

August 2025

Reasons for needing support

The reasons for support are multi-factorial and like patients, often the presenting problem is not the main problem.

Definitions and categories

In the PSW, we currently ask if they have concerns in the following areas:

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 1 PSW SW referral form reasons for accessing support

In our latest 3-year evaluation project, health, job performance and individual factors were the main concerns. When further broken down, we came up with the following key areas of concern:

Work

1. HR issues e.g. no Rota, wrong pay, car parking, work schedules and compliance, Keeping in Touch (KiT) days, phased return pay, compassionate and bereavement leave.
2. Inquest or coroners court

Home

1. Life events- bereavements, caring roles, relationship problems, childcare

Health

1. Neurodiversity- especially linked to written/multiple choice exams (dyslexia) and clinical exams (ADHD, autism and communication styles)

Job

1. Transition points (F1- becoming a doctor, ST3 becoming a registrar, ST7/8 becoming a consultant)
2. Exams (failure and the pressure to do them at a certain time even when not ready or circumstances not right)
3. ARCP/ e portfolio- stress of panel talking about them behind their back, not being able to give their own opinion. Written comments, out of context on the e-portfolio. Non- engagement with e portfolio as they don't see the point, worry about asking for assessments when consultants and staff busy

Individual

1. Moral distress/burnout- heavy workload, want to do the best for every patient, but lack of time, too many patients.
2. Worried about making a mistake. Stay late to complete work
3. Effects on self-care as patients come first
4. Careers- feeling lost, needing direction

Table 2 Key areas of concern from PSW evaluation 2022-2025

Early identification/signs

There may be no signs- your residents may appear happy and engaged, but it is still important to check in with them. Interestingly, the majority of referrals to PSW are from those with an outcome 1 at their last ARCP and have no current concerns with their training. Over 90% of referrals are self-referrals from the resident themselves.

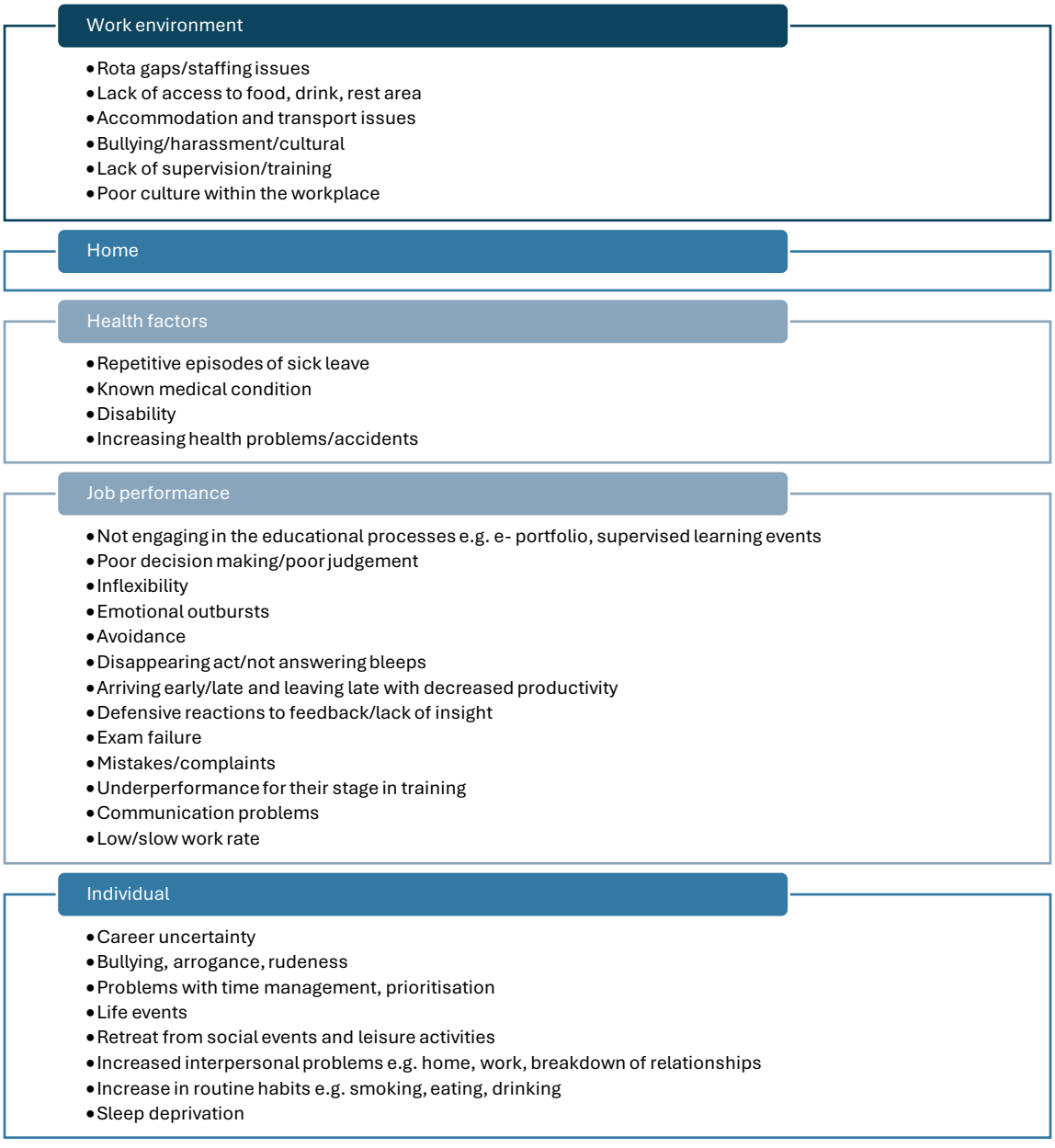

Table 3 Possible early signs of a resident struggling

Risk factors

From our latest evaluation project, the following areas are commonly found in those referring for support:

- Training transition points
- Exam stress and failure
- Neurodiversity
- ARCP/ e portfolio concerns
- Moral distress/burnout
- Life events
- Career concerns
- Health- including anxiety, depression, PTSD
- Mistakes, inquests, coroners court
- International medical graduate- isolation, communication, exam concerns
- HR concerns

Roles and responsibilities

Individual/residents

Sign the probity and health declaration as part of the educational agreement (e- portfolio)

Fully engage with the educational process and follow the guidance in Good Medical practice (GMC, 2025)

Take care and responsibility for their own health and wellbeing and find sustainable ways to do this.

As an employee to have a contractual relationship with their employer and abide by the local terms and conditions of employment.

Supervisors/educators

To have received training to do their role (Table 4).

7 Domains for educational supervisor
1. Ensuring safe and effective patient care
2. Establishing and maintaining an environment for learning
3. Teaching and Facilitating learning
4. Enhancing learning through assessment 5. Supporting and monitoring educational progress
6. Guiding personal and professional development
7. Continuing professional development as an educator

Table 4 7 domains for educational supervisors. (adopted from ((AoME), 2022)

To be involved with the training of individuals and completing training reports. Any feedback should ideally be timely, objective with clear guidance on the area of concern and recommended course of action.

Responsibility to supervise, guide and support residents during their educational training programme, which includes identifying and addressing areas of concern and making an initial support plan. If unable to do this, they must signpost to someone who can.

To discuss any *reasonable* adjustments to enable the resident to progress in their education and training.

To act as a role model, provide appropriate clinical learning opportunities and advise on clinical aspects of work and exams.

To be aware of any conflict of interest/bias when completing educational reports and supervising the resident in difficulty. To be clear with the resident what is being recorded and what is confidential.

To support the resident in any complaints or serious untoward events and encourage learning and reflection.

Assess for any risk to patients, staff or themselves.

Employer/Medical director

Responsible for ensuring that employment laws are upheld and employer responsibilities implemented, including the sickness policy.

Provide education as per their local education provider contract.

Management of performance and disciplinary matters in a proportionate timely and objective way.

To provide an employee assistance programme with access to confidential support

To provide contractual time for the supervisor roles as per national guidance.

N.B. GP practices are considered employers in the Peninsula area and Gloucestershire NHS trust in the Severn area. Human resources (HR) support will be provided by the southwest school of primary care.

Postgraduate Dean

Responsible officer for all residents in training and overseeing effective systems for managing problems that arise which prevent normal progression through the training process for whatever reason. To discuss serious cases with the GMC

Practitioner Performance Advice (formally the National Clinical assessment Service NCAS).

Now part of NHS resolution and provide impartial advice to healthcare organisations or individual practitioners to effectively manage and resolve concerns raised about the practice of individual doctors, dentists and pharmacists.

Professional Support and Wellbeing (PSW) service

PSW is responsible for providing confidential support for postgraduate learners in the southwest (resident doctors, dentists, advanced care practitioners, pharmacists and pharmacy technicians) in recognised southwest training posts (PSW policy in Appendix 1).

It provides generic support via an initial case manager meeting to co-produce a support plan, which may involve onward referral to external providers of counselling, coaching, careers and exam support.

Supervisor referral is accepted, but self-referral is encouraged to allow full engagement with the service. Once the resident has engaged with the service there will be no correspondence with the supervisor.

Who's who in postgraduate medical education and support:

It is advisable to put a name to these key people within postgraduate medical education for further advice in your area of work.

- Supported Return to Training (SuppoRTT) champion to help with returning residents after more than 3 months away.
- Guardian of Safe Working to manage exception reports (please note, that these are a employment/contract requirement and should not be documented in the e-portfolio. However, they may indicate possible difficulties).
- Department educational lead
- College tutor
- Foundation Programme Director (FPD)
- Director of Medical Education (DME)
- Medical Education Manager (MeM)
- Freedom to Speak Up guardian (FTSU)
- Associate Director of Medical Education (ADME) Support
- Occupational Health (OH)
- Human Resources (HR)

Early identification and support process

Gathering information

Observing your resident and getting feedback from colleagues is crucial in picking up early signs. Although multi-source feedback happens prior to the ARCP, this is often late in their training year and signs of struggling may happen at any time.

