



RCPsych Retention Charter

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Action 2.3: Create inclusive environments and engender positive attitudes towards Psychiatrists experiencing mental and/or physical illness or disability and Psychiatrists with caring responsibilities outside of work.

Action 2.4: Make available or signpost to specific services and sources of support for Psychiatrists with mental illness, addictions, and neurodiversity.

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Domain 3: Supporting Psychiatrists' career planning and those considering leaving

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Acknowledgements

Action 3.1: Continually promote the retention of psychiatrists through 'stay conversations' and proactive measures to help them achieve their career goals.

Action 3.2: Ensure provision of targeted support for staff groups who might experience difficulties planning or navigating their careers e.g. new parents, those returning after career breaks, independent sector psychiatrists, locum doctors, LE doctors/clinical fellows, less than full time psychiatrists, and those with carer responsibilities outside of work (this is not an exhaustive list).

Action 3.3: Provide access to retirement planning discussions at an early stage and support those retiring and returning to work.

Action 3.4: Have enabling conversations with Psychiatrists considering leaving or who have decided to leave the organisation/profession, ensuring that they feel supported, and their decision is a considered, positive choice.

Action 4.1: Support existing medical leaders to remain motivated and deliver their best.

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Action 4.3: Develop managerial skills for all Psychiatrists.

Action 4.4: Create clear leadership development pathways and equitable opportunities for Psychiatrists to pursue leadership roles in line with the values of the RCPsych and their own organisation.

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Foreword by Dr Lade Smith CBE

President, Royal College of Psychiatrists

A sustainable, well looked after and motivated workforce is vital for delivering good quality healthcare. However, despite record levels of recruitment, retaining psychiatrists, particularly in the NHS, has become increasingly difficult.

The retention of psychiatrists at all stages of their career is complex, but nurturing and supporting psychiatrists is one of the four strategic priorities of the Royal College of Psychiatrists, and therefore the wellbeing and professional development of psychiatrists is a core part of our work.

This Retention Charter, the first of its kind by a medical Royal College, aims to provide a structured, practical approach to implementing and improving retention approaches within healthcare organisations across the four nations of the UK. It has been developed with the principle of putting people first, both patients and staff, and is based on available data, policy, literature and good practice examples.

The charter can be adapted to address retention issues in the wider clinical multi-disciplinary workforce and all specialties in medicine.

I am proud to see RCPsych taking the lead in addressing one of the biggest challenges of our time.



Introduction by Dr Ananta Dave

Presidential Lead for Retention and Wellbeing

We are at a critical point in terms of the psychiatry workforce.

All the information that is available about the prevalence of mental disorders across the life span indicates that there are more people than ever in need of services. However, the number of psychiatrists available to provide that care in multidisciplinary teams is decreasing in proportion to the need (BMA:2025, CQC:2022, UK Parliament,2024).

This retention charter, which we are pleased to present to you, has been informed by the collated views and experiences of Psychiatrists working across multiple career stages, across the devolved nations, and various mental health settings. The charter has also been informed by patient and carer group feedback, policy documents, research, and good practice examples to develop a structured approach towards retention practices.

The Psychiatry workforce- a snapshot of the current context

On a positive note, we have seen significant improvements in recruitment to our profession. The success of the RCPsych 'Choose Psychiatry' campaign and other initiatives has meant that over the last five years, we have consistently achieved almost 100% recruitment into

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core psychiatry training posts. This is demonstrated in national data, with fill rates for core psychiatry training in England increasing from 67.3% in 2017 to 99.4% in 2020 (HEE, 2017; HEE, 2020).

The competition ratios for these posts are also steadily increasing, with 9.45 applications per core psychiatry training post in 2024 (HEE, 2024). There are more doctors than before choosing to start training in Psychiatry, and we are working hard to attract the brightest and best into the profession.

We have also seen increasing numbers of international medical graduates (IMGs) coming to the UK in recent years and forging careers in psychiatry. Indeed, IMGs represent the largest growing group of doctors joining the UK medical register (GMC, 2024a). Locally employed (LE) doctors, Clinical Fellows, and Specialty and Specialist (SAS) doctor roles are also rapidly expanding (GMC, 2024a).

Despite these boosts in recruitment, the number and proportion of vacant or unfilled Consultant Psychiatrist and SAS Psychiatrist posts across UK NHS organisations has increased in recent years (RCPsych, 2023).

The RCPsych Workforce Census (2023) reported 963 (15.8%) vacant or unfilled Consultant Psychiatrist posts across participating NHS organisations. Similarly, 361 (19.2%) SAS Psychiatrist posts and 50 (16.3%) LE or Clinical Fellow posts in psychiatry were vacant or unfilled (RCPsych 2023). The General Medical Council (2024b) workforce report shows that more doctors are considering leaving the profession, reducing their working hours or leaving the country.

We are therefore losing Psychiatrists as they progress through training and navigate their careers. This dilutes the improvements made in recruitment and represents an unfortunate loss of talent from the profession.

“We need more doctors who choose psychiatry and continue in psychiatry, with an increase in training posts and trainer numbers so that we can grow the pipeline of Psychiatrists.”

- Dr Ananta Dave

The message is loud and clear... We have improved recruitment substantially, but our retention is poor.

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Understanding the drivers and barriers to retention

We cannot ignore the weight of data gleaned from various surveys and reports (referenced above) that indicate why Psychiatrists might be leaving the profession, with highlighted risks of burnout, moral injury, illness, and suicide among doctors (GMC, 2024c; BMA, 2019; Gerarda, 2018). There are some emerging trends about why doctors might be leaving the country to pursue better pay and working conditions, and the stigma that people with mental illness face can extend to those working in mental healthcare. We must listen to the personal stories of doctors striving to do their best in complex, financially stretched, and pressured work environments with poor cultures.

At the same time, we must learn from what motivates and inspires Psychiatrists to continue in their careers and deliver excellent patient care.

During our consultations and conversations with Psychiatrists at various stages of their careers, we heard about the importance of having a strong, core identity of what it means to be a Psychiatrist, and of belonging, and feeling connected to the organisations that they train or work in. Psychiatrists must feel valued, nurtured, and be treated fairly and equitably. The importance of developing Psychiatrists' roles in providing clinical leadership within multi-disciplinary teams, and supporting each other through complex, challenging, and stressful situations to collectively improve patient outcomes cannot be overstated.

We heard also of the value of celebrating and sharing positive practice in relation to the retention of our skilled workers.

The Importance of retention

Staff retention is a central component to building a sustainable psychiatric workforce that can meet the future demand for mental health services. As such, retaining and supporting NHS staff is a key priority in the NHS people plan (NHS England, 2020), NHS Long-Term Workforce Plan (NHS England, 2023) and equivalent plans across the four nations.

The RCPsych (2025) strategy for 2024 - 2026 highlights that we must nurture and support the psychiatry workforce and strive to ensure that every doctor working in psychiatry feels valued, safe, and able to achieve their professional potential so they can deliver the best possible patient care.

The above statement could not be more true.

“There is ample evidence linking the retention of staff to improved patient experience, patient safety, productivity, and enhanced quality of care. We also know that being able to provide a good standard of care improves doctors’ wellbeing and their motivation to continue working.”

- Dr Ananta Dave

Put simply, staff are the backbone of our health services.

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What is the Retention Charter?

The retention charter represents a structured framework to enable provider organisations to adopt a stepwise, systemic approach to the retention of Psychiatrists.

Specifically, the charter empowers organisations to self-assess what level of maturity they are at in relation to adopting good practice around retention and helps them to set out plans for improvement.

Whilst this charter has been developed to improve the retention of Psychiatrists, its content may be translatable to the wider multidisciplinary mental healthcare team. We also hope that the charter will be adapted by other medical specialties to improve retention more widely across the health service so that all doctors can thrive and deliver high quality patient care.

What it is not

This charter is not intended and should not be used as a performance management tool, prescriptive method, or tick box exercise. It is not an accreditation exercise by RCPsych and there is no pressure on organisations to adopt the charter, but we hope that they will find it helpful.

Guiding principles of the retention charter

We followed several guiding principles when developing the charter:

1. We believe that it is important to adopt a public health approach to the retention and wellbeing of doctors, and to work to the principles of primary prevention, secondary prevention, and tertiary prevention.
2. We firmly believe that the onus to improve staff wellbeing and workplace culture should be on the whole system alongside individual agency.
3. We intend for the charter to be aspirational in nature, helping organisations to strive to deliver their best.
4. We acknowledge that pressures and issues faced by clinicians vary between specialties and settings and that there needs to be flexibility regarding how aspects of the retention charter are applied. For example, the RCPsych Child and Adolescent Faculty (2023) has recently published a sub-specialty specific retention and recruitment strategy.
5. Although this charter is focused on positive actions that organisations can implement, we hope that the recommendations and examples of good practice can help to depict what behaviours and practices to avoid and/or those which may be unhelpful to retention.
6. Our ultimate aim is for Psychiatrists to find satisfaction and fulfilment in their work, rather than merely carrying out their duties and responsibilities.

We believe that by following the above principles and the approach suggested, there can be a demonstrable improvement in retention, enabling return on investment and improvement in patient outcomes.

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Next steps

Following the publication of the charter, we will work with RCPsych resources and members to develop evaluation tools that will help us build an evidence base about the charter and retention practices in general.

We also hope to travel and meet with RCPsych members across various organisations in the four nations, to discuss the retention charter in the coming months, supporting the sharing of positive practice and implementation of learning.

We believe that the Regional Divisions and devolved nations of the College are well placed to take a lead in working with local employers to help implement the charter.

A few words in conclusion

It has been a pleasure to work collaboratively on developing this charter with RCPsych staff, resident doctors, psychiatrists and the various committees and forums of the College including patient and carer groups.

I am deeply grateful for everyone's dedication, hard work and enthusiastic participation. This work clearly resonated with all of us.

“Leadership is about steering the ship through rough seas, setting a steady course towards distant shores and instilling hope to those who are rowing the oars. It’s about supporting those who are providing care and those who are to come after them.”

- Dr Ananta Dave

This charter, we hope, will help organisations navigate the choppy waters of retention.

Terminology

Throughout the charter, we have made every effort to use terminology and information that is applicable across the United Kingdom but acknowledge that some phrases and resources might need adapting to the local context.

For example, the term 'locally employed doctors' is often used in England, whereas 'clinical fellows' is more commonly referred to in Scotland. Where reference is made to 'all career grades of Psychiatrists', this refers to all those in training grades, LED, SAS doctor and Consultants working in psychiatry.

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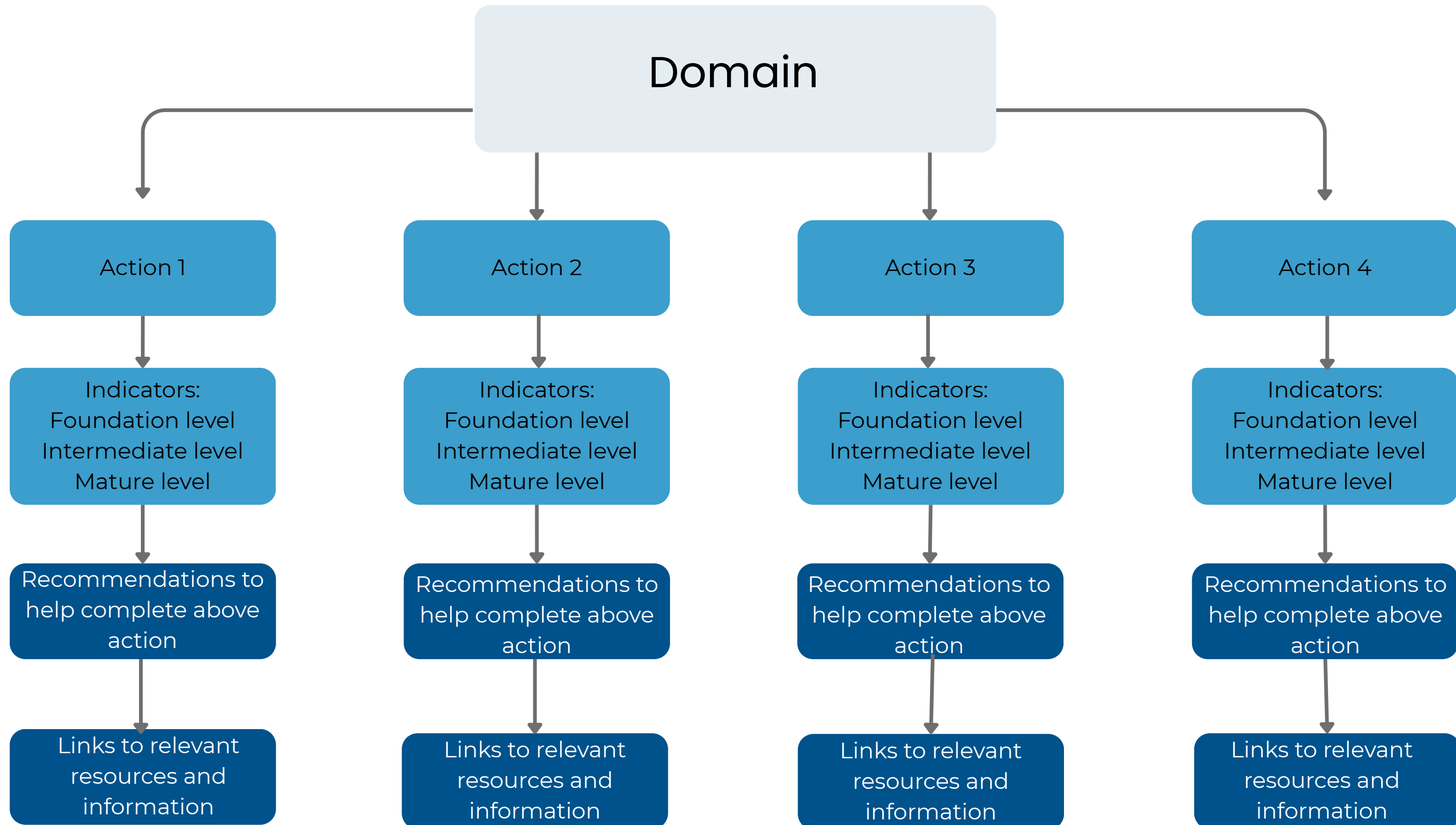
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How to use the Retention Charter: A Key

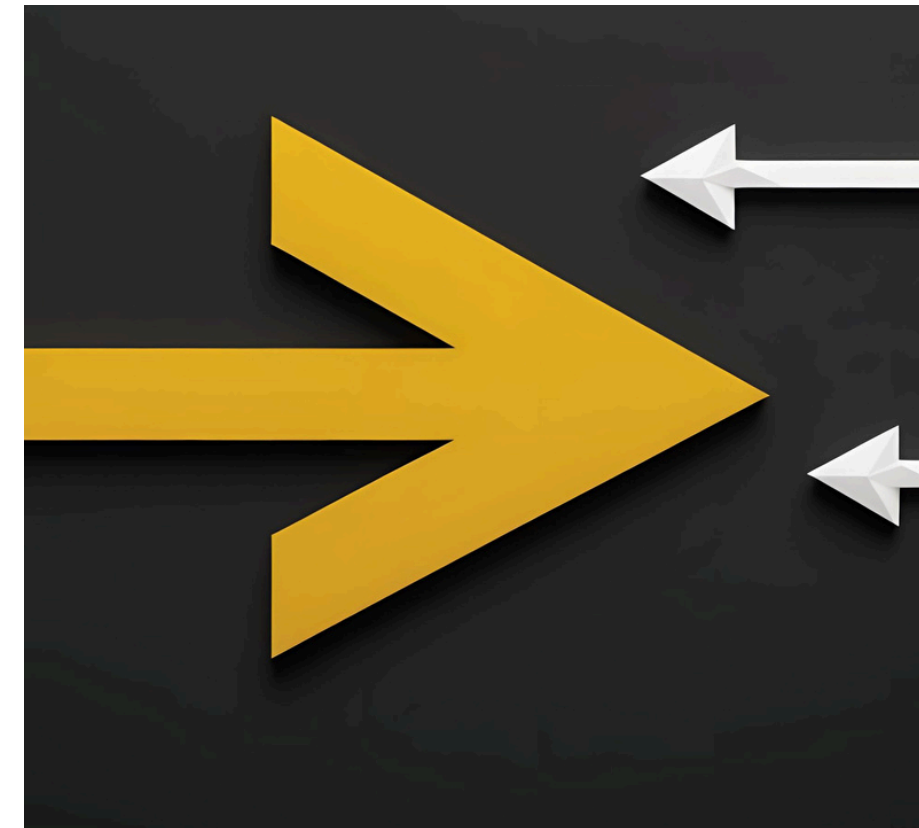


The Four Domains of the Retention Charter



Domain 1: Creating a Culture of Belonging

Create workplace environments and cultures where all staff feel valued, respected, and connected to each other and the organisation



Domain 3: Supporting Psychiatrists' Career Planning Including Those Considering Leaving

Encourage Psychiatrists to grow within organisations and achieve their career goals, supporting them as they navigate through life events and plan for retirement



Domain 2: Supporting Psychiatrists' Mental and Physical Health

Establish and maintain systems to promote the health and wellbeing of Psychiatrists, minimise work-related stress, and support those experiencing illness or disability



Domain 4: Developing Medical Leadership

Support the development of compassionate, inclusive, and accountable medical leaders across the organisation and wider healthcare system

Create a Culture of Belonging

1.1

Deliver robust and holistic induction programmes with enhanced support available for new psychiatrists, those transitioning between career stages and/or returning to work after career breaks, and International Medical Graduates (IMGs).

1.2

Develop an organisational culture that celebrates diversity, role models inclusive behaviours, and takes accountability for addressing discrimination, bullying, and harassment.

1.3

Recognise and reward the strengths and hard work of Psychiatrists from all backgrounds and career stages.

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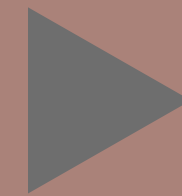
Value Psychiatrists' identities as clinical leaders and experts in the biopsychosocial model, including them in multi-professional structures, organisational decision-making, and the design of clinical services.

1.1 Foundation Level

Deliver robust and holistic induction programmes with enhanced support available for new psychiatrists, those transitioning between career stages and/or returning to work after career breaks, and International Medical Graduates (IMGs).



Standardised induction programmes are in place for all new starters and people returning to the organisation including organisation-wide inductions and local departmental inductions.



Enhanced induction programmes and support packages exist for specific groups in need of additional support such as IMGs, doctors new to psychiatry, those transitioning between career stages, those with disabilities, and Psychiatrists returning to work/training after career breaks (e.g. following periods of ill health, carer leave, parental leave, sabbaticals, research time, etc). Enhanced induction programmes for IMGs include providing support before they migrate to the country and on arrival



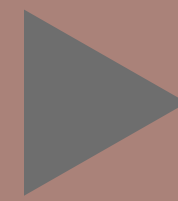
Induction programmes and support packages implement any reasonable adjustments that might be required so that Psychiatrists with disabilities or other needs can fully participate.



Provisions are in place for induction activities to be repeated, as required, at various points such as when Psychiatrists move roles, when organisational procedures change, and/or when competencies/knowledge need updating.

1.1 Intermediate Level

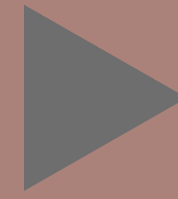
Deliver robust and holistic induction programmes with enhanced support available for new psychiatrists, those transitioning between career stages and/or returning to work after career breaks, and International Medical Graduates (IMGs).



Induction programmes are highly personalised with supervisors/line managers routinely providing additional training, information, and resources according to the specific needs/circumstances of individuals and reasonable adjustments.



Simulation training is offered during induction programmes for IMGs and doctors with limited prior experience of psychiatry to enhance their skills and confidence as they settle into UK psychiatric practice.



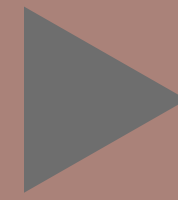
Enhanced support is available following induction for those requiring this (e.g. IMGs new to UK psychiatry services) such as enhanced supervision, clinical shadowing periods, and delayed starts to the on-call rota.



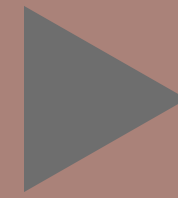
Feedback mechanisms are in place to evaluate the effectiveness of induction programmes. These mechanisms capture feedback both on completion of induction and continually afterwards as people settle into their roles.

1.1 Mature Level

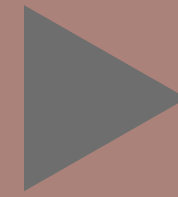
Deliver robust and holistic induction programmes with enhanced support available for new psychiatrists, those transitioning between career stages and/or returning to work after career breaks, and International Medical Graduates (IMGs).



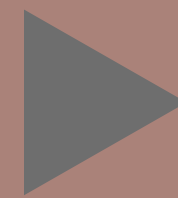
Induction programmes apply the principles of co-production, involving the target audience and people with relevant lived experience in their design and delivery.



Social integration is actively encouraged when people join the organisation, with peer connections between new starters and those already in post being facilitated through organised events and continuing social activities.



Alongside induction, a system of buddies, champions, and/or mentors exists with whom Psychiatrists requiring enhanced support can receive 1:1 advice, check ins and follow-up on a regular basis.



The effectiveness of the induction and support programme/s offered is reflected in formal feedback and data relating to patient safety and doctors' health, wellbeing, and confidence. This feedback/data is continuously utilised to make iterative improvements to induction programmes and to showcase the work of IMGs

1.1 Advice and Recommendations

Review the content of induction programmes and ensure that these cover the clinical, educational, pastoral, and practical needs of Psychiatrists joining the organisation. Embed informal networking opportunities and social events into these programmes to promote positive working relationships and peer support, such as 'welcome events' and 'meet and greet' initiatives.

Provide all doctors with induction booklets and repositories of information/resources to assist them with settling into the organisation and their professional roles, including signposting them to relevant guidance and support from external organisations (e.g. the GMC, BMA, RCPsych). Update these resources/booklets regularly in line with new guidance, policies, and feedback.

Identify which groups of Psychiatrists need additional support and work collaboratively with them to design tailored induction programmes addressing their specific needs, applying the principles of co-production. For example, involve IMGs with lived experience of adjusting to the UK healthcare system in the design and delivery of induction programmes for future IMGs.

Provide bespoke training for supervisors on the specific needs and challenges encountered by IMGs, Psychiatrists returning from career breaks, those working less than full time (LTFT) or moving between major career points, and Psychiatrists with long-term illnesses or disabilities.

Offer online workshops/discussions for IMGs preparing to move to the UK so that they are aware of important practical information and arrangements required for a smooth transition including information about: immigration and Visas; UK laws; housing; banking; transport and driving; utilities; phone and broadband contracts; council tax; access to local supermarkets, restaurants, schools for children, and places of worship; registering with a GP and dentist; GMC registration; and setting up medical indemnity.

Provide timely support for IMGs soon after arrival into the UK by considering offering 'meet and greet' initiatives at airports, temporary interim accommodation, and salary advance schemes to support with the initial upfront costs of re-location.

Implement buddy schemes and/or mentorship programmes to support groups of Psychiatrists that might need additional support such as new starters, IMGs, Psychiatrists moving through major career points (e.g. new Consultants), and those returning from career breaks. Provide training for buddies/mentors on the specific challenges faced by these groups to increase their knowledge, skills, and quality of support offered. Consider matching Psychiatrists to buddies/mentors who work in a nearby and similar work location/department to increase the specificity of support offered and convenience of arranging meetings.

Recruit people to 'champion' roles to support and advocate for specific staff groups (e.g. IMG champions, LTFT champions, Return to work champions etc). Involve these champions in the design and delivery of induction programmes, ensuring that colleagues are aware of people in these roles and how to contact them.

Work with the organisational medical education team to arrange simulation training and enhanced educational support for individuals returning to clinical practice after career breaks and/or those with limited prior experience of UK psychiatry (e.g. IMGs, foundation doctors, CT1 doctors). This enhanced support might involve clinical shadowing, a period of working with a more experienced peer/buddy when starting on-call responsibilities, and additional supervision.

Regularly evaluate the content, quality, and effectiveness of induction programmes, including the support provided to doctors transitioning between career stages and returning from career breaks. This should include collating feedback (e.g. through surveys) on completion of induction programmes and obtaining follow-up data which assesses longer-term effects of the support being offered.

1.1 Links, Resources and Good Practice

▶ The [Advisory Conciliation and Arbitration Service \(ACAS\)](#) provides guidance on [supporting employees](#) to settle into an organisation and running induction programmes. This document is not healthcare specific but contains several relevant principles and useful information.