Regular supervisor check-ins, either face to face or via e mail can help. Talking to the resident and asking how they are, active listening and sharing your own experiences can help.

Support framework

Figure 4 is a suggested support framework.

Abbreviations:

OH- Occupational Health
PSW- Professional Support and Wellbeing NHSE SW
D/W- discuss with
DME- Director of Medical Education
FPD- Foundation Programme Director
MD- Medical Director (or Dental)
RO- Responsible Officer
TPD- Training Programme Director
GMC- General Medical Council
GDC- General Dental Council
SLEs- Supervised Learning Events
HR- Human Resources
PG- Postgraduate
MHPS-Maintaining high performance standards
WBA's- workplace based assessments
PSTAG- Professional training and standards advisory group
ROAG- Responsible Officer Advisory Group NHSE

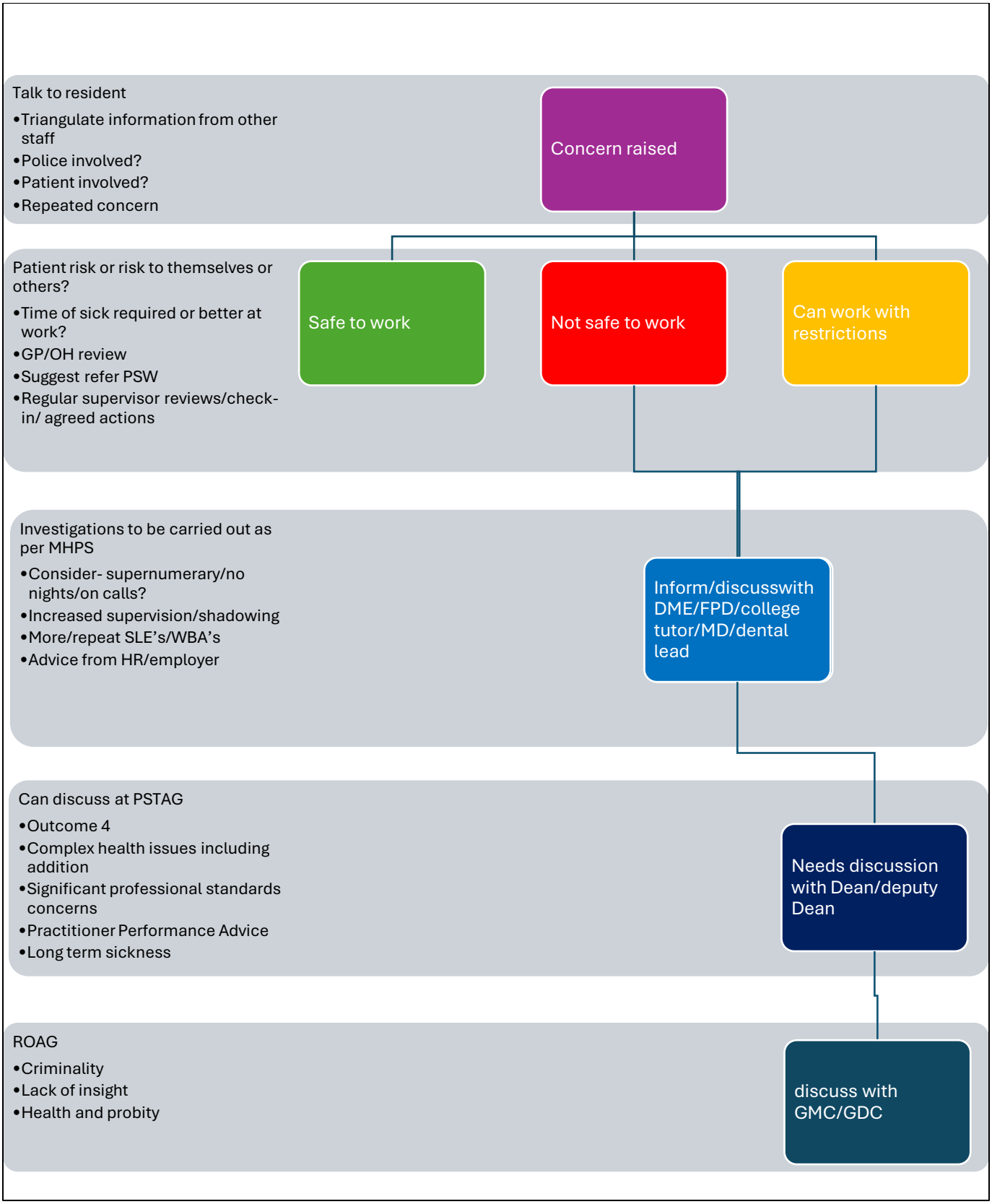

Figure 1 Support framework

Hosting a support meeting

A support meeting could be considered to be similar in set -up to breaking bad news with patients and/or family. Care should be made about the timing, location, having the necessary information to hand and preparation. The resident may also prefer to have someone else there for support.

Decide whether it can be an informal check-in with the resident, or a more formal support meeting. The former may not need to be documented, or you could send a follow up e mail reinforcing your discussion and key points.

A key point in your meeting is to decide whether the resident is safe to work- for the safety of the patients or themselves. Do they need extra supervision? Do they need to come off the on-call Rota? Do they need to stop prescribing?

The table below gives an example of how to conduct a support meeting

Pre-meeting

- Location
- Timing
- Limit disruptions/distractions
- Gather information/get facts and objective concerns/triangulate information
- What is the purpose of the meeting?
- What are your expectations?
- What are your concerns?
- What are the facts?
- Be aware of your own biases, cultural issues
- They may be concerned about career progression, jobs, stigma, shame

Meeting

- Check how they are
- Explain purpose of meeting/confidentiality issues
- Ask them if they have any concerns, questions, expectations of the meeting
- Give objective facts (not personal opinions) and state your concern
- Active listening and curiosity
- Share your own experiences/vulnerability as appropriate
- Honest, open and transparent
- Non-judgmental/be aware of your own biases, cultural issues
- Share expectations
- Suggested questions
    - I notice that...
    - I am concerned that...
    - Help me understand your thought processes, management plan, action
    - Are there any other concerns, issues for you at the moment?
    - How is life generally- home, family, friends
    - Where did you train, experiences, previous challenges, strengths, what else is going on in their life
    - Do you have support at home? Are they aware of how you are feeling...

- Risk to themselves or others?
- Safe to be at work?
- What would they do if in the supervisor position?

- Support plan
  - Signpost to support (figure 5)
  - Remain supervised at work vs time off sick
  - Clinical support e.g. particular training requirements
  - Agree documentation
  - Plan review/check-in- how often
  - Needing SMART goals- Specific, measurable, achievable, realistic, timely

Post meeting

- Documentation- e mail summary, entry on e- portfolio. What is useful, relevant and important to document. Facts, support plan. Avoid personal opinions. Explain confidentiality. Could do this during the meeting

Table 5 Suggested initial support meeting proforma

Confidentiality

Explain clearly to the resident the information you will need to share and with whom and the reason why. At PSW we break confidence if we feel they are a risk to themselves or others. You may find it beneficial to confidentially seek advice from a colleague without breaking confidence.

Documentation

It is important to document what it discussed and be open and transparent with the resident. Record only what is relevant, timely and necessary. Be objective and state the plan. The resident may wish to complete a reflective piece for their e portfolio. Think carefully before uploading information to the residents e portfolio or end of year report- it can have lasting effects on them. Make sure this information is objective and ideally is dealt with already- does it need to go on. What benefit is it on the portfolio- which is a permanent record.

Any documentation needs to be stored securely as per GDPR. These days it is probably easier to store electronically. This could be a secure work e mail folder, or team secure e mail folder. You may have access to a secure on confidential shared folder area like SharePoint. If it is to be a hard copy, this will need to be in a locked cabinet.

As residents move between departments, specialties and trusts/GP practices; the documentation should ideally be stored with the postgraduate education team for that area, so that if supervisors change, the information is accessible to those who need it.

Some key points about how to record your meeting:

- Be objective
- Open and transparent with resident
- Timely
- No personal opinions
- State concerns clearly and suggested/agreed actions

Signposting

There are now many areas residents can be signposted to for different levels of support. Figure 4 shows some of them, divided into those found at a trust/GP practice/Dental practice level; external providers of support and finally NHS England SW.