▶ A comprehensive guide on ['Welcoming and Valuing International Graduates'](#) has been produced with input from various organisations including NHS England and NHS Improvement, Health Education England, the General Medical Council, British Medical Association, and Medical Protection Society

▶ An [e-learning module](#) has been created to introduce IMGs, employers, and educators to the national induction programme for IMGs

▶ The RCPsych has created ['A Guide to Living and Working in the UK for International Medical Graduates'](#):

▶ The RCPsych has a dedicated [webpage of resources for supporting foundation doctors](#) completing psychiatry placements, including a supervisors guide and slides available for use during induction presentations

▶ The RCPsych has a dedicated webpage for resources relating to [coaching and mentoring](#) which includes information about arranging taster sessions

▶ The [Academy of Medical Royal Colleges \(AoMRC\)](#) has produced ['Return to Practice Guidance'](#) for doctors returning to the same area of clinic practice after being absent for more than three months or after having their license restored by the GMC

▶ NHS England have a dedicated webpage on ['Supporting doctors returning to training after time out'](#) (SuppoRTT). Each region has a specific 'menu' of support options for doctors returning to training, and the below webpage contains links to various local office pages

▶ NHS Learning Hub provides a ['Reflective Roadmap for Returner Resident Doctors'](#) which can be used during supervision sessions to help them reflect on their needs and progress

▶ NHS England provides a webpage containing links to an e-learning module on ['building a more supportive culture'](#) for doctors to returning to training and a video exploring the perspectives of resident doctors, consultants, academics, and NHS leaders

▶ The [General Medical Council](#) has created a [mentoring toolkit](#) to help organisations establish and run mentoring schemes

▶ The RCPsych Psychiatric Resident Doctors Committee (PRDC) [podcast series](#) titled ['You Are Not Alone'](#) has an episode exploring the personal experiences of IMGs in and how this has shaped their roles as current leaders and educators in psychiatry (episode 5)

1.1 Links, Resources and Good Practice

Good Practice

In this article, Dr Antonina Ingrassia describes the [design and implementation of a clinical induction workshop](#) for doctors who are new to working in psychiatry. The workshop involved exposing doctors to a series of commonly encountered psychiatry scenarios through clinical simulation with actors. The doctors received personalised feedback from experienced facilitators, and the feedback was extremely positive, resulting in the workshop being incorporated into the organisation's mandatory induction programme

Good Practice

In this article, Hewson et al describes how socially distanced and [online simulation training](#), using a near-peer model, was successfully offered to foundation doctors, GP trainees, and core psychiatry trainees beginning their psychiatry placements during the COVID-19 pandemic. The training resulted in statistically significant improvements to doctors confidence in various psychiatry skills and scenarios

Good Practice

At Lancashire & South Cumbria NHS Foundation Trust (LSCFT), IMGs are involved in delivering training for supervisors and delivering induction for fellow IMGs, including sharing their personal experiences about what worked for them and what colleagues around them can do to help them settle into the organisation. During period of turmoil overseas, LSCFT also held listening sessions for colleagues who originated from affected areas to offer support and establish a line of communication with them. Formal mentorship is additionally offered to all new starters, along with bespoke programmes such as Certificate of Eligibility of Specialist Registration (CESR) peer group meetings chaired by individuals with experience of such processes.

Good Practice

Yorkshire and Humber Deanery have created a [handbook for IMGs](#) working in the region, their trainers, and people interested in supporting them. This handbook was informed by prior research exploring the needs and challenges faced by IMGs and includes practical advice and case vignettes.

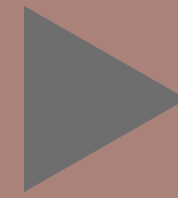
They have also created a [podcast series for IMGs](#) which shares the experiences of IMGs and provides useful tips for adjusting to working in UK health services

1.2 Foundation Level

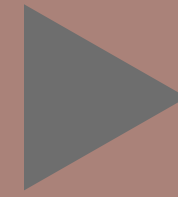
Develop an organisational culture that celebrates diversity, role models inclusive behaviours, and takes accountability for addressing discrimination, bullying, and harassment



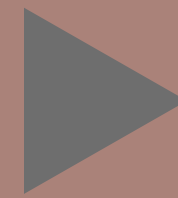
Organisational policies exist in relation to discrimination, bullying, and harassment and are consistently applied for all Psychiatrists. Information and resources to support staff experiencing discrimination, bullying, or harassment are readily accessible and regularly communicated.



Communication channels are used effectively within the organisation to convey and celebrate the diversity and representative nature of the workforce.



Good quality training is delivered for all staff to improve their knowledge relating to equity, equality, diversity, and inclusion.



Specific and measurable organisational objectives are in place to improve equity, equality, diversity, and inclusion.

1.2 Intermediate Level

Develop an organisational culture that celebrates diversity, role models inclusive behaviours, and takes accountability for addressing discrimination, bullying, and harassment



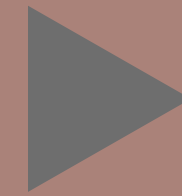
Allyship networks and training exist to support staff in developing the attitudes, knowledge, and skills to actively support and advocate for marginalised groups. Such networks/groups are empowered to identify local issues and contribute towards the organisational equality, diversity and inclusion agenda.



Mechanisms are in place to ensure safety and support, including psychological and peer support for psychiatrists reporting discrimination, bullying, harassment or violence from colleagues, patients, or members of the public. Feedback is collated to understand staff experiences and views on the effectiveness of support offered.



The organisation regularly reviews data on bullying, discrimination, harassment, and violence to determine trends and if any particular staff groups are disproportionately affected. Co-produced plans (i.e. developed with staff impacted by such issues) are implemented and reviewed at least annually to address identified problems.



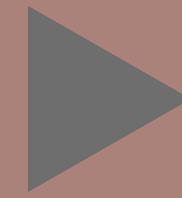
Feedback is regularly collated to understand staff experiences of discrimination, bullying, and harassment including understanding their confidence to raise concerns and views on support offered.

1.2 Mature Level

Develop an organisational culture that celebrates diversity, role models inclusive behaviours, and takes accountability for addressing discrimination, bullying, and harassment



Regular review of learning and implementation of policies relating to discrimination, bullying, and harassment occurs at board level and board members and senior leaders actively promote equity, equality, diversity and inclusion.



The organisation partakes in national efforts to tackle discrimination and inequality in the health service, sharing examples of good practice outside of the organisation and implementing learning and guidance from national agencies.



A healthy freedom to speak up culture exists where staff feel confident raising concerns, evidenced through formal feedback which is regularly acted upon.



Active steps are taken by the organisation to build a diverse workforce including ensuring that recruitment activities reach diverse communities and supporting under-represented staff groups to develop their careers.

1.2 Advice and Recommendations

▶ Incorporate training on equity, equality, diversity and inclusion into organisational induction processes. This training should be co-produced, involve people with lived experience, develop empathy and cultural competency, and raise awareness of organisational policies relating to discrimination, bullying, and harassment.

▶ Provide active bystanding training to empower staff to challenge poor/discriminatory behaviours in the workplace, and specific training for line managers focussing on effectively supporting Psychiatrists who experience discrimination, bullying, or harassment.

▶ Ensure visibility of information on the organisation's intranet relating to the prevention and management of discrimination, bullying, and harassment. This should include who to contact if staff have concerns, and links to relevant guidance and services including how to access staff counselling and wellbeing support.

▶ Ensure that safe reporting mechanisms exist for staff to raise concerns without fear of negative consequences, including advertising the role of Freedom to Speak Up (FTSU) Guardians and Equality, Diversity and Inclusion (EDI) champions in supporting staff to speak out.

▶ Systematically conduct surveys and audits to understand staff experiences of discrimination, bullying and harassment and to assess compliance with relevant organisational policies preventing and managing these behaviours.

▶ Use information collated from staff surveys, incident management systems, and other reporting tools to develop awareness of the major facilitators and barriers to equity, equality, diversity, and inclusion within the organisation, including identifying staff groups and locations at greatest risk of experiencing discrimination, bullying, harassment, and violence. Use this information to devise and implement improvement plans aimed at addressing key issues and to inform organisational EDI objectives.

▶ Establish support networks and/or peer groups for staff with protected characteristics and their allies. Support these groups to meet regularly and establish clear mechanisms for them to provide feedback to management, ensuring their involvement in developing policies which directly affect them.

▶ Review the membership of organisational decision-making forums and ensure that there is appropriate representation of staff from various backgrounds and professional groups. This involves ensuring that there is diversity in leadership, that a broad range of perspectives are considered at organisational meetings, and that the impact of organisational policies on all staff groups is actively considered.

▶ Work with the communications team to ensure visibility and celebration of the diverse workforce in formal communications (e.g. in the staff newsletter, organisation website, intranet etc). This could include visually displaying the profiles of senior leaders, promoting the achievements of staff from diverse backgrounds, celebrating religious holidays, festivals, and special events across all cultures, and organising events to learn about different cultures.

▶ Work with external organisations, such as other hospitals, NHS England, the BMA, GMC, and RCPsych to share and learn from examples of good practice in relation to celebrating diversity and promoting equity, equality, diversity, and inclusion. This includes signing up to relevant charters or campaigns, such as the act against racism and sexual safety charter and implementing recommendations from national agencies.

1.2 Links, Resources and Good Practice

▶ NHS Employers have published the '[NHS equality, diversity and inclusion \(EDI\) improvement plan](#)' which highlights six high impact actions for organisations to undertake.

▶ NHS Employers have provided tips for embedding [a healthy speaking up culture](#)

▶ A [sexual safety charter](#) was launched by NHS England in September 2023

▶ The RCPsych equity, diversity and inclusion webpage includes links to [information and resources relating to disability, race and ethnicity, women, LGBTQ+, religion and belief, best practice for improving equalities](#), the advancing mental health equality collaborative, and equality in action

▶ In honour of Black History month, the [RCPsych produced a podcast](#) focused on honouring Black Female Psychiatrists and tackling racism

▶ NHS England have produced a toolkit for '[Being an ally](#)' which explains how people can effectively champion underrepresented groups

▶ The RCPsych has published a list of [case studies demonstrating examples of tackling racism](#) in the workplace

▶ The website '[Surviving in Scrubs](#)' aims to raise awareness of sexism, sexual harassment, and sexual assault in healthcare, publishing survivor stories and providing information on support for individuals and organisations

▶ A [toolkit has been created](#) to promote cultures of civility and respect in the NHS

▶ NHS Staff Council's Health, Safety and Wellbeing Group (HSWG) have published a downloadable [infographic on tackling bullying in the NHS](#)

▶ The RCPsych publishes a [blog on equity, diversity and inclusion](#)

▶ The [RCPsych](#) has '[Equity Champions](#)' who engage in local initiatives promoting equity and equality across the different faculties, divisions, and devolved councils

▶ An [independent review into gender pay gaps](#) in medicine in England, was published in December 2020 by the Department of Health and Social Care

▶ The attached [article by Ananta Dave highlights how to identify and understand the impact of structural inequalities and discrimination](#) in the health service, exploring how COVID-19 impacted Black, Asian and Minority Ethnic (BAME) staff

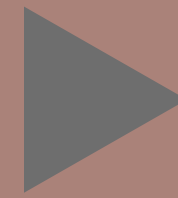
▶ The RCPsych has a Diaspora Groups Committee which includes representatives from several diaspora organisations including: Association of Black Psychiatrists UK (<https://blackpsych.co.uk>) British Arab Psychiatric Association, British Bangladeshi Psychiatrists Association, British Indian Psychiatric Association (<https://www.bipa.org.uk>), British Pakistani Psychiatrists Association (<https://thebppa.org.uk>), Iranian Diaspora Association in Psychiatry, Iraqi Mental Health Forum, Sri Lankan Psychiatrists Association (UK), Sudanese Psychiatrists Association, UK and Ireland

Good Practice

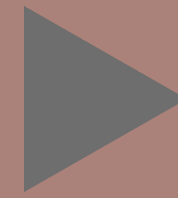
The RCPsych has produced guidance and resources to help tackle racism in mental health organisations including information about [the 'Act Against Racism' campaign](#), resources and a toolkit to support this campaign, guidance for Psychiatrists experiencing racism at work, and information for allies

1.3 Foundation Level

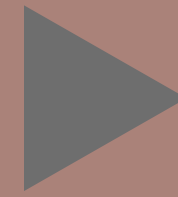
Recognise and reward the strengths and hard work of Psychiatrists from all backgrounds and career stages.