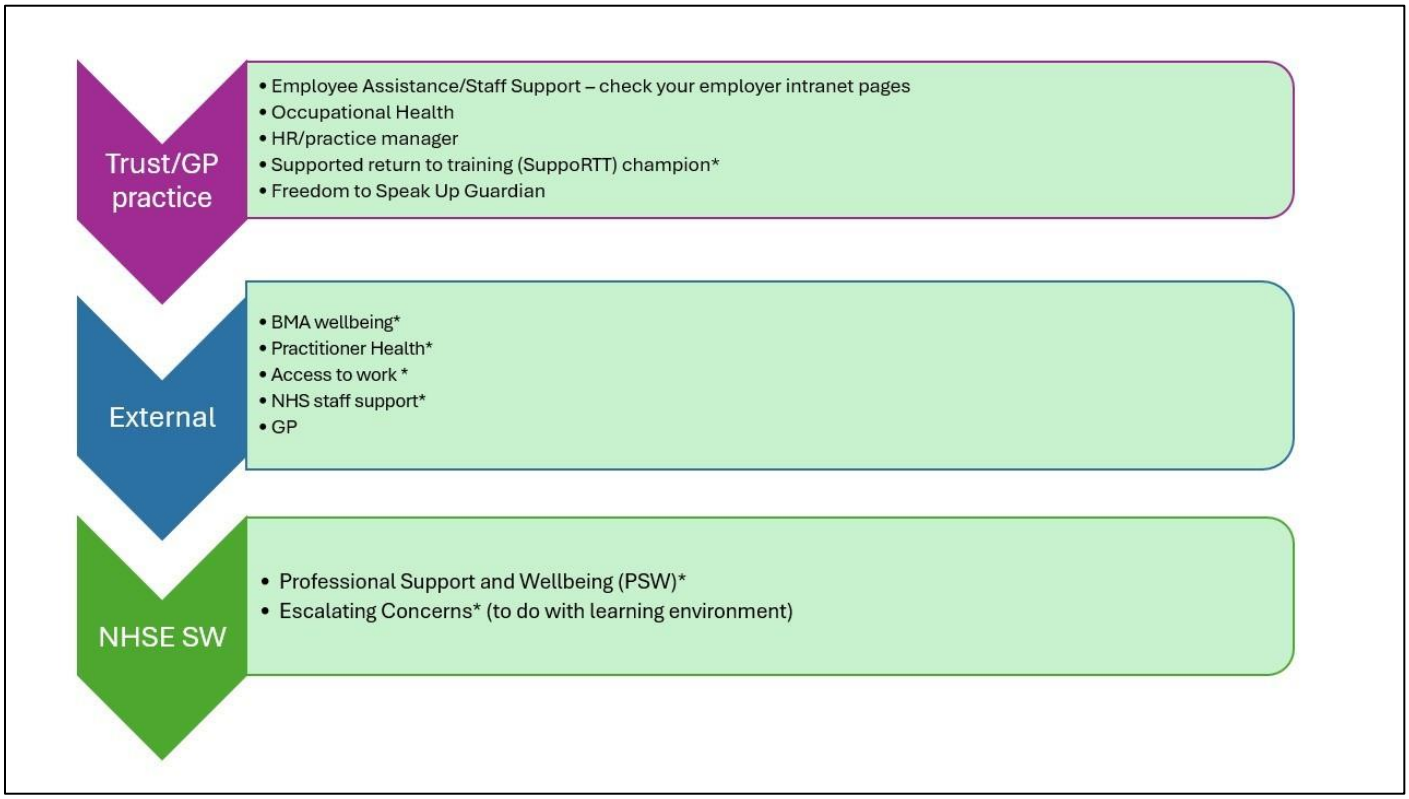

Table 6 Support available. Contact information in Appendix 3

Each of these services may also be able to signpost further. In terms of which level or service is best for your resident, the table below provides some suggested support for common concerns seen in PSW.

Common concerns for residents and supervisors

Understanding the neurodivergent individual

Neurodiversity is the recognition that there is a wide range of normal variation in the brain and not just one way to experience and interact with the world. Neurodivergence is the deviation of the brain from society's expectation of normality.

The main neurodivergent conditions are Autism, Attention –Deficit/ Hyperactivity Disorder (ADHD) and dyslexia. Although there are others (figure 2).

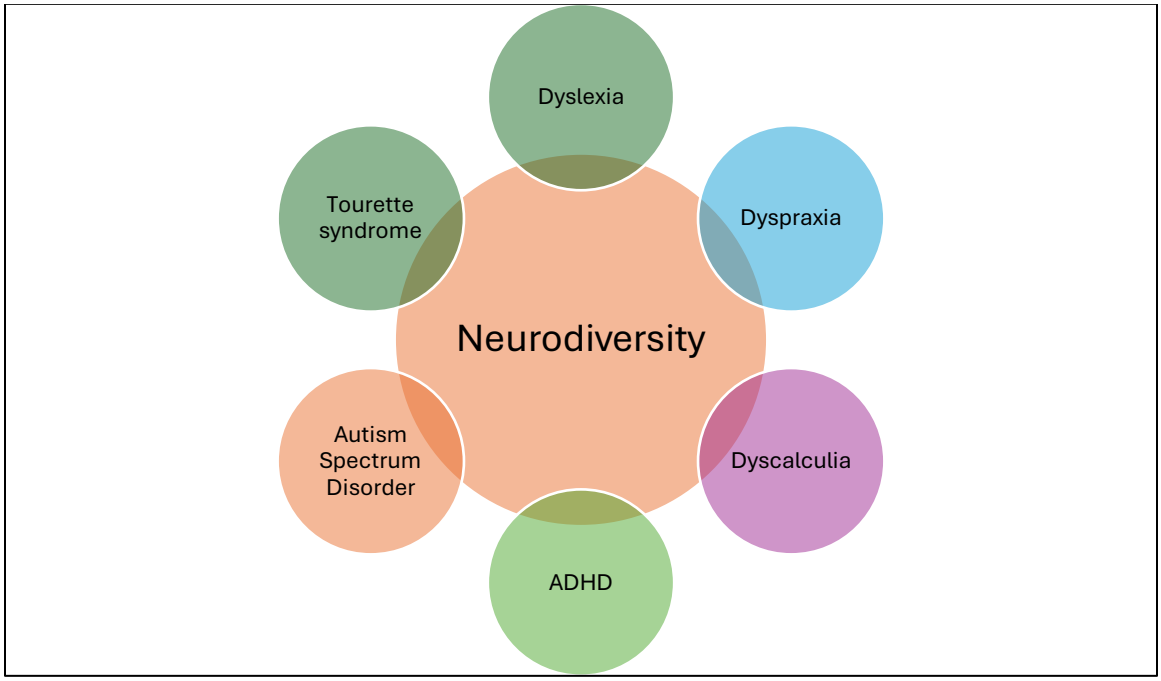

Figure 2 Neurodivergent conditions

Neurodivergent people have differences in how they process information, learn and interact socially. With many strengths as well as weaknesses.

Neurodivergent people are very good at hiding their struggles (masking) until the capacity to mask is overwhelmed e.g. by stress, life events, fatigue, burnout. An analogy is of stool legs- one short leg e.g. dyslexia, therefore wobbles. Other legs could be health, work, family, home etc. If another one becomes short (i.e. one of these other areas), their world becomes unstable.

"My work colleagues, have absolutely no idea the amount of effort it takes me to be part of the team"

"Trying to fit in a neurotypical society when you are not, is excruciating"

"A social disability in a neurotypical world"

Key features

Attention Deficit Hyperactivity Disorder (ADHD)- ~4% population. Issues with impulse control, attention and concentration, leading to overactivity (of body and mind), impulsivity (of action and words), inattentiveness (including distractibility, disorganisation and forgetfulness); or aspects of all three. Dysregulation of body and mind (mood instability) has also been recognised as a feature.

Autism- 1-2% population. Affects the way in which an individual experiences the world and communicates with others. They can find social interaction and change, difficult and uncomfortable. Takes a lot of cognitive load to mask the symptoms. Often present late, when demands exceed masking capacity. Fatigue and moral injury can expose signs. Double empathy- autistic people communicate well together

Dyslexia -A lifelong, genetic, neurological Specific Learning Difficulty (SpLD). Language processing difficulties, causing issues with reading, writing and spelling. It is a specific learning difficulty because it only impacts particular aspects of learning and is not connected to intellectual ability. In adults, challenges with reading, writing, and spelling may be hidden due to good coping strategies. However, tasks which need these skills will require more time and effort than might be expected and the impact this has on an individual can often go unseen or the task may be avoided.

Table 7 Key features of 3 neurodivergent conditions

A neurodivergent individual may present in many similar ways to neurotypical residents. However, some features may point to being neurodivergent:

- Slow writing letters, spelling mistakes, brief clinical entries, stay late to catch up on work
- Slow reading and avoiding this
- Good clinical performance not matched by academic performance
- Disorganised
- Challenges interacting with other colleagues, management etc. Misunderstandings due to the unpredictability of these (Patient interactions have more of a process/task focus and are usually less of a problem)
- Spikey profile- if completed screening

Dyslexia

Undiagnosed dyslexia is a common reason for exam failure. Many people have found ways to cope with this specific learning disability without being aware of it. However, the stress of exams, online formats and time constraints can lead residents to fail even when knowledge is not a problem.

The table below shows some of the difficulties experienced with dyslexia and some support/adjuncts to help. A style guide to help dyslexic people is available in Appendix 1.

Difficulties experienced relating to dyslexia	Support/adjuncts
Written work •Written work very slow •Structuring and wording referral letters •Taking patient histories •Filling in forms •Structuring written work •Drug names may be misspelled or •Numbers written incorrectly N.B The deterioration in spelling and writing is worsened with time pressure	•Writing and spelling •Voice to text •Templates to help structure written work •Spellcheckers/proof reading in MS word
Reading •Taking longer to read •Misreading words •Needing to re-read several times to understand text •Feeling embarrassed about reading aloud •Experiencing distortion of text reading information on charts	Reading •Changing the font size, type and colour overlay •Breaking text into bite-size pieces and making summaries
Verbal communication •Verbal expression difficult •Undertaking oral presentations	
Organisation and time management •Prioritising work •Sequencing the order of tasks •Handover and multitasking difficulties •Managing and completing tasks on time •Managing administrative work	Organisation and time management •Colour coding to identify priorities •Checklists •Assistive technologies •Write down complex instructions •Admin time
Poor short- term memory •Recalling people's names •Remembering information to pass on to colleagues Remembering the names of medicines and diseases is easy simply because of the ways the words were structured and spelt.	

Table 8 Challenges and support suggestions for dyslexia (Locke, 2017)

The British Dyslexia Checklist used by PSW can be found at:

https://cdn.bdadyslexia.org.uk/uploads/documents/Dyslexia/Adult-Checklist-1.pdf?v=1554931003

with more information at:

https://www.bdadyslexia.org.uk/dyslexia/how-is-dyslexia-diagnosed/dyslexia-checklists

Neurodiversity is a lifelong condition which may well not impact on progress within a postgraduate medical training programme. Therefore, assessment and support for neurodiverse conditions should

be driven by a significant concern about progress through training (COPMeD task and finish group on Neurodiversity 2022).

PSW Dyslexia assessments

PSW is able to offer a dyslexia assessment if it is felt that the possibility of the resident having dyslexia is

- Full dyslexia assessment (4 hours with individual and 20- hour write up). Usually for GP residents as the ARA is not accepted by the RCGP.
- Assessment of Reasonable Adjustments (ARA) by a recognised dyslexia assessor. Can be used for exam reasonable adjustments by all the other colleges. (1 hour with individual and 4 hour write up).

The resident therefore needs plenty of time to book a meeting, have the assessment, receive the report and apply for exam. Reasonable adjustment deadlines are often before the final exam booking deadline. Advise **eye test and colour overlay test** at optician

Autism and ADHD

Autism and ADHD require formal clinical assessment by official services, to not only come to a formal diagnosis (and for ADHD, possible psychopharmacological treatment) but also for provision of suitable post-diagnostic clinical support such as psychoeducation and psychological interventions e.g. Cognitive Behavioural Therapy (CBT).

Currently, we are unable to refer for these assessments via the PSW. However, as all our support is individual, many neurodivergent residents find our counselling, coaching and exam support services very helpful.

There are also many websites that offer further support and signposting.

Table 9 Further information on neurodiversity

Autism

Online assessment tools (not for exams)

- Ritvo Autism and Aspergers Diagnostic Scale (RAADS-14):
- https://psychology-tools.com/test/raads-14
- AQ-10 (Autism Spectrum Quotient-10):
- https://leademployer.merseywestlancs.nhs.uk/media/Neurodiversity/Adult-autism-AQ10-questionnaire-test-v1.pdf
- AQ-50:
- https://www.derbyshirepathfinder.nhs.uk/wp-content/uploads/20220125-DHcFT-AQ50-only.pdf

Websites:

- Autistic Doctors International:
- https://autisticdoctorsinternational.com/
- National Autistic Society:
- https://www.autism.org.uk/
- https://autisticadvocacy.org/
- Dyslexia - British Dyslexia Association : https://www.bdadyslexia.org.uk

ADHD

- ADHD UK welfare pack. Available from ADHD UK Welfare Pack https://adhduk.co.uk/adhd-work-welfare-pack/

General neurodiversity

- SSHINE – Staff & Student Healthcare Initiative for Neurodiversity & Equity – https://sshinestudents.wordpress.com/
- Neurodiversity toolkit- Tom Badenoch- latest version- https://www.canva.com/design/DAF_4OrnUgE/3kYr7MFUC4jcl2gl_snZwg/view?utm_content=DAF_4OrnUgE&utm_campaign=designshare&utm_medium=link&utm_source=viewer

Autism

Common Complaints

Rude/blunt/direct
Lack empathy
Dislike change
Frustration/anger/outbursts
Not following protocols
Fall out with senior doctors
Black and white/prefer people to be direct/get to the point
Poor time management and prioritisation

Positive strengths

Attention to detail
Deep focus
Observational skills
Methodical
Creative
Absorb and retain facts
Tenacity
Perfectionist

Challenges for residents

Multiple beeps, alarms, music, smells, tangled lines and tubes,
Challenging communication from behind surgical masks
"Flooding"/ meltdown-can happen suddenly and "out of the blue". Trivial anxieties may become inappropriately magnified as the brain cannot cope
New rotations, new social interactions

ADHD

Common complaints

Inattention-Don't listen, easily distracted, poor attention to detail (especially if 'bored')
Impulsivity-Interrupt conversations, excess talking, taking undue risks/make decisions too quickly, trouble controlling emotions
Hyperactive- fidget, lose or forget things often, difficult to engage in a quiet activity

Positive strengths

Creativity
Finding solutions to difficult problems
Managing chaos
Hyperfocus can be great for completing a particular task.

Challenges for residents

Doing tasks they don't perceive to be useful e.g. e- portfolio
Clash with colleagues/poor communication
Multiple distractions

Table 10 Common complaints, strengths and challenges for residents with Autism and/or ADHD

Suggestions for supporting your neurodivergent resident:

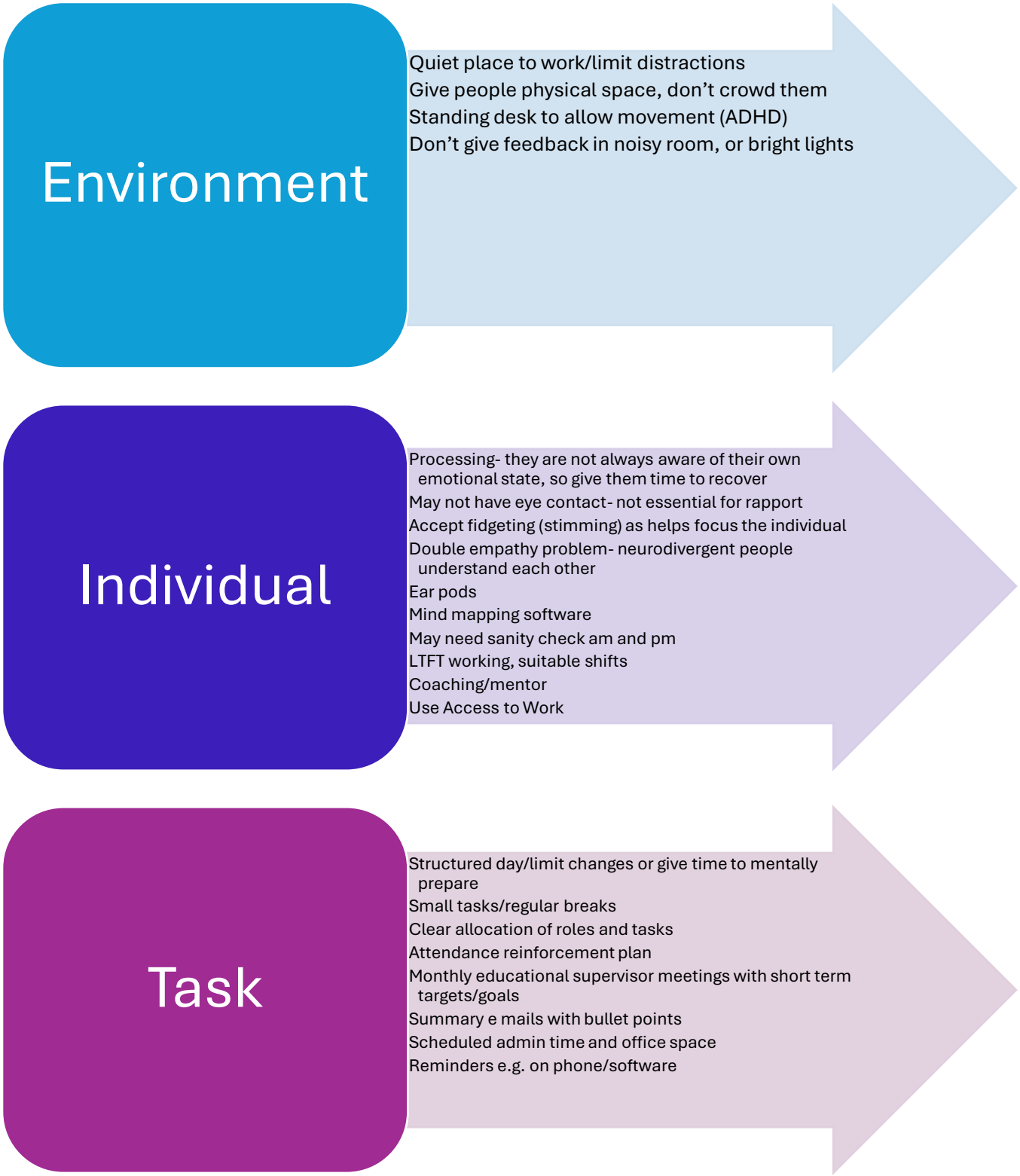

Figure 3 Suggestions for supporting your neurodivergent resident

Other concerns and suggested support

Concern	Initial support	Signposting/other suggestions
Transition points in training	Listen Share experiences Role model Set/share expectations of the role	Coaching/mentoring Clinical courses Simulation based courses Knowledge sources
Imposter syndrome	Listen Challenge their thinking- separate the facts from their feelings, get them to visualize success, help them to see themselves from another point of view.	Coaching/counselling
Exams	Listen Is the time right/other life events? Plan leave for courses, private study, rest Join practice groups OSCE/viva practice Reasonable adjustments needed? Share personal experience/tips Belief cycle Think differential attainment/international medical graduate	Exam support PSW Mentor Coaching Language and communication skills Colour overlay test with optician Dyslexia assessment/Assessment of Reasonable Adjustments PSW
ARCP/e portfolio	Listen and understand their concern/challenges Explain reason for e portfolio Suggest use as storage for CV/interview evidence Use e portfolio to their advantage Personal suggestions Re-frame their concerns	
Burnout/work stress	Listen Remain at work or off sick Suicide risk Self care practices Support at home? Re-connect with hobbies	GP OH PSW for counselling

	Dissociate being a doctor from being a person	
Underperformance/training concerns	Clarify concerns SMART objective Additional training/courses Increased supervision Role model Supernumerary for a while	Courses Additional knowledge Increase number of work placed assessments
Chronic/long term health conditions	OH MDT with other relevant people (NHSE representative e.g. dean or deputy; school TPD, DME, supervisors, HR)	GP Access to Work N.B. The resident does not need to disclose the condition, only how it effects them
If in crisis/emergency: - Tell someone you trust how you are feeling -Go to your emergency department/GP -Dial 999 or NHS 111 (option 2) - **Samaritans** (Call 116 123) -**SHOUT** (linked with Practitioner Health. Text NHSPH to 85258)		

Table 11 Example of current concerns and suggested support

MDT= Multidisciplinary meeting

Reasonable adjustments

According to the BMA (BMA, 2024) , making reasonable adjustments means making changes to the way things are done to remove barriers individuals face because of disability or a long-term health condition. They are specific to the individual and can change over time if the condition fluctuates. Adjustments can include changes to processes, working patterns, physical spaces and the provision of specialist equipment.