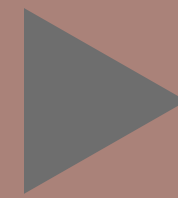
Team meetings routinely include celebration of positive practice and individuals.



Regular messages of appreciation are sent by senior leadership to Psychiatrists thanking them for their work and sharing information about its impact.



Local recognition and reward schemes exist to formally celebrate Psychiatrists excelling in their roles.



Rewards and benefits associated with working in the organisation are regularly communicated to staff, raising awareness and allowing people to take full advantage of them.

1.3 Intermediate Level

Recognise and reward the strengths and hard work of Psychiatrists from all backgrounds and career stages.



The positive work of Psychiatrists and clinical teams is communicated both internally and externally to the organisation by various means, with regular communications about people being valued by the organisation.



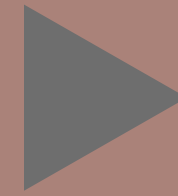
Systems exist for formally capturing positive feedback from patients and carers, analysing this data, and passing on praise to named individuals and their line managers.



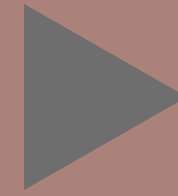
Recognition and reward systems are routinely evaluated for impact and fairness.

1.3 Mature Level

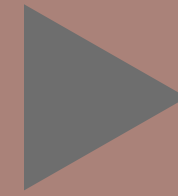
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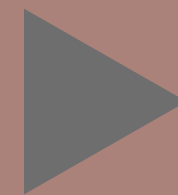
A scheme exists where all staff can formally recognise and praise their colleagues, such as by sending recognition cards or online thank you letters.



The organisation consistently engages with external recognition schemes, considering nominating talented Psychiatrists for regional, national, or international rewards/recognition (e.g. the RCPsych awards).



Psychiatrists who are recognised for excellence are invited to share their skills and knowledge with others within the organisation through various events/activities.



Reward and recognition schemes are continually updated and improved in line with data relating to impact, fairness, and the evolving needs and preferences of staff.

1.3 Advice and Recommendations

▶ Involve Psychiatrists in the design of recognition and reward schemes/packages, ensuring that these reflect the diverse workforce and what is valued by various professional groups.

▶ Ensure that recognition and reward schemes are inclusive, with recognition/rewards available for all career grades of Psychiatrists (e.g. foundation doctors, core trainees, higher trainees, SAS doctors, LE doctors, consultants) from various backgrounds. Recognise and reward both clinical and non-clinical achievements, such as excellence in medical education, research, leadership and long time in service.

▶ Showcase the rewards and benefits associated with working at the organisation by creating and advertising a leaflet, webpage, and/or brochure where this information is easily accessible to staff.

▶ Create and advertise systems for patient and carer feedback to be formally logged, collated, and shared as appropriate, such as an electronic system where staff can input the details of patient thank you letters/cards.

▶ Create and advertise peer-to-peer staff recognition schemes where all staff can formally praise their colleagues, including staff recognising those outside their own professional groups and both junior and senior to them.

▶ Work with the communications team to collate and publicise successes of Psychiatrists within the organisation through various means such as by using social media, email, and having a dedicated space in the staff newsletter for staff recognition.

▶ Ensure that managers/supervisors regularly pass on praise and formally recognise staff and positive practice within team meetings. For example, a regular slot could be preserved for highlighting staff achievements and sharing good practice within the weekly departmental meeting.

▶ Organise annual rewards, such as an annual awards ceremony where staff can be nominated for formal organisation-wide awards, and time-specific rewards such as recognising long-time in service or major career milestones (e.g. promotions) with formal letters from senior leadership.

▶ Routinely evaluate reward and recognition schemes for impact and fairness by seeking the views of staff members through formal mechanisms such as surveys and analysing whether any specific staff groups are under-recognised and/or less engaged in such schemes.

▶ Maintain a log of relevant external award schemes and advertise these amongst the workforce, encouraging staff nominations within the relevant submission windows (e.g. the RCPsych awards).

1.3 Links, Resources and Good Practice

▶ Each year, the RCPsych hosts an [annual awards ceremony](#). The RCPsych awards mark the highest level of achievement in UK psychiatry and awards are available across multiple categories

▶ The RCPsych also offers a wide range of [regional and specialty-related awards](#)

▶ [NHS Employers](#) provides a [benefit leaflet template](#) for organisations to <https://www.nhsemployers.org/publications/benefit-leaflet-template> create their own benefit leaflet to depict how they reward their employees

▶ NHS England has produced a [guide for senior leaders and managers](#) on designing and implementing a staff recognition framework, including seven principles for creating a recognition strategy

▶ The [NHS England Recognition and Reward Network](#) holds meetings online on a quarterly basis, including 'share and learn' sessions where members can share knowledge and best practice and discuss challenges relating to recognition and reward

1.3 Links, Resources and Good Practice

Good Practice

['GREATIX'](#) provides an opportunity for NHS staff at Aneurin Bevan University Health Board to thank each other, through an online platform, where they can send a formal thank you letter and postcard to a colleague

Good Practice

[West London NHS Trust reduced attrition and improved staff engagement](#) by improving how it recognised staff promotions. This involved publishing a list of staff promotions each month on the organisation's intranet page and providing each promoted staff member with a personal hand-written congratulations card from the Chief Executive

Good Practice

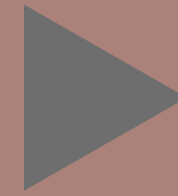
['Greater Manchester Mental Health \(GMMH\) NHS Foundation Trust launched an app-based organisation-wide staff recognition scheme](#) in July 2023. This scheme is compatible with Microsoft Teams on laptop, computer, mobile phone, or tablet device and allows any staff member to send a formal recognition card to a colleague and their line manager. The recognition scheme is linked to the organisation's values and named 'Values in People', with employees selecting which specific value/s their colleague has demonstrated. By linking the scheme to business intelligence reporting system, examples of best practice can be highlighted, analysed, and replicated across services

Good Practice

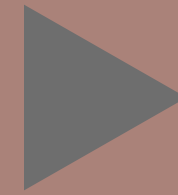
[Dartford and Gravesham NHS Trust have created a monthly STAR award programme](#) where patients or visitors can nominate staff who have provided a good service, exceptional care or assistance. Winners are selected and receive a certificate, a copy of their nomination, and bronze, silver, or gold pin badge to wear. The 'gold' winners are invited to an annual awards ceremony and their achievement is publicised through social media

1.4 Foundation Level

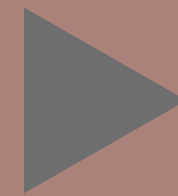
Value the identity of Psychiatrists as clinical leaders and experts in the biopsychosocial model, including them in multi-professional structures, organisational decision-making, and the design of clinical services



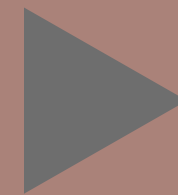
A supportive organisational culture exists where Psychiatrists are empowered to lead and make decisions, ensuring that services are clinically led.



Structures are in place to ensure that psychiatrists can voice their views and be heard by senior leadership and management.



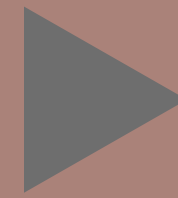
The organisation works collaboratively with medical leaders, such as medical staff advisory committees to improve working conditions for Psychiatrists.



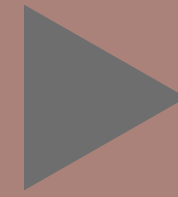
Leadership functions, medical management, educational roles, mentoring, quality improvement, research activity, and other important work that is not directly patient facing is formally recognised in job plans with appropriate remuneration, support, and resources to do this.

1.4 Intermediate Level

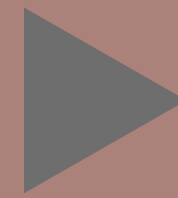
Value the identity of Psychiatrists as clinical leaders and experts in the biopsychosocial model, including them in multi-professional structures, organisational decision-making, and the design of clinical services



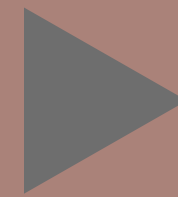
Psychiatrists are actively encouraged and supported, through job planning, to lead quality improvement initiatives, using their clinical experience to identify problems in healthcare services and design, test, and implement solutions.



Team building activities are in place to develop positive team identity and culture which values everybody's contributions and makes everybody feel part of the team.



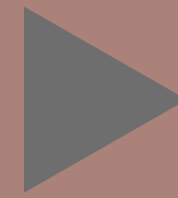
Psychiatrists are invited to join multiprofessional groups and collaborate with colleagues from other professions to continually review and improve clinical services.



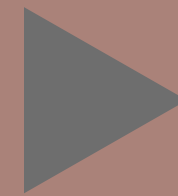
Psychiatrists are supported to see and help lead multiple aspects of clinical services beyond direct clinical care such as finance, workforce, and quality.

1.4 Mature Level

Value the identity of Psychiatrists as clinical leaders and experts in the biopsychosocial model, including them in multi-professional structures, organisational decision-making, and the design of clinical services



Psychiatrists are actively involved in all stages of service design, at departmental, organisational, and system level, using their unique expertise from the beginning to shape clinical services.



Psychiatrists are given the opportunity, at all levels, to be involved in research and innovation.



Feedback is regularly collated and acted upon to understand the views of Psychiatrists on how both the staff and patient experience can be improved. The organisation achieves high survey response rates and creates a culture where staff feel able to raise concerns and ideas without fear of negative consequences.

1.4 Advice and Recommendations, Links and Resources

▶ Review the membership of committees and decision-making forums within the organisation, ensuring that there is adequate representation of Psychiatrists at all levels up to board level.

▶ Promote collaboration between Psychiatrists, other health professionals, and non-clinical managers in day-to-day work and build positive relationships through organised team events and team-building activities.

▶ Measure Psychiatrists' sense of belonging to the organisation and wider healthcare system by using formal tools/surveys.

▶ Ensure that Psychiatrists have sufficient 'supporting professional activities' (SPA) time to attend multiprofessional groups, undertake roles in leadership/education/research, and to contribute to the planning, design, evaluation, and improvement of clinical services.

▶ Promote and actively support Psychiatrists in undertaking duties external to the organisation that are beneficial to the wider healthcare system, ensuring sufficient flexibility within job plans.

▶ Use multiple mechanisms to gather formal and informal feedback from Psychiatrists such as surveys, meetings, consultation events, and engagement with elected representatives. Track engagement with feedback mechanisms and tailor approaches used, accordingly, to maximise involvement.

▶ The BMA has produced a document [titled 'Valuing consultants – The consultant charter for the NHS in England'](#) which includes recognising the role of consultants as senior leaders with multiple clinical and non-clinical responsibilities

▶ As highlighted earlier under domain 1.2, the [SAS charter](#) has been jointly produced by the British Medical Association (BMA), NHS Employers, Health Education England, and the Academy of Medical Royal Colleges to promote the development of SAS doctors and ensure they are effectively supported

▶ [The national Clinically- led workforce and Activity Redesign \(CLEAR\) programme is designed by NHS clinicians for NHS clinicians. It supports projects relating to transformation and workforce redesign in healthcare, ensuring extensive clinical engagement and involvement and upskilling frontline staff to drive change](#)

▶ The RCPsych produced an occasional paper [titled 'Role of the consultant psychiatrist'](#). This document was published in 2010 but contains information that remains relevant to modern-day practice:

▶ The RCPsych Officers recently published an article in the [RCPsych Insight magazine](#) about ['reclaiming our medical identity'](#)

Supporting Psychiatrists' Health and Wellbeing

2.1

Develop and embed an organisational culture focused on understanding and minimising causes of work-related stress.

2.2

Promote staff health and wellbeing and provide support, at an early stage, for those experiencing work-related stress, burnout, or ill health

2.3

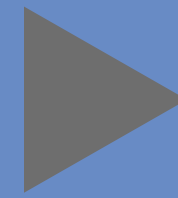
Create inclusive environments and engender positive attitudes towards Psychiatrists experiencing mental and/or physical illness or disability.

2.4

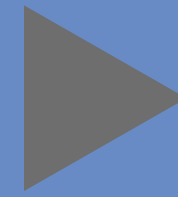
Make available or signpost to specific services and sources of support for Psychiatrists with mental illness, addictions, and neurodiversity.