The Equality Act 2010 describes a 'duty to provide reasonable adjustments'. Reasonable adjustments should make the resident's ability to work/train equitable with their peers. It is not to provide more than others; it also should not have a detrimental effect on others/the service.

What is reasonable? This can only be decided on a case-by-case basis, and depends upon all the circumstances including:

- whether the adjustment will actually overcome the identified difficulty
- how practicable it is to make the adjustment
- the financial and other costs involved
- the amount of disruption caused
- the money already spent on adjustments
- the availability of financial or other assistance.

Some colleges and hospital trusts have produced a reasonable adjustments form, template or passport to help their staff. Some examples and links are below:

The Royal College of Psychiatrists- reasonable adjustments form for residents:https://www.rcpsych.ac.uk/training/your-training/training-resources

ACAS- https://www.acas.org.uk/reasonable-adjustment-request-template

Reasonable adjustments are the responsibility of the employer.

However, NHSE SW can help with support for the learning environment on a case-by-case basis. The neurodiversity toolkit developed by Dr Tom Badenock (see section on neurodiversity) is an example. For more information, please contact PSW (england.psw.sw@nhs.net)

Help out of hours/resident away without leave (AWOL)

There is no official policy about what to do if your resident does not show up for work out of hours. This would mainly occur in a secondary care setting.

The key priority is

- Patient safety/covering the work
- Welfare of the resident

It will be up to individual departments whether they decide to keep a list of staff members, contact information and emergency contact.

If a welfare check if considered appropriate, the on-call manager or the day should have access to the personal contact information for staff.

Welfare checks will be carried out by the police if there is reasonable concern for the safety of a staff member.

In the first instance:

1. Inform the on-call /senior doctor/consultant/line manager, so that staffing levels can be checked
2. Phone/ e mail the resident
3. Ask a friend/colleague if they have another contact for them
4. Risk assess need for welfare check by police or plan to phone again later

Suicide

Sadly, death by suicide does occur in residents and we should not be afraid to ask the question.

Zero Suicide Alliance (ZSA: https://www.zerosuicidealliance.com/) offer training to help with asking these questions.

It is now recognized that directly asking about suicide does not increase the chances of it happening (Polihronis, 2020).

There are a few factors that may increase the risk of someone dying by suicide (NHSE, 2023):

- Gender: men remain the most at-risk group within the general population
- Age: highest rate of suicide in men is between 50-54 years and women between 45-49 years.
- Bereavement: there is a higher risk of suicide following the death of a loved one especially if by suicide.
- Sexual orientation and gender identity: the risk of suicide is significantly higher among the lesbian, gay, bisexual and transgender community.
- Mental Illness, which could be work-related but increasingly people could be employed with a pre-existing mental health condition
- Social deprivation, including debt, financial insecurity, and domestic violence.
- Within healthcare settings- workplace pressures, burnout and moral injury, referral to a professional body and following a serious incident resulting in harm to a patient

The concern with residents is that we are seeing an increasing number of international medical graduates who are often living away from their support network and may feel socially isolated. More residents are struggling with financial concerns and burnout and work stress are increasing. It is therefore very important that we look out for, and ask if they are a risk to themselves.

To help, assess, please see the checklist in figure 4 from Zero Suicide Alliance.

For more information, see below:

Practitioner Health service	• https://www.practitionerhealth.nhs.uk/worried-about-a-colleague
NHS England	• https://www.england.nhs.uk/long-read/staying-safe-from-suicide/
MIND	• https://www.solentmind.org.uk/assets/uploads/resources/SOL012%20Suicide%20Awareness%20Toolkit_v1.4_VS_LO.pdf_compressed.pdf

Table 12 Websites for more information on suicide

Figure 4 Suicide risk checklist

Safety Plan

If you are not acutely concerned about a resident, it may be worth helping them complete a safety plan, which is their own plan to help guide and equipe them in a crisis. It gives them the control to manage any suicidal thoughts and impulses.

The aim is to write down warning signs that may indicate entering a possible mental health crisis, and the things you can do to stay safe. It should be kept safe, easily accessible and regularly updated. Some suggestions for the plan from ZSA include:

- Warning signs
- Things that help
- Coping strategies
- Distraction techniques
- Information about available support
- Other ways you might keep yourself safe
- Personal goals and inspiration to help foster feelings of hope

Examples of safety plans can be found at:

https://zerosuicidealliance.com/safety-planning

https://www.samaritans.org/how-we-can-help/if-youre-having-difficult-time/create-a-safety-plan-for-when-youre-feeling-suicidal/

https://www.papyrus-uk.org/wp-content/uploads/2024/06/Suicide-Safety-Plan-A5-Booklet-English-2024.pdf

Support tools

Supported Return to Training (SuppoRTT)

If you know your resident is going to be off work for some time (e.g. maternity, paternity, planned sick leave, Out of Programme (OOP) in a non- clinical environment), you can help them plan for their return. The table below gives some suggested meetings, discussion points and possible plan.

Meeting	Discussion points	Plan
Pre-absence meeting	• Circumstances around leave • Contact preferences – how often and how? • KiT / SPLiT / RTTA days • Mentoring (formal or informal) for ongoing support and development • Occupational Health / GP for health-related issues • Intentions to return LTFT • Specialty-specific issues • Timing of ARCP • Reminder to arrange pre-return meeting 3 months before return date • **Inform IT** that they will be away (some trusts delete e mail if no access for a month)	• Signpost to further information on the website: https://www.severndeanery.nhs.uk/about-us/supportt-2/ • Give name and contact details of SuppoRTT champion • Documentation • Contact info
Pre-return meeting	• Review experiences of time out including positives and transferrable skills • Explore concerns about returning • Clinical skills and confidence • KiT / SPLiT / RTTA days • Enhanced supervision period • Any coaching or mentoring required? Refer to PSW if this is the case • Intention to return LTFT and reminder to submit request	• Create a bespoke action plan to facilitate the trainee's return to clinical practice • It is strongly recommended that all returning resident's benefit from a period of 10 days of enhanced supervision (some may require more) • Discuss what level with trainee what level of supervision is required, e.g. Reduced number of

	• Signpost to return to training courses, activities and resources • If returning mid-rotation, ensure tailored induction is arranged prior to their start date, including mandatory training • ID, parking, IT etc • Childcare emergency plan	patients in clinic with a named consultant available for help and advice when required or directly supervised operating lists • The default is for residents to work their normal daytime rostered hours • Residents should not undertake out of hours commitments unless it is in a shadowing role • Courses-…..
After return meeting	• Check in to see how they are • Return to normal duties?	

Table 13 SuppoRTT plan

KiT=Keeping in Touch day

SPLiT= Shared Parental Leave in Touch day

RTTA = Return To Training Activity day

International Medical graduates

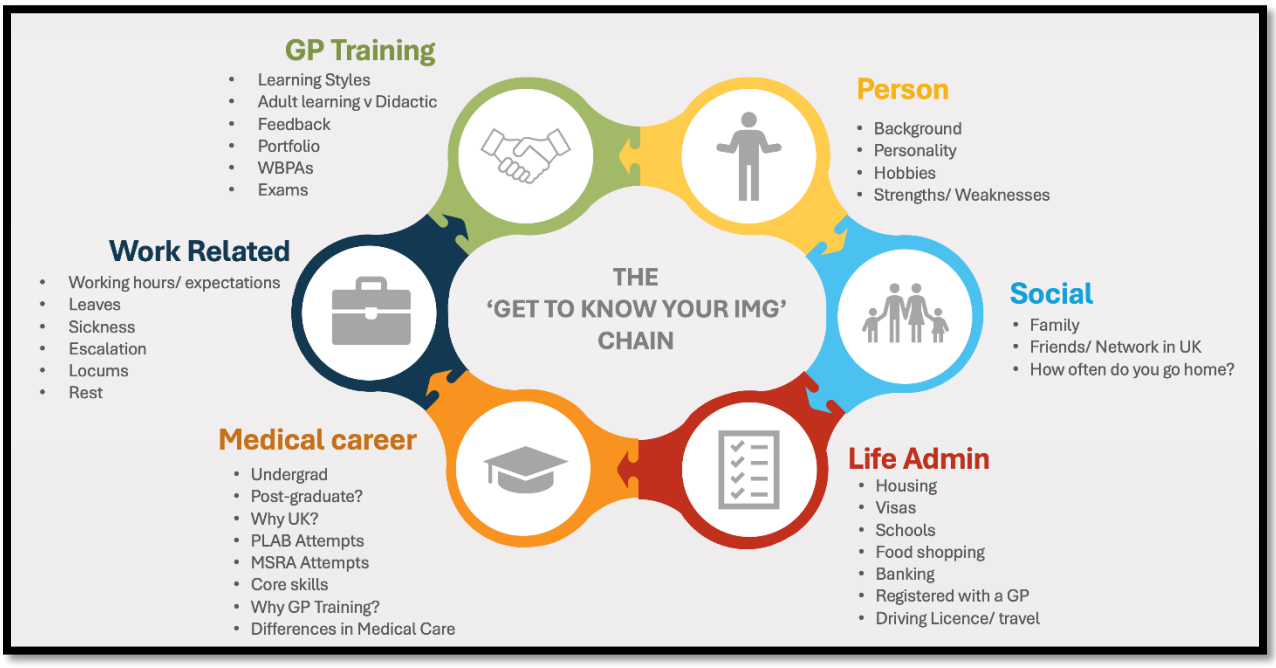

Figure 5 International Medical Graduate support by Dr Isaac Frank 2025. Permission given to share

Video on the seven 'C's by Dr Isaac Frank, IMG fellow NHSE SW 2015:

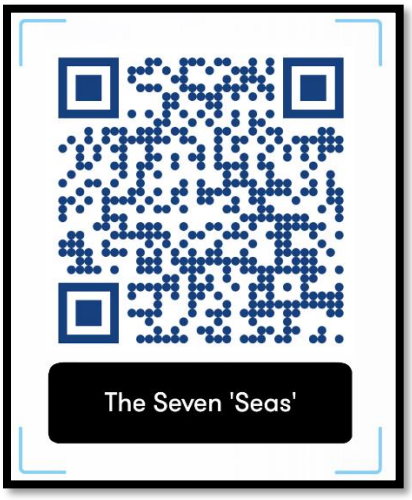

Figure 6 QR code for the video The Seven Seas by Dr Isaac Frank

Some coaching tools

Below are a selection of coaching and psychological tools that you may find useful going through with your resident.

Further courses on coaching and mentoring can be found on maxcourse: https://www.maxcourse.co.uk/heesw-pgme/guestCreateUser.asp)

or by contacting Faculty Development Learner Support (FDLS) on england.facultydevelopment.sw@nhs.net

The authors are acknowledged and links to the original article or website provided.

OSCAR

The OSCAR coaching model was originally described by Karen Whittleworth and Andrew Gilbert (Gilbert, 2009). Like many coaching models, the idea is to discuss the desired outcome and goal of the individual, work out where they are now and what might be stopping them achieve that. Working through possible directions to achieve the outcome and finally deciding on an action and reviewing it.

The resident should come up with the choices and options, as they are more likely to be engaged and motivated to achieve their outcome.

The supervisor/coach by using open questions, can help the resident reflect and come up with a solution that works for them.

The model is summarised below.

O	Outcome	What is the individual's goal or outcome from the coaching sessions?
S	Situation	What is their current situation?
C	Choices	What choices do they have to achieve their outcome?
A	Action	What action will they now take to get there?
R	Review	How and when will the individual review the outcome

Table 14 The OSCAR coaching model

3 circles

The 3 circles model is taken from Paul Gilbert's compassion focused therapy. He suggests that people have 3 emotion regulation systems- threat, drive and soothe and we move between these. When people feel stressed, it is often because these regulation systems are out of balance- usually spending lots of time in threat and drive systems and not in soothe. All the systems need to be in balance to have more emotional control.

More information can be found at: **https://www.nicabm.com/3circles/**

ABC of wellbeing

The ABC of wellbeing is adapted from Caring for Doctors, Caring for Patients (GMC 2019- caring-for-doctors-caring-for-patients_pdf-80706341.pdf). To ensure wellbeing and motivation at work, and to minimize stress, people have three core needs and all three must be met. The diagram below summarises this and some suggestions to support.

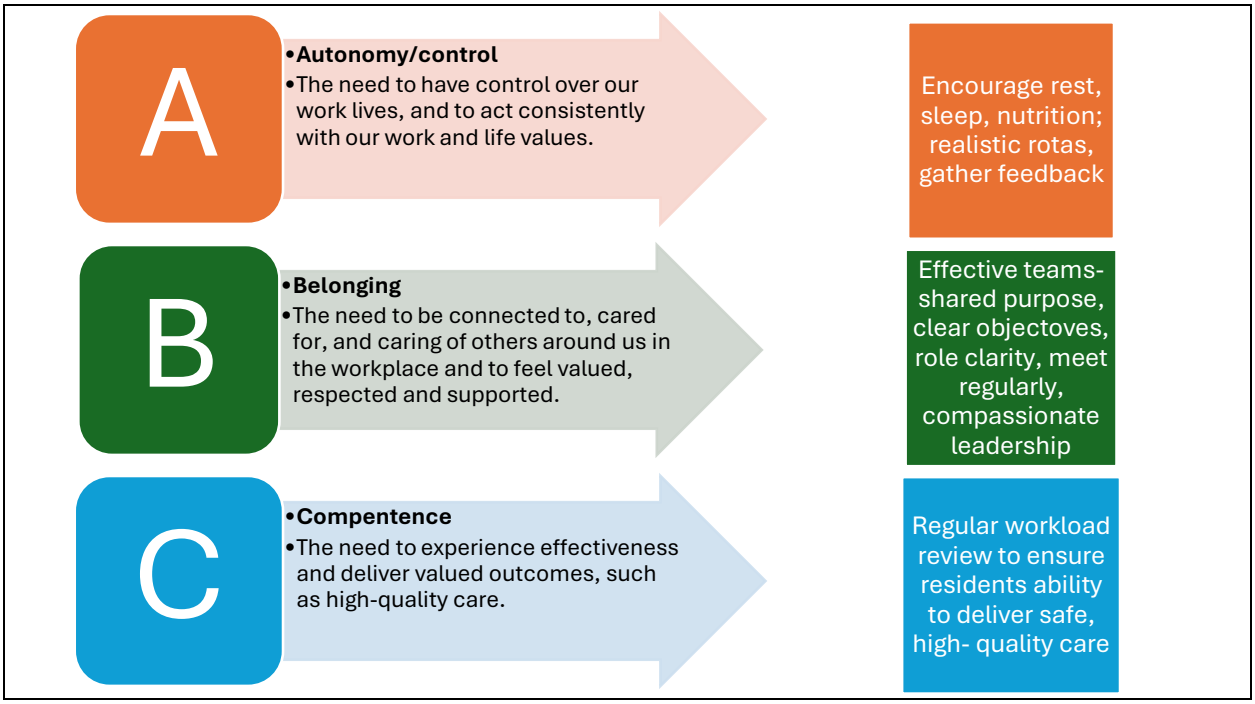

Figure 7 The ABC support model- Caring for Doctors, Caring for Patients. GMC 2019

SSRI model- Strengths, Strategies, Resources, Insights

This model is taken from Chris Johnstone's paper- Resilience, recovery and the self-help SSRI. It is designed to be a non- medical way of treating stress and anxiety, by thinking back to how someone managed to get through a previously difficult situation.

More information and the article can be found at: Self-Help SSRI — Chris Johnstone https://chrisjohnstone.info/self-help-ssri-