2.1 Foundation Level

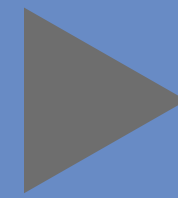
Develop and embed an organisational culture focused on understanding and minimising causes of work-related stress.



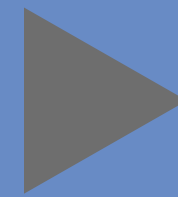
The organisation sends a strong message that managing workplace stress is a systemic issue rather than for individuals alone, and has policies aimed at supporting the identification, assessment, and management of workplace stressors.



Circumstances and factors leading to work-related stress are routinely identified from various data sources, such as the NHS staff survey and local feedback initiatives.



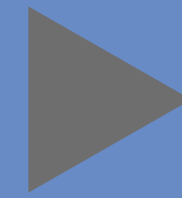
Workplace stressors are discussed during regular team meetings, and managers display commitment to improving/reducing these in line with staff views.



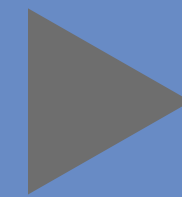
Sufficient work and rest facilities are available for Psychiatrists, including access to appropriate offices, parking, canteen/s, information technology, on-call rest facilities, and equipment (this is not an exhaustive list).

2.1 Intermediate Level

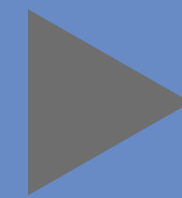
Develop and embed an organisational culture focused on understanding and minimising causes of work-related stress.



Out of a wide range of potential causes of work-related stress, the organisation is able to identify factors affecting most staff and/or having the largest detrimental impacts and these are prioritised for systemic action with improvement plans in place.



Staff workload is routinely monitored, and proactive measures are in place to avoid overwhelming staff including ensuring sufficient staffing and supporting staff to raise quality and safety concerns about work intensity.



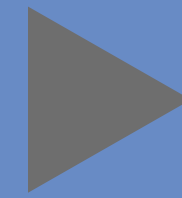
The organisation demonstrates a collaborative and sensitive approach to change management to reduce the stress associated with organisational change.



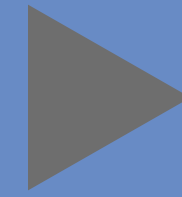
Positive relationships between colleagues are actively promoted by the organisation, which act as a buffer against work-related stress.

2.1 Mature Level

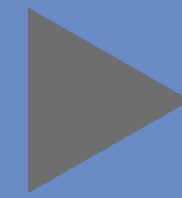
Develop and embed an organisational culture focused on understanding and minimising causes of work-related stress.



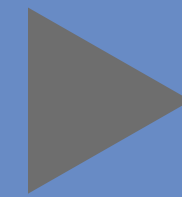
Employee feedback demonstrates that staff feel their views and concerns are routinely listened to and acted upon to reduce work-related stress.



Psychiatrists are actively involved in co-producing interventions and system-wide changes to reduce work-related stress.



Sickness data is analysed for trends such as high sickness absence in particular teams, locations, subspecialties or amongst particular staff groups to prompt investigation and resolution of issues affecting these specific areas/employees (e.g. exploring high risk of fatigue/burnout in specific teams).



Positive stories of Psychiatrists who have experienced workplace stress and recovered with the right support from the organisation, and continued to thrive, are actively promoted.

2.1 Advice and Recommendations

▶ Collate information on factors associated with workplace stress through various means such as staff surveys, team meetings, and focus groups. Work with HR and occupational health departments to identify data trends, such as high rates of sickness absence in particular departments, and design and implement targeted solutions to address priority areas.

▶ Consider implementation of 'you said we did' initiatives or similar to demonstrate how Psychiatrists' concerns about workplace stressors are being acted upon.

▶ Include dedicated time for discussion of staff wellbeing and identifying and addressing factors leading to workplace stress in team meetings.

▶ Organise regular team training, team building events, and foster peer networks to strengthen collegiate relationships, enhancing peer support for managing stress.

▶ Encourage Psychiatrists and other health professionals to complete quality improvement projects and join staff wellbeing groups/projects focused on minimising workplace stress.

▶ Ensure that Psychiatrists are consulted about organisational changes and able to influence decision making, that information about change is communicated in a timely manner, that Psychiatrists are aware of timeframes for any changes and how these will impact their working patterns/roles and provide access to appropriate support as they adjust to new ways of working.

▶ Review staffing levels and rotas, ensuring sufficient numbers of Psychiatrists to adequately meet demands on the service without overwhelming individuals and considering annual leave, study leave, and other leave. Mitigation strategies should be in place if the required staffing numbers cannot be achieved immediately.

▶ Conduct and regularly update risk assessments to identify workplace hazards including psychosocial hazards.

▶ Ensure that there is sufficient office space, parking, rest facilities, and personal IT equipment for all Psychiatrists working in the organisation. Work collaboratively with their elected medical leaders to improve these facilities and working conditions for Psychiatrists.

▶ Support Psychiatrists to raise issues relating to missed breaks or staying late at work through formal mechanisms such as exception reports or other monitoring systems, with provisions available for time-in-lieu or additional payment.

2.1 Links and Resources and Good Practice

▶ The RCPsych led a quality improvement collaborative named [the 'Enjoying Work Collaborative'](#) in 2021/2022 which led to improvements in staff enjoyment, reduced symptoms of burnout, and more staff being extremely likely to recommend working in their teams. A step-by-step guide has been produced to help organisations improve staff enjoyment at work

▶ [The BMA have published a 'Fatigue and Facilities Charter'](#) which describes how to improve staff facilities and reduce fatigue

▶ The Health, Safety and Wellbeing Group of the NHS Staff Council have produced [guidance on preventing and managing workplace stress](#) in the health service

▶ The Health and Safety Executive (HSE) have [published management standards for managing workplace stress](#), including highlight six key areas of work design requiring attention (demands, control, support, relationships, role, and change)

▶ The GMC have produced guidance titled ['Caring for doctors, caring for patients'](#)

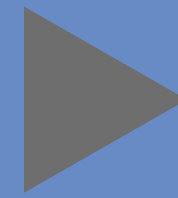
▶ The RCPsych have produced [guidance for office accommodation and administrative support for psychiatrists](#)

Good Practice

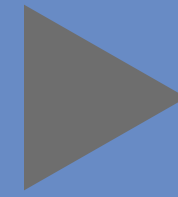
[NHSE](#) have a range of examples of good practice relevant to understanding and minimising the causes of stress, including a [stress and resilience framework](#).

2.2 Foundation Level

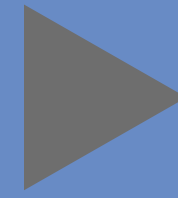
Promote staff health and wellbeing and provide support, at an early stage, for those experiencing work-related stress, burnout, or ill health



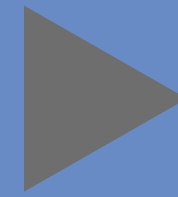
The organisation recognises that workplace stress is a systemic issue that can impact all Psychiatrists and signposts them to a range of wellbeing support from various services, including both local and national resources.



The organisation actively reduces 'blame culture' and builds trust amongst Psychiatrists by acknowledging and communicating the wide range of stressors in the health service (e.g. stretched finances, workforce shortages, complex service structures and organisational change, increasing societal expectations) and what it is doing to help combat these.



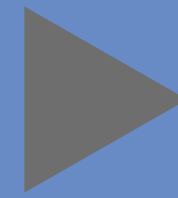
Training is routinely offered for managers/supervisors to equip them with the skills to recognise Psychiatrists displaying early signs of impaired wellbeing and effectively support them.



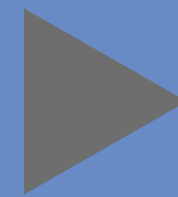
The organisation has a nominated Health and Wellbeing Guardian that attends board-level meetings, ensuring that staff health and wellbeing is central to organisational strategy.

2.2 Intermediate Level

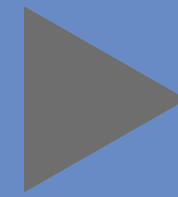
Promote staff health and wellbeing and provide support, at an early stage, for those experiencing work-related stress, burnout, or ill health



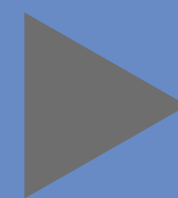
Specific interventions are routinely offered within the organisation to help Psychiatrists effectively manage stress and promote positive wellbeing such as psychoeducation, mindfulness, reflective groups, Schwartz rounds, job planning reviews, and healthy lifestyle interventions.



Supportive wellbeing conversations routinely take place within team meetings to promote peer support, alongside being discussed during individual supervision sessions.



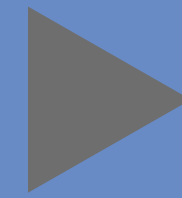
A no-blame, fair learning culture exists for staff affected by safety incidents with an emphasis on co-produced learning, a systems-based learning response, and supporting staff to feel confident raising issues.



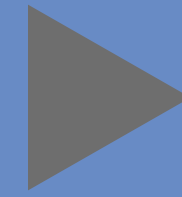
Named health and wellbeing champions exist across services and teams, with mechanisms in place to support people in these roles and develop their knowledge/skills.

2.2 Mature Level

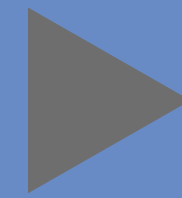
Promote staff health and wellbeing and provide support, at an early stage, for those experiencing work-related stress, burnout, or ill health



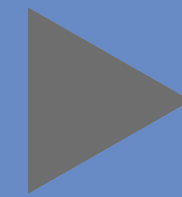
A supportive culture exists where Psychiatrists feel confident and able to discuss experiencing early signs of stress and/or burnout with their managers/supervisors and seek support at an early stage.



The organisation adopts a person-centred approach and creative solutions for promoting staff wellbeing, with evidence of staff co-designing and leading wellbeing initiatives.



Barriers to Psychiatrists accessing relevant health and wellbeing support and services are regularly reviewed, and actions taken to reduce stigma and eliminate these barriers.



Bespoke support services are available for staff affected by traumatic events, such as patient suicide, patient homicide, violence, adverse incidents, or referrals to the regulator.

2.2 Advice and Recommendations

▶ Create a folder of local and national resources to support the wellbeing of Psychiatrists and ensure that this is readily accessible and visible on the organisation's intranet.

▶ Ensure that funding is ringfenced for staff health and wellbeing initiatives, such as creative arts and humanities and healthy lifestyle interventions.

▶ Send regular communications to Psychiatrists acknowledging workplace stressors, including within the wider health service, and highlighting what the organisation and wider healthcare system are doing to address them.

▶ Seek feedback from Psychiatrists to understand any barriers to them accessing health and wellbeing support and work collaboratively with them to reduce these.

▶ Ensure that systems are in place to support and promote confidential reflective practice amongst peers.

▶ Organise team-level and creative organisation-wide health and wellbeing initiatives and advertise these through various means such as email communications, the intranet, and social media.

▶ Provide training for supervisors/managers which focuses on spotting early signs of stress amongst Psychiatrists, increasing awareness of relevant policies and health and wellbeing support available within and outside of the organisation, and how to support Psychiatrists on an individual basis. This could include review of job plans, workload, and working arrangements including opportunities to work in new settings/and or teams as appropriate.

▶ Caseload reviews are routinely conducted to ensure that workloads are appropriate and to proactively prevent Psychiatrists feeling overwhelmed or experiencing symptoms of burnout. These caseload reviews consider additional resources and time needed for managing clinical complexity.

▶ Ensure that systems and policies are in place to proactively support Psychiatrists experiencing potentially stressful events/processes such as those involved in adverse incidents, coroners case/s, and/or referrals to the regulator. This should include access to individual psychological support, compassionate communication, additional supervision and mentoring as required, and regular reviews of wellbeing. Learning from adverse incidents should be emphasised and such learning should be co-produced with staff.

▶ Ensure that systems and policies are in place to proactively support Psychiatrists who experience the suicide of a patient, homicide by a patient, or violence at work. For example, consider appointment of an 'organisational pastoral suicide role' who oversees and supervises how the organisation supports Psychiatrists following the loss of a patient by suicide.

2.2 Links, Resources and Good Practice

▶ The [RCPsych 'Psychiatrists' Support Service'](#) provides free and rapid access to peer support via telephone, for Psychiatrists of all career stages who may be experiencing personal or work-related difficulties

▶ [NHS Practitioner Health](#) provides free, confidential NHS primary care mental health and addictions services that specialise in treating health professionals including Psychiatrists

▶ The charity ['Doctors in Distress'](#) provides support for healthcare workers who feel they need it due to a variety of issues such as experiencing burnout and/or workplace stress. The resources and support offered include things such as weekly support groups, a burnout recovery course, and a webinar series sharing the lived experiences of healthcare workers

▶ The [RCPsych 'Workforce Wellbeing Hub'](#) brings together multiple resources and initiatives that are in place at the RCPsych to support the wellbeing of Psychiatrists

▶ The [RCPsych](#) has appointed a network of ['Wellbeing Champions'](#) to support Psychiatrists in local regions, raise awareness of factors impacting workforce wellbeing, collate relevant feedback, and disseminate wellbeing resources

▶ The RCPsych has published guidance on ['Supporting mental health staff following the death of a patient by suicide: A prevention and postvention framework'](#)

▶ The RCPsych runs a [bi-monthly online reflective group](#) space for Psychiatrists of all grades who have been impacted by the death of a patient by suicide

▶ NHS Employers have produced guidance titled ['Supporting our NHS people experiencing stress'](#)

▶ Specific [NHS programmes focused on staff health and wellbeing](#) have been collated by NHS England

▶ The [NHS health and wellbeing framework](#) comprises four key documents including a strategic overview, organisational diagnostic tool, elements of health and wellbeing, and an implementation guide to promote the health and wellbeing of NHS people

▶ NHS England have published guidance for [implementing health and wellbeing guardians](#) across different healthcare settings

▶ NHS England offers a [development programme for Health and Wellbeing Champions](#) and they can request to join an online closed community of practice

▶ NHS England have produced a guide titled ['Looking after your team's health and wellbeing guide'](#)

▶ NHS England have produced [advice/guidance on how to have effective wellbeing conversations with employees](#), including producing videos to demonstrate approaches and defining good practice

▶ The NHS Leadership Academy have created a webpage sharing [case studies of wellbeing conversations being implemented](#) at 3 different NHS organisations: Staffordshire and Stoke on Trent CCGs, Northern Care Alliance NHS Group, Lancashire and South Cumbria NHS Foundation Trust

▶ The RCPsych have produced a College report and guidance booklet detailing [how to support staff following a patient-perpetrated homicide](#)

2.2 Links, Resources and Good Practice

▶ The [National Wellbeing Hub in Scotland](#) provides advice and information to support the wellbeing of health professionals and links to local and national service contact details

▶ The [Doctor Support Service](#), provided by the BMA, provides confidential emotional support for doctors experiencing an investigation by the GMC

▶ The BMA provides [free, confidential counselling](#) and peer support for all doctors and medical students

▶ The [National Centre for Creative Health \(NCCH\)](#) is a registered charity promoting the role of the arts, creativity, and culture in supporting health and wellbeing

▶ The [Point of Care Foundation](#) website contains various information and resources to support organisations in introducing Schwartz rounds

▶ NHS England have produced a '[being fair tool](#)' to ensure that responses to patient safety incidents are fair, highlighting that such incidents usually require system-level action and singling out individuals is rarely appropriate. This tool should only be used when there are concerns about a person's conduct or fitness to practice and there are specific preconditions of use

Good Practice

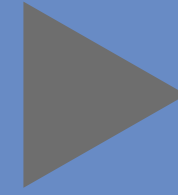
Professor Matthew Broome at the [Institute for Mental Health \(IMH\)](#) has described how clinical academics worked with University Hospitals Birmingham (UHB) and Birmingham and Solihull Mental Health NHS Foundation Trust to deliver psychological support for NHS staff working with patients with COVID-19 during the pandemic. A crisis and triage service was also established in UHB for clinicians experiencing acute mental distress.

Good Practice

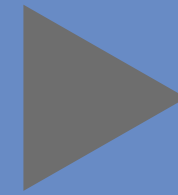
South Tees Hospital NHS Foundation Trust created a [series of videos](#) to help staff recover from the stresses, pressures and traumas of the COVID-19 pandemic.

2.3 Foundation Level

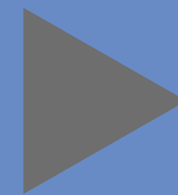
Create inclusive environments and engender positive attitudes towards Psychiatrists experiencing mental and/or physical illness or disability and those with caring responsibilities outside of work



The organisation proactively reaches out to Psychiatrists with mental and/or physical illness or disability and ensures assessment of their needs as appropriate, alongside sending a strong message of their work and insights being valued.



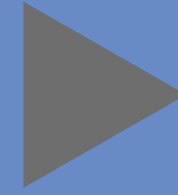
Staff with mental and/or physical illness or disability are engaged in 1:1 conversation, from the start of their employment, to consider, implement, and review appropriate workplace modifications, reasonable adjustments, and support required, catering to their strengths.



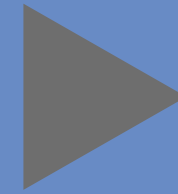
The organisation highlights the important role of carers and ensures that flexible working policies exist to support them in balancing their work and caring responsibilities.

2.3 Intermediate Level

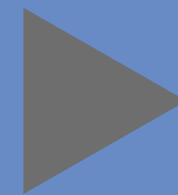
Create inclusive environments and engender positive attitudes towards Psychiatrists experiencing mental and/or physical illness or disability and those with caring responsibilities outside of work



The organisation enables a supportive environment where individuals with illness, disability, or caring responsibilities outside of work feel able to identify themselves as needing additional support.



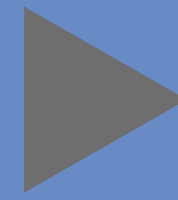
The organisation routinely collates feedback on the experiences of Psychiatrists with physical and/or mental illness or disability and those with caring responsibilities outside of work and demonstrates enactment of such feedback.



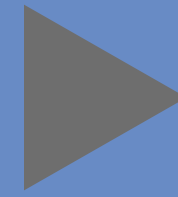
The organisation participates in national events and initiatives, such as mental health awareness week and world mental health day, to raise awareness of conditions impacting the workforce and how to effectively support colleagues with these.

2.3 Mature Level

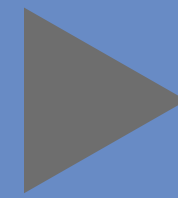
Create inclusive environments and engender positive attitudes towards Psychiatrists experiencing mental and/or physical illness or disability and those with caring responsibilities outside of work



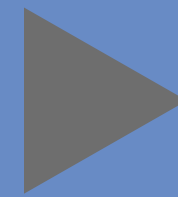
A platform/forum exists for colleagues with mental and/or physical illness or disability and their allies to convene to support one another, share experiences, advice, and information, and promote learning in relation to staff support.



Staff networks for employees with illnesses, disabilities, or caring responsibilities, work closely with wellbeing champions and regularly review organisational policies for impact and fairness, with mechanisms in place to report to board.



The organisation takes active steps to reduce stigma towards employees with mental and/or physical illness or disability including misconceptions about what they can and can't do.



The organisation celebrates strengths and provides hope to those experiencing illness and/or disability by sensitively sharing the stories and achievements of consenting staff who have experienced these and thrived at work.

2.3 Advice and Recommendations

Review physical working environments in the organisation, ensuring sufficient set up of offices/equipment, access to quiet places, and accessibility of facilities for all employees including those with physical disabilities.

Create and advertise 'champion' roles within the organisation to advocate for individuals with physical or mental illness or disability, such as disability champions.

Collate feedback from staff to understand the inclusivity of the organisation and how staff with mental and/or physical illness and disability feel they are treated and supported, including options for staff to give feedback anonymously. Be receptive to challenge and demonstrate how collected feedback has been listened to and acted upon by reporting back to staff and considering initiatives such as 'you said we did'.

Implement mechanisms by which staff with hidden disabilities can choose to make these visible to others, if they wish to do so, such as with the Hidden Disabilities Sunflower lanyard.

Identify and implement any workplace adjustments, including flexible working options, and additional support that might be required for individuals with mental and/or physical illness and disability and those with caring responsibilities for a person with disability. Ensure processes are in place for involving occupational health and access to work when appropriate.

Keep a log/calendar of important events aimed at reducing stigma and improving awareness of various conditions (e.g. world autism awareness day, disability month, carers week) and participate in these by sending out relevant communications and visibly displaying support for individuals with these conditions.

Share success stories of Psychiatrists and other health professionals with mental and/or physical illness and disability, with their consent, through various means such as blog posts, newsletter articles, posters, and/or information on the staff intranet.

Support staff networks of individuals with mental and/or physical illness or disability by ensuring they have sufficient time and space to meet and that there are clear mechanisms by which they can provide feedback to senior leaders and influence organisational policy.

Use health or disability passports to record information about a Psychiatrist's health condition/s and reasonable adjustments that have been agreed. This allows them to present such passports to new line managers/supervisors when they move roles, and this can reduce barriers to disclosing information and seeking support.

Provide training for line managers/supervisors on reasonable adjustments and how to effectively support and promote inclusive environments for Psychiatrists with physical and/or mental illness, disability, or caring responsibilities.

2.3 Links, Resources and Good Practice

▶ Read about how the [RCPsych supports members with disabilities](#)

▶ The BMA conducted a survey of the [experiences and priorities of doctors and medical students with disabilities](#) prior to the COVID-19 pandemic

▶ NHS Employers have produced guidance on [‘building disability inclusive workplaces’](#):

▶ NHS Employers have produced an editable and downloadable [health passport template](#)

▶ The [Hidden Disabilities Sunflower Network](#) has a website with information available about this scheme and how it can support staff with invisible disabilities to make these visible to others

▶ NHS Employers have given guidance on [supporting staff with caring responsibilities](#)

▶ The [Disabled Doctors Network](#) provides advice and guidance on various topics to support chronically ill or disabled doctors, medical students

Good Practice

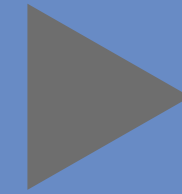
[Mersey Care NHS Foundation Trust](#) implemented the role of [Autism Champions](#) to develop a staff network enthusiastic about supporting people with autism, increase autism awareness, improve reasonable adjustments training, and improve experiences of people with autism

2.4 Foundation Level

Make available or signpost to specific services and support for Psychiatrists with mental illness, addictions, and neurodiversity



Policies and guidance are in place for supporting Psychiatrists with mental illness, addictions, and/or neurodiversity. These are readily available to staff through the organisation's intranet page or other accessible means and promoted during staff inductions and at regular timepoints.



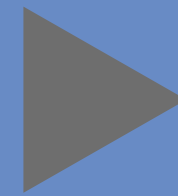
Psychiatrists with mental illness, addictions, or neurodiversity are signposted to relevant health and support services, including specialist services like NHS practitioner health and occupational health departments.



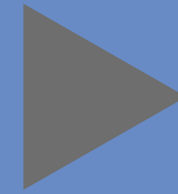
Regular communication and support are offered to individuals on sick leave and personalised support and rehabilitation on return to work.

2.4 Intermediate Level

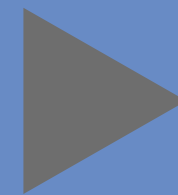
Make available or signpost to specific services and support for Psychiatrists with mental illness, addictions, and neurodiversity



Feedback is routinely collated and acted upon regarding the effectiveness of support services offered for Psychiatrists with mental illness, addiction, or neurodiversity.



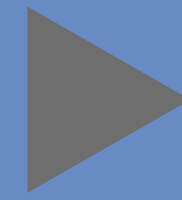
Occupational health services are regularly evaluated for impact and quality.



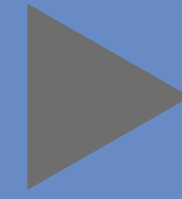
Regular communication and meetings are established between medical leadership, HR, and occupational health departments to enable timely support and appropriate help for Psychiatrists experiencing illness, including enhanced support for those who have been referred to the regulator due to a health condition affecting their fitness to practice.

2.4 Mature Level

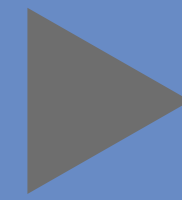
Make available or signpost to specific services and support for Psychiatrists with mental illness, addictions, and neurodiversity



Reciprocal agreements are in place between organisations to provide specialist support (e.g. inpatient admissions) to psychiatrists experiencing mental health problems, addictions, or neurodiversity.



The organisation reviews barriers to psychiatrists accessing help and support for mental illness, addiction, or neurodiversity and works collaboratively with them to identify and implement solutions.



Psychiatrists and senior leaders who have recovered from chronic mental illness and/or addictions are supported to share their stories, if desired, to provide hope and demonstrate that they can be an enhanced version of themselves after illness.

2.4 Advice and Recommendations

▶ Create a folder of resources for Psychiatrists with mental illness, addictions, or neurodiversity with links to relevant policies, local guidance, and resources. Ensure this is readily accessible on the staff intranet.

▶ Signpost to external support such as the RCPsych Psychiatrists Support Service (PSS) and NHS Practitioner Health.

▶ Refer Psychiatrists with mental illness, addictions, or neurodiversity to occupational health services to help protect and support them, including identifying adjustments required in the workplace.

▶ Empower managers to discuss initiatives and support available within the organisation to support Psychiatrists with mental illness, addictions, or neurodiversity such as flexible working arrangements, staff counselling, and peer support networks.

▶ Discuss and agree with Psychiatrists on sick leave how often managers/supervisors will keep in touch and who will contact them.

▶ Ensure that Psychiatrists returning to work after illness receive a personalised return-to-work plan in collaboration with occupational health services.

▶ Consider using blog posts, newsletter articles, social media, and/or the staff Intranet to share the stories of staff members who have recovered from mental illness or addiction, with their consent, and continued thriving at work.

▶ Seek feedback from Psychiatrists with mental illness, addictions, or neurodiversity through various means such as individual conversations, surveys, focus groups, and working collaboratively with peer support networks and health and wellbeing champions within the organisation. Ensure that feedback is collected exploring their experiences of support provided by line managers and the wider organisation, support during sick leave, barriers to accessing support, workplace adjustments, and the effectiveness of occupational health services. Demonstrate feedback is acted on through initiatives such as 'you said we did'.

▶ Establish agreements with other mental health organisations to ensure that Psychiatrists requiring inpatient psychiatric admission have the option to be cared for outside of their own organisation.

2.4 Links, Resources and Good Practice

▶ [NHS Practitioner Health](#) provides free, confidential NHS primary care mental health and addictions services that specialise in treating health professionals including Psychiatrists

▶ The RCPsych PRDC Podcast Series '[You are Not Alone](#)' includes an episode (Episode 1) which discusses Psychiatrists' experiences of mental illness.

▶ Dr Ananta Dave has published a report, completed during her Churchill Fellowship, titled '[Preventing doctors from dying by suicide: Constructing cross-organisational collaboration](#)'. This report highlights several recommendations on how UK healthcare systems can support doctors with mental illness, improve doctor's health and wellbeing, and prevent suicide

▶ [Doctors in Distress](#) is a charity which advocates for mental health support for all healthcare workers and has various programmes available including peer support groups, webinars, and a burnout recovery course

▶ The [BMA](#) provides a free and confidential counselling and peer support service that is available 24/7 for all doctors and medical students

▶ NHS Employers have produced [guidance on monitoring and evaluating occupational health services](#) in the NHS, including minimum standards and recommended performance/quality metrics

▶ [Health for Health Professionals Wales](#) provides support for all NHS staff and healthcare students in Wales

▶ [Sick Doctors Trust](#) offers confidential, independent support and signposting to appropriate resources for doctors, dentists, and medical students who are concerned about their alcohol or drug use, including a 24-hour helpline

▶ [Doctors Support Network \(DSN\)](#) provides support for doctors and medical students with mental health concerns

▶ NHS Employers have produced a [sickness absence toolkit](#) which provides guidance on having supportive conversations with employees experiencing illness

▶ NHS Employers have published [guidance on commissioning occupational health services for staff](#)

2.4 Links, Resources and Good Practice

▶ The book, 'Beneath the White Coat', edited by Clare Gerada, highlights many difficulties faced by doctors and offers practical steps to emotional and physical recovery.

▶ The [Royal Medical Benevolent Fund](#) provides financial support, advice and information for doctors, medical students, and their families impacted by factors such as ill health, disability, or bereavement

▶ [DocHealth](#) provides confidential, online psychotherapy consultation services for qualified doctors. Fees vary depending on career grade, but financial assistance is available for doctors in financial difficulty. The service is supported by the BMA and Royal Medical Benevolent Fund

▶ [British Doctors and Dentists Group](#) is a recovery group for doctors and dentists with addictions, providing members with access to in-person and online meetings focusing on providing mutual support and sharing individual journeys, difficulties, and how to overcome them

Good Practice

The book, '[Strengthened by Storms](#)', shares the personal stories of mental health recovery of staff members at Devon Partnership NHS Trust

Supporting Psychiatrists' Career Planning and those considering leaving

3.1

Continually promote the retention of psychiatrists through 'stay conversations' and proactive measures to help them achieve their career goals.

3.2

Ensure provision of targeted support for staff groups who might experience difficulties planning or navigating their careers e.g. new parents, those returning after career breaks, independent sector psychiatrists, locum doctors, LE doctors/clinical fellows, less than full time psychiatrists, and those with carer responsibilities outside of work (this is not an exhaustive list).

3.3

Provide access to retirement planning discussions at an early stage and support those retiring and returning to work.

3.4

Have enabling conversations with Psychiatrists considering leaving or who have decided to leave the organisation/profession, ensuring that they feel supported, and their decision is a considered, positive choice.

3.1 Foundation Level

Continually promote the retention of psychiatrists through 'stay conversations' and proactive measures to help them achieve their career goals



Individual 'stay conversations' occur regularly with Psychiatrists and are embedded into organisational processes to explore what will help them to continue working in the organisation. These include enquiring about what is going well in their working lives and what could be improved.



Managers/supervisors have regular team-level conversations about factors impacting work satisfaction and retention within their department/s.



A systematic approach exists to collating and acting on feedback about the experience of Psychiatrists within the organisation, such as NHS Staff Survey data.

3.1 Intermediate Level

Continually promote the retention of psychiatrists through 'stay conversations' and proactive measures to help them achieve their career goals



Managers/supervisors offer regular 'career conversations' with Psychiatrists, to help them reflect on their development, identify and achieve career goals.



Coaching and continuing professional development are available for Psychiatrists to enhance their personal and professional development.



Psychiatrists' work and commitment are appreciated with specific positive feedback and communication about how this contributes to improved quality of care and organisational performance.

3.1 Mature Level

Create inclusive environments and engender positive attitudes towards Psychiatrists experiencing mental and/or physical illness or disability and those with caring responsibilities outside of work



The organisation demonstrates effective learning and continuous improvement in metrics related to staff experience and the retention of Psychiatrists, such as evidencing annual improvements in NHS staff survey scores.



There is evidence of applying learning and good practice from external organisations/bodies relating to proactive staff retention initiatives.



Psychiatrists feel confident that their organisation can address issues that might otherwise hinder their career satisfaction or development, including issues relating to specific staff groups and personal situations, enabling them to continue working with appropriate adjustments as required.



The organisation offers creative and flexible career development opportunities, supporting Psychiatrists to pursue their specific interests and talents.

3.1 Advice and Recommendations

Offer 'stay conversations' at regular intervals throughout a Psychiatrist's employment and provide training for managers/supervisors in how to conduct these effectively. Consider an increased frequency of 'stay conversations' for new starters such as after 30 and 60 days in their role.

Offer 'careers conversations' at regular intervals throughout a Psychiatrist's employment to develop understanding of their career goals and how the organisation can support them to achieve these. Provide training for managers/supervisors to enhance their skills in conducting these conversations effectively.

Consider offering a drop-in service with senior medical leadership where Psychiatrists can request and engage in the above 'stay conversations' and 'career conversations' on an ad-hoc basis.

Provide regular communication to Psychiatrists about the positive impact of their work, sharing data relating to positive patient and carer experience and organisational performance at relevant departmental meetings.

Provide and/or support coaching training for Psychiatrists in the organisation to coach other Psychiatrists, providing structured and time limited support to help them achieve specific desired developmental goals or overcome specific challenges.

Review the organisation's continuing professional development (CPD) offer for Psychiatrists, ensuring that they have sufficient access to internal and external training and development opportunities. Use allocated study budgets flexibly to support Psychiatrists with aspirations to complete specific courses or qualifications, including considering rolling over of budgets across financial years.

Analyse retention and work satisfaction data by staff group and location. Design and implement improvement projects aimed at addressing specific metrics relating to the retention and job satisfaction of Psychiatrists.

Offer a range of opportunities for flexible working for Psychiatrists, considering their preferences and any commitments outside of work, allowing them to progress their careers whilst implementing appropriate modifications to working patterns.

Ensure flexibility within job planning and appraisal processes whereby Psychiatrists can request and be supported to make changes to their roles, as appropriate.

3.1 Links, Resources and Good Practice

▶ [NHS Employers have provided guidance on improving staff retention in the NHS](#)

▶ NHS Employers have published guidance on the [use of 'stay conversations'](#) to explore factors that may influence a person's decision to stay or leave the organisation in the future

▶ Lincolnshire Training Hub have also produced a [manager's guide on conducting effective 'stay conversations'](#)

▶ The NHS Leadership Academy have created various resources to support review and career conversations, including a ['review and career conversation framework'](#) and [implementation guide](#)

▶ The RCPsych provides an option for resident doctors who are [considering taking a career break](#) after core training to keep in touch and receive insights and information about possibilities to support their return to training

▶ The RCPsych has a webpage titled ['continuing to choose psychiatry'](#) which provides information and advice for core psychiatry trainees navigating their career options

▶ The RCPsych have a [dedicated webpage for resources and information relating to coaching and mentoring for Psychiatrists](#)

3.2 Foundation Level

Ensure provision of targeted support for staff groups who might experience difficulties planning/navigating their careers e.g. new parents, those returning after career breaks, independent sector psychiatrists, locum doctors, LE doctors, less than full time psychiatrists, and those with carer responsibilities outside of work (this is not an exhaustive list)



Organisational policies and guidance are in place to support relevant staff groups.



These policies and guidance are clearly communicated and accessible to staff, with evidence of appropriate signposting and folders of resources.



The organisation collates and regularly reviews data to determine which specific groups/profiles of employees are disproportionately represented amongst staff leaving the organisation.



The organisation offers flexible working arrangements for Psychiatrists requiring this due to parental responsibilities, carer responsibilities, or other reasons.

3.2 Intermediate Level

Ensure provision of targeted support for staff groups who might experience difficulties planning/navigating their careers e.g. new parents, those returning after career breaks, independent sector psychiatrists, locum doctors, LE doctors, less than full time psychiatrists, and those with carer responsibilities outside of work (this is not an exhaustive list)



Organisational policies and guidance to support these staff groups are co-produced with individuals with relevant lived experience and regularly reviewed at board level.



Feedback is regularly collated and acted upon to improve the experiences of these specific staff groups.



Active steps are taken by the organisation to ensure that less than full time Psychiatrists and/or those requiring flexible working arrangements are not excluded from career development opportunities.



The organisation regularly remains in touch with Psychiatrists on career breaks, ensuring that they feel valued, supported, and welcomed to return the organisation when appropriate.

3.2 Mature Level

Ensure provision of targeted support for staff groups who might experience difficulties planning/navigating their careers e.g. new parents, those returning after career breaks, independent sector psychiatrists, locum doctors, LE doctors, less than full time psychiatrists, and those with carer responsibilities outside of work (this is not an exhaustive list)



There is evidence of applying learning and recommended best practice from external organisations/bodies to support these staff groups and sharing local examples of good practice externally.



Peer support groups or networks are available for these staff groups to convene, discuss challenges, and share relevant knowledge, information, and resources.



'Champion' and/or 'representative' roles exist for these specific staff groups to advocate for and support them, including collating and sharing their views with organisational management to influence policy/practice.



Mechanisms exist for sharing the stories of Psychiatrists who have navigated life events and/or non-work responsibilities alongside their job roles and/or who have returned from career breaks, to motivate and inspire others in similar positions and advertise support that is available.

3.2 Advice and Recommendations

▶ Create a folder of resources including relevant information, policies, and guidance to support these specific staff groups with their career planning and work/life integration.

▶ Ensure that the above folder of resources, and links to support/guidance are clearly visible on the intranet and communicated to staff.

▶ Provide training for managers/supervisors focussing on how to effectively support these staff groups. This training should be co-produced and delivered with individuals with relevant lived experience.

▶ Offer flexibility of working hours/patterns and remote working options, where possible, to support staff groups balancing caring responsibilities inside and outside of work (e.g. new parents, carers) or requiring this other reasons.

▶ Create a space for open discussions about work/life integration, responsibilities outside of work, and difficulties faced by specific staff groups.

▶ Signpost to relevant staff support groups and forums within the organisation (e.g. carers groups) and ensure that these are accessible.

▶ Proactively support these staff groups, anticipating when additional support might be required over certain periods and planning this in advance.

▶ Ensure that career development and training opportunities are offered flexibly to avoid excluding staff with flexible working patterns.

3.2 Links, Resources and Good Practice

▶ The [NHS Long Term Workforce Plan](#) highlights the importance of improving flexible working options and providing greater autonomy over working patterns to increase staff retention in the health service

▶ NHS Staff Council have published a flowchart to support managers/supervisors in understanding the necessary process and steps involved when acting on an individual's request for [flexible working arrangements](#)

▶ NHS Employers have published an online article which reviews [enablers for change to promote flexible working](#)

▶ This webpage by NHS Employers discusses [how to support staff with caring responsibilities](#) including relevant tips, resources, and examples of positive practice

▶ In this article, [Dr Raka Maitra](#) discusses the challenges encountered by physician mothers of children with complex needs

▶ The BMA have produced [guidance for doctors on returning to work as new parents](#) (e.g. after maternity leave) including information on changing hours, flexible working, parental leave, and breastfeeding

▶ The RCPsych Private and Independent Practice Special Interest Group (PIPSIG) advocates for and supports Psychiatrists working in the private and independent sector

▶ This article by Downey et al [explores challenges and solutions to returning to clinical training after research](#) from the perspective of 33 doctors with current or previous experience of integrated academic training in the West Yorkshire region

▶ The RCPsych have published [information about training less than full time \(LTFT\)](#), including advice to trainers, and links to relevant resources

▶ This article by Topley et al shares the [experiences of resident doctors undertaking less than full time training](#) and describes how this helped them to continue progressing their careers whilst dealing with changes in their personal lives

▶ The BMA have produced [rota and rostering guidance for LTFT doctors](#)

▶ The Royal College of Obstetricians & Gynaecologists have produced a '[Return to Work Toolkit](#)'

▶ The Academy of Medical Royal Colleges has published [top tips on flexible working](#)

▶ In this article, Maitra, McCowan and Cohen (2022) [highlight the impact of caring responsibilities on physicians](#) and the need for more inclusive work and leave policies to support recruitment and retention of this workforce within Psychiatry, valuing both professional and lived experience in care giving

3.3 Foundation Level

Provide access to retirement planning discussions at an early stage and support those retiring and returning to work



Protocols/policies are in place to support retirement planning including flexible retirement options and access to portfolio careers.



Procedures are in place to support Psychiatrists returning to work after retirement including the provision of information, resources, and appropriate training to ease their transition back into the workplace.



The organisation clearly communicates the value of late career Psychiatrists and appreciation of their experience, skills, and organisational memory, raising awareness of the desire to actively retain them.

3.3 Intermediate Level

Provide access to retirement planning discussions at an early stage and support those retiring and returning to work



Medical managers proactively and routinely meet with staff heading towards retirement early on and discuss/explore their options.



The organisation raises awareness of retirement planning policies and options on a regular basis at appropriate departmental meetings and training sessions.



Mechanisms exist to promote organisational learning from exit interviews of people retiring.

3.3 Mature Level

Provide access to retirement planning discussions at an early stage and support those retiring and returning to work



Formal careers advice talks/sessions, including pensions advice, are regularly facilitated for Psychiatrists approaching retirement.



The organisation enables people to continue developing their careers, in keeping with their expertise, experience and interests with appropriate access to formal leadership positions and non-patient-facing responsibilities for Psychiatrists in in retire and return roles.



There is evidence of innovative practice to support retirement planning and/or people returning to work following retirement such as 'retire and return champions'.

3.3 Advice and Recommendations

▶ Review existing retirement policies and ensure that there is sufficient flexibility within these to allow for a wide range of flexible retirement options including partial retirement (draw down), retire and return, step down, and wind down options.

▶ Identify staff approaching retirement and offer proactive and supportive conversations to discuss retirement flexibilities and how these can be applied on an individual basis. Options such as reducing PAs, SOAD and tribunal work can all be explored.

▶ Support staff who manage individuals or teams to have these retirement planning discussions by providing them with relevant training, information, and resources.

▶ Complete voluntary exit interviews for staff retiring and analyse key themes arising from these interviews to improve the staff experience.

▶ Collaborate with trade unions and external institutions to arrange careers talks and pensions advice sessions for Psychiatrists planning to retire.

▶ Engage in discussions before a doctor retires on the role that they will be returning to under 'retire and return' options.

▶ Ensure sufficient flexibility and variety of roles for staff planning retirement, including career development opportunities and portfolio jobs plans encompassing leadership, education, and research opportunities in addition to clinical responsibilities.

▶ Provide a comprehensive set of resources for staff planning retirement, with all relevant information and links to external guidance and organisational support being collated together and easily accessible.

▶ Provide information on re-registration and appropriate training and support for Psychiatrists returning to work after retirement, including mandatory training and opportunities to refresh clinical competencies.

▶ Consider paying employer contributions to the employee on leaving the NHS pension scheme.

3.3 Links, Resources and Good Practice

- ▶ The RCPsych has a dedicated webpage for retired members titled [‘New horizons’](#) which provides access to various information and resources
- ▶ NHS Employers have produced guidance on [‘flexible retirement’](#) and [‘using flexible retirement to support retention’](#)
- ▶ NHS England have published [guidance on retaining doctors in late stages of their careers](#) including ten recommendations for systems and employers
- ▶ NHS Staff Council have additionally produced [flexible retirement guidance](#) including an overview of partial retirement, retire and return, step down, wind down, and early retirement reduction buy out options
- ▶ NHS Employers have produced a downloadable poster which visually depicts the various [retirement flexibilities](#) in the NHS Pension Scheme
- ▶ The BMA has produced guidance on [returning to work after retirement](#)
- ▶ The GMC has compiled a document of [frequently asked questions about revalidation](#) for retired doctors and those preparing to retire

Good Practice

Nottingham University Hospitals have created a [‘Late Careers Hub’](#) supporting late career health professionals across the Integrated Care System with online access to multiple resources, information, and videos

3.4 Foundation Level

Have enabling conversations with Psychiatrists considering leaving or who have decided to leave the organisation/profession before retirement age, ensuring that they feel supported, and their decision is a considered, positive choice



'Retention conversations' routinely take place with staff considering leaving the organisation to understand factors influencing their decision-making.



The organisation is responsive to the needs of staff who are considering leaving due to feeling unsupported or other workplace issues (e.g. bullying, harassment, discrimination, workplace stress). This involves working with such staff members to identify and implement solutions and supporting them to continue in their roles, if this is appropriate and desired.



Voluntary exit interviews are routinely offered to all staff leaving the organisation and conducted sensitively.



The effects of Psychiatrists leaving the organisation on those who remain are actively and routinely considered, with appropriate review of workload and resources occurring to avoid them becoming overstretched.

3.4 Intermediate Level

Have enabling conversations with Psychiatrists considering leaving or who have decided to leave the organisation/profession before retirement age, ensuring that they feel supported, and their decision is a considered, positive choice



Processes are in place to identify early indicators of staff having negative experiences at work and/or considering leaving the organisation through various feedback mechanisms and data.



The organisation demonstrates awareness of key themes arising from exit interviews and retention conversations, and action plans are in place to address common reasons for Psychiatrists leaving.



Processes exist to support effective handover between staff leaving the organisation and those continuing working, ensuring that key knowledge, resources, and skills are passed on.

3.4 Mature Level

Have enabling conversations with Psychiatrists considering leaving or who have decided to leave the organisation/profession before retirement age, ensuring that they feel supported, and their decision is a considered, positive choice



There is evidence of an organisational culture where staff feel able to come forward and discuss thoughts of leaving the organisation at an early stage.



The organisation demonstrates effective learning with measurable improvements being demonstrated in priority areas identified from exit interviews and retention conversations.



Systems are in place to capture Psychiatrists leaving the organisation due to feeling unsupported as incidents and indicators of risk to the quality of care delivered.

3.4 Advice and Recommendations

- ▶ Offer training for supervisors/managers to have effective retention conversations with Psychiatrists.
- ▶ Offer drop-in sessions for Psychiatrists who are considering leaving the organisation or who wish to discuss their career options with senior leaders.
- ▶ Deliver training in how to conduct sensitive and effective exit interviews when Psychiatrists leave the organisation.
- ▶ Work with colleagues in human resources (HR) and organisational development (OD) to identify themes from exit interviews and retention conversations, and implement improvement plans to address these.
- ▶ Ensure that information collated from exit interviews and retention conversations related to staff feeling unsupported or unable to deliver quality care is recorded using incident management systems and/or flagged at the appropriate safety and quality forums.
- ▶ Proactively fill gaps left by Psychiatrists exiting the organisation through advance planning, recruitment to substantive roles, and appropriate allocation of resources.
- ▶ Encourage continued membership of the organisation so that Psychiatrists who leave can continue to feel connected and benefit from opportunities featured in communications.

3.4 Links, Resources and Good Practice

▶ NHS Employers have produced a [practical guide to having discussions with staff](#) that improve retention, including 'retention conversations'

▶ NHS England have a webpage titled '[Understanding your data](#)' which provides information about various types of workforce data available to help inform the development of retention strategies

▶ The RCPsych conducts a [workforce census](#) every 2 years

▶ The RCPsych published a '[State of the nation report](#)' in October 2023 exploring the psychiatric workforce in Scotland

▶ The BMA recently published a report titled '[When a doctor leaves: Tackling the cost of attrition in the UK's health services](#)

▶ The GMC have published findings from a survey of over 3000 doctors focused on [identifying groups of migrating doctors](#)

▶ [Voices of Experience \(VOX\) Scotland](#) recently collated the views of adults with recent experience of care by a psychiatrist in Scotland and published a report, which highlights the importance of retaining psychiatrists in long-term employment

Good Practice

Solent NHS Trust worked with NHS Shared Business Services (SBS) to offer comprehensive telephone interviews with an independent HR specialist for those leaving the organisation. This resulted in significantly increased engagement in exit interviews and the collation of detailed data which enabled the organisation to identify priority areas for improvement and take positive action. They subsequently achieved reductions in employee turnover and 94% of leavers who completed exit interviews with NHS SBS rated them positively.

Developing Medical Leadership

4.1

Support existing medical leaders to remain motivated and deliver their best

4.2

Support the leadership skills development of all Psychiatrists from all career grades, recognising this as a core expression of professional identity

4.3

Develop managerial skills for all Psychiatrists

4.4

Create clear leadership development pathways and equitable opportunities for Psychiatrists to pursue leadership roles in line with the values of the RCPsych and their own organisation.

4.1 Foundation Level

Support existing medical leaders to remain motivated and deliver their best



Policies relating to job planning include clear recognition of medical leadership roles and responsibilities in clinical, educational, and academic work. Supported professional activity (SPA) time allocated to such roles is regularly reviewed as workload and responsibility changes.



Appraisal processes include specific recognition of medical leadership performance and competencies within clinical, educational, and academic work.



The organisation has networks in place where medical leaders regularly come together to share learning and support one another.



Continuing professional development activities relating to building and maintaining leadership competencies exist within the organisation.

4.1 Intermediate Level

Support existing medical leaders to remain motivated and deliver their best



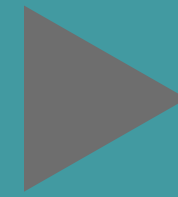
Existing medical leaders have equitable access to 1:1 mentorship and/or coaching opportunities within the organisation or by facilitating their access to such opportunities externally.



The organisation actively supports medical leaders in completing specialist leadership programmes and/or qualifications external to the organisation to further their development.



Provisions are in place for medical leaders to routinely discuss and reflect on the emotional challenges of their work with peers such as through Balint groups, reflective practice sessions, Schwartz rounds or similar initiatives.



The views, experiences, and achievements of medical leaders are routinely collated by the organisation through formal feedback and appraisal processes.

4.1 Mature Level

Support existing medical leaders to remain motivated and deliver their best



The organisation demonstrates regular appreciation of medical leaders through formal mechanisms such as letters, certificates, events, and awards to promote and celebrate leaders excelling in their work.



Mechanisms exist to share good practice in medical leadership both within and outside