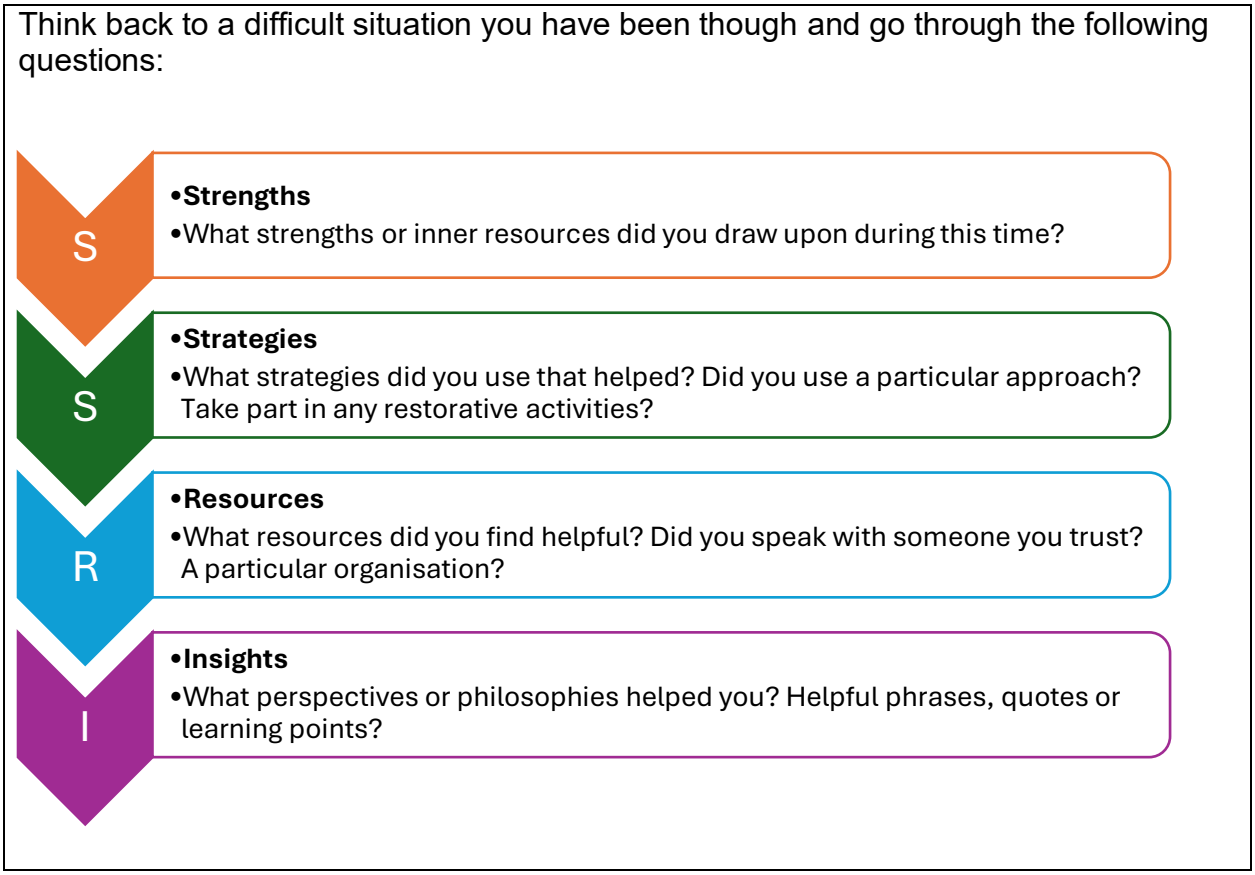

Figure 8 Chris Johnstone's SSRI model

Belief cycles

Beliefs aren't real, we just act as though they are. They are rules that we have decided to live our life by- so we can also therefore change them. We can believe anything we want, and then live our life to that belief. Beliefs influence thoughts, which trigger emotions. The emotions create behaviours that can become habits and create situations that then reinforce the original belief.

Making individuals aware of what is happening can be the first step in helping them change negative beliefs, as well as breaking the cycle- do something different (behaviour).

I sometimes help the resident come up with a positive belief cycle to help them challenge negative beliefs- especially for exam stress. See below for an example.

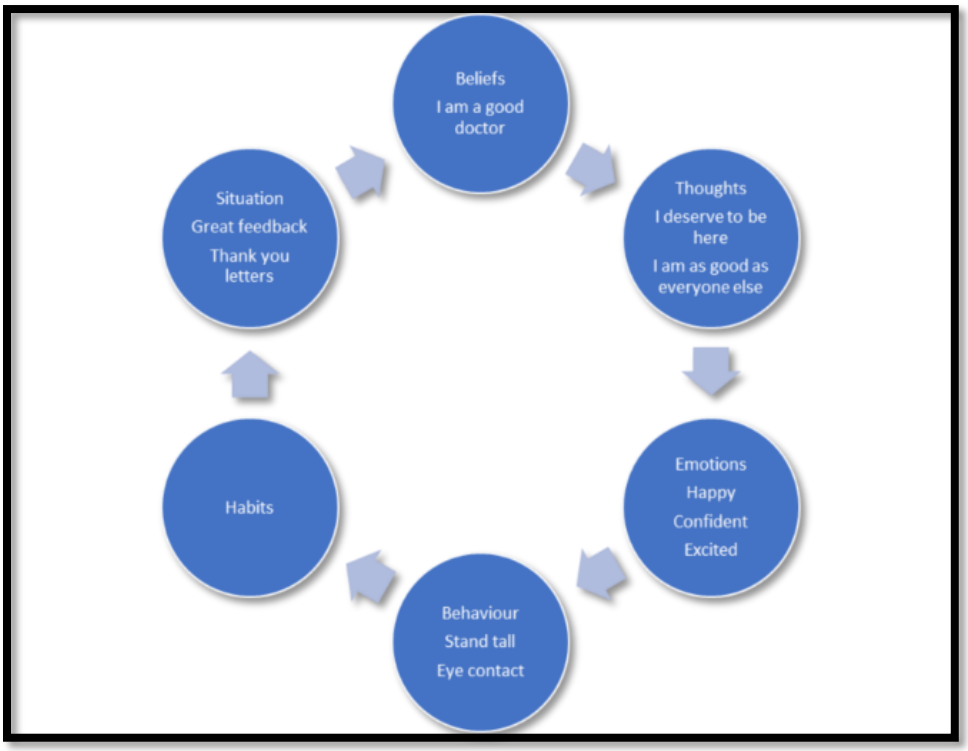

Figure 9 An example of a positive belief cycle- Dr Kay Spooner

10:90 principle.

10% of life is the actual event and 90% how we choose to respond to it. Therefore, we can control how we respond to situations. If your resident is having an unhelpful response to an event, help them

reflect on it and decide if that response was useful? If not, help them reflect and change it. Re-framing the situation may help.

Circle of control

The circle of control is a visual framework by Stephen R. Covey from his book The 7 Habits of Highly Effective People (Covey, 1989). It consists of three circles that represent where we focus our energy.

The circle of control- innermost circle- the areas of our lives that we have direct control over e.g. emotions, thoughts, actions

The circle of influence- middle circle- those areas that we can influence but do not have direct control over.

The circle of concern- the outer circle. This area represents all the things we care about but cannot control e.g. weather, actions of others, politics. We should be aware of this area, but spending too much time and energy on this area can cause anxiety and stress

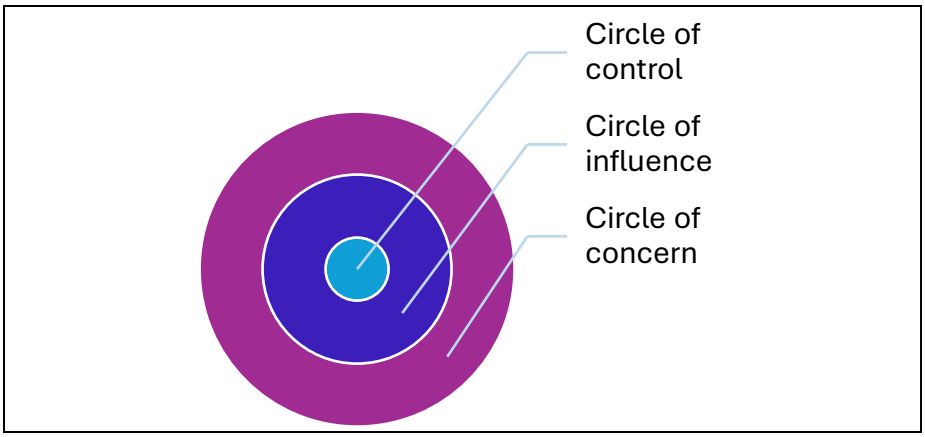

Figure 10 Circle of control

For example, we cannot control the number of ambulances outside the emergency department (circle of concern). We can be aware of these but not focus our energy here. We can however put our energy into the person we are seeing (circle of control), for example, and maybe influence the triaging (circle of influence).

Careers

Most career support starts with self-awareness. What is important to them, what motivates them (values). What are their strengths and weaknesses (SWOT analysis), what do they enjoy?

A useful book is: The Sqiggly Career- Tupper and Elis

Some questions to get them thinking...

- Make a list (or just think about) of all your jobs- paid and unpaid. What did you enjoy and not enjoy about each of them?
- If you suddenly won £1 million, what would you do workwise?
- What would an ideal work- day look/feel/be like?
- What makes you happy?
- It is your 80th birthday party, lots of people have turned up to see you and thank you. One by one, they come up and whisper thanks in your ear- what are they thanking you for? These are some of your values
- Think about all the jobs you have done (paid and unpaid)- what did you enjoy about them, not enjoy? What skills did you use (writing, public speaking, computing, selling, numeracy, management, teamwork, planning, languages etc)- which did you enjoy, were good at.
- What would an ideal workday look like?
- What part of your work do you most enjoy?
- What part of your work gives you the greatest sense of accomplishment?
- What aspect of your work are you best at?
- What were you doing when you had the most fun with your work?

SWOT analysis

Strengths	Weaknesses
Threats	Opportunities

Table 15 SWOT analysis

Useful self-reflection tool. Can help start a coaching conversation and possible goals/outcomes.

The Wheel of life

The Wheel of life is a coaching tool that originally came from Paul J. Meyer in the 1960's to help people realise their goals. Today, it has many different forms, but it is a flexible and visual tool to help people assess their needs and align them with their core values.

The wheel normally has 8 segments on which the individual decides the categories needed for a fulfilling life e.g. money, work, recreation, health, family…

Then decide what 10/10 in each area of your life would look like and grade where you feel you are now (10 being perfect on the circumference, 0 being terrible, in the middle). Helps to see if your life is in balance and the areas you may want to work on to get towards 10/10.

More information and an example can be found at: **https://positivepsychology.com/wheel-of-life-coaching/**

Sexual misconduct

Sexual misconduct is any uninvited or unwelcome behaviour of a sexual nature, or which can reasonably be interpreted as sexual, that offends, embarrasses, harms, humiliates or intimidates an individual or group. It also includes any sexual activity that takes places without consent.

Sexual misconduct encompasses elements of harassment, violence and abuse and can be physical, verbal or visual. It can take place within and across different genders. (GMC, 2024).

Examples of sexual harassment
○ gesturing or making sexual remarks about someone's body, clothing or appearance ○ asking questions about someone's sex life ○ telling sexually offensive jokes ○ stalking ○ voyeurism ○ making sexual comments or jokes about someone's sexual orientation or gender reassignment ○ displaying or sharing pornographic or sexual images, or other sexual content ○ touching someone against their will ○ If a person treats another less favourably because they did not submit to their sexual advances.

Table 16 Examples of sexual harassment taken from the NHSE Sexual misconduct policy (NHSE, 2024)

The 2024 NHSE staff survey found that 1 in 26 staff had experienced sexual harassment from work colleagues (NHSE, 2024) and over 270 organisations have now signed up to the Sexual Safety in Healthcare Charter launched by NHS England in September 2023, which commits to taking a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace (NHSE, 2023).

The information below offers guidance if a resident discloses sexual misconduct to you- either as a victim or witness.

Figure 11 Guidance for the disclosure of sexual harassment to you

* Online reporting form : Sexual Misconduct Reporting Form (https://forms.office.com/Pages/ResponsePage.aspx?id=slTDN7CF9UeyIge0jXdO4_MCWyGVzwdDtaW8Hm1df8NUNkVXMFRVUlUwVEwxRlJYMTA2N1lZUUQzOS4u)

Support for sexual misconduct can be found in Appendix 1 of the NHSE Sexual Misconduct Policy: NHS England » NHS England sexual misconduct policy

https://www.england.nhs.uk/long-read/sexual-misconduct-policy/#appendix-1-support

If a resident has been the victim of abuse or harassment online, they can report this to the police or Citizen's Advice may have more information: https://www.citizensadvice.org.uk/law-and-courts/discrimination/taking-action-about-discrimination/taking-action-about-harassment/

ARCP and e portfolio documentation advice

Remember that this is a permanent record and can have a lasting impact on the resident. They are concerned that they cannot respond to what is written and that they are being judged behind their back. We advise you make your comments:

- Objective
- Qualitative
- Factual
- Include information to support their judgment
- Timely- if an event has happened in the past and was appropriately managed- does it need mentioning on this document? What benefit to the resident will it have
- Useful for their training progression
- There should be no surprises, so feedback throughout their training period addressing concerns

Social media and professionalism

Social media is useful for sharing ideas and information, campaigning, debating health issues and for keeping up with current events. However, the boundaries between professional and personal life can get blurred. Below is some guidance you can offer your resident.

Social media guidance:

- You are still a doctor or dentist on social media, even if you don't disclose the fact. GMC standards and expectations still apply, therefore respect patients and colleagues and be cautious of anything that could affect your professional standing
- Protect patient confidentiality
- Follow GMC guidance before taking and sharing pictures of where you work or patients
- Maintain professional boundaries- avoid patient 'friend requests' on Facebook
- Think before you share anything- especially not when drunk, emotional, angry. Would you be happy to see it printed in a newspaper? Remember defamation law applies online
- Be cautious about giving medical or dental advice on social media- signposting is probably OK
- Be open about any conflicts of interest (especially if posting as a doctor)
- Manage your privacy settings

Further information:
https://www.gmc-uk.org/professional-standards/ethical-hub/social-media-advice

Table 17 Social media guidance

If you have any concerns about a resident's use of social media, please contact your DME, GMC/GDC, trust employer, HR

Appendices

Appendix 1 Dyslexia style guide

Readable Fonts

- Arial and Comic Sans best
- Font size should be 12-14 point
- Avoid Underlining and italics, use **bold** for emphasis.
- Avoid using capital letters and uppercase letters for continuous text.

Headings and style

- Use headings and styles to create consistent structure to help people navigate through your content. In Word, you'll find these tools in the 'Home' tab
- For headings, use a font size that is at least 20% larger than the normal text. If further emphasis is required, then use **bold**.
- Use formatting tools for text alignment, justification, indents, lists, line and paragraph spacing to support assistive technology users. In Word, you'll find these tools in the 'Layout' tab.
- Add extra space around headings and between paragraphs.
- Ensure hyperlinks look different from headings and normal text

Colour

- Use single colour backgrounds. Avoid background patterns or pictures and distracting surrounds.

• Use sufficient contrast levels between background and text.

• Use dark coloured text on a light (not white) background.

• Avoid green and red/pink (colour blindness).

• Consider alternatives to white backgrounds for paper, computer and visual aids such as whiteboards. Use cream or a soft pastel colour.

• When printing, use matt paper rather than gloss.

Layout

- Left align text, without justification.
- Avoid multiple columns (as used in newspapers).
- Write short simple sentences: 60 to 70 characters is optimal.
- Use white space to remove clutter near text and group related content.
- Break up the text with regular section headings in long documents and include a table of contents.

Writing Style

- Use active rather than passive voice.
- Be concise; avoid using long, dense paragraphs.
- Write in simple clear language using everyday words.
- Use images to support text. Flow charts are ideal for explaining procedures.
- Consider using bullet points and numbering rather than continuous prose.
- Give instructions clearly.
- Avoid double negatives.
- Avoid jargon and abbreviations where possible and provide a glossary of jargon

Dyslexia style guide- British Dyslexia Association.

https://cdn.bdadyslexia.org.uk/uploads/documents/Advice/style-guide/BDA-Style-Guide-2023.pdf?v=1680514568 (accessed 10/9/25)

Appendix 2: Professional Support and Wellbeing (PSW) NHSE SW

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 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).

What PSW can offer:

1. 90 -minute confidential coaching based initial meeting
2. Onward referral to external providers
    a. 6 x 1 hour sessions of coaching
    b. 6 x 1 hour sessions of counselling (not CBT)
    c. 6x1 hour sessions of study skills/exam support (generic support, non- medical)
    d. 6 x 1 hour sessions of language and communication skills
    e. Careers
    f. Dyslexia assessment/Assessment of Reasonable Adjustments*
3. Follow up meetings as required

*see section on reasonable adjustments

We do not get involved with training /programme concerns and refer back to the supervisor for these or signpost to escalating concerns.

Residents should not be made to attend PSW as a condition of their ARCP as this inhibits them from fully engaging in the support process.

Our own website:

Professional Support and Wellbeing (South West) - Severn PGME

https://severndeanery.nhs.uk/about-us/professional-support-and-well-being-south-west/

Information here on exams, neurodiversity, financial support, wellbeing, communication skills and much more.

PSW policy/guidance for stakeholders

The current version can be found at:

https://severndeanery.nhs.uk/about-us/professional-support-and-well-being-south-west/show/guidance-for-using-psw

Appendix 3 Support resources contact information

Support service	Website/contact information	Phone/e mail/text
Supported Return to Training (SuppoRTT) champion	https://severndeanery.nhs.uk/about-us/supportt-2/	Information on area champions and meetings
BMA wellbeing	https://www.bma.org.uk/advice-and-support/your-wellbeing/wellbeing-support-services/counselling-and-peer-support-services	Free to non-members. 6 sessions of therapy free to members, their partners and dependents
Practitioner Health	https://www.practitionerhealth.nhs.uk/ Phone: **0300 0303 300**	Free, confidential primary care mental health and addiction service
Access to Work	https://www.gov.uk/access-to-work	Support to stay in work if you have a disability or health condition
NHS staff support	https://www.england.nhs.uk/supporting-our-nhs-people/support-now/ Text SHOUT to 85258 for support 24/7.	For NHS staff
PSW	https://www.severndeanery.nhs.uk/about-us/professional-support-and-well-being-south-west/	Support for doctors/dentists/ACPs and pharmacists - in SW training.
Escalating Concerns	https://www.severndeanery.nhs.uk/about-us/escalating-concerns-3/	To raise concerns about the learning environment

Appendix 4 Other sources of support/charities

Organisation	**Contact information**	
Doctors Support Network (DSN)	https://www.dsn.org.uk/	Peer support for doctors and medical students with mental health concerns
Frontline19	https://frontline19.com/	Confidential psychological support service
Royal Medical Benevolent Fund	https://rmbf.org/	Help for doctors and their family in need- including financial

References

(AoME), A. o. (2022). *AoME*. Retrieved from https://medicaleducators.org/write/MediaManager/Documents/AoME_Professional_Standards_4th_edition_1.0_(web_full_single_page_spreads).pdf

AoME. (2014). *https://medicaleducators.org/write/mediamanager/aome_professional_standards_2014.pdf*.

BMA. (2024). *https://www.bma.org.uk/advice-and-support/your-wellbeing/reasonable-adjustments/making-reasonable-adjustments*.

Covey, S. R. (1989). The 7 Habits of Highly Effective People. Free Press, USA.

Gilbert, K. W. (2009). The OSCAR Coaching Model- Simplifying Workplace Coaching. Worth Consulting Ltd.

GMC. (2024). Retrieved from https://www.gmc-uk.org/-/media/documents/sexual-misconduct-by-a-doctor-a-resource-for-patients-and-colleagues-english-version_pdf-108554760.pdf

GMC. (2025). Retrieved from https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice

Locke, R. (2017). Doctors with dyslexia: strategies and support. *The Clinical Teacher*, 14:355-359.

NHSE. (2023). Retrieved from https://www.england.nhs.uk/long-read/sexual-safety-in-healthcare-organisational-charter/

NHSE. (2023). Retrieved from https://www.england.nhs.uk/wp-content/uploads/2023/09/Working-together-to-prevent-suicide-in-the-NHS-workforce--a-national-suicide-prevention-toolkit-for-England.pdf

NHSE. (2024). Retrieved from https://www.england.nhs.uk/long-read/sexual-safety-in-the-nhs-survey-results-and-update-on-charter-implementation/#sexual-safety-in-the-nhs-survey-results-and-update-on-charter-implementation

NHSE. (2024). Retrieved from https://www.england.nhs.uk/long-read/sexual-misconduct-policy/

Polihronis, C. C. (2020). What's the harm in asking? A systematic review and meta-analysis on the risks of asking about suicide-related behaviors and self-harm with quality appraisal. . *Archives of Suicide Research*, 325-347.

RCPsych. (2025). *https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.rcpsych.ac.uk%2Fd*

ocs%2Fdefault-source%2Ftraining%2Ftraining%2Freasonable-adjustments-for-trainees-form.docx%3Fsfvrsn%3D4fd816e3_3&wdOrigin=BROWSELINK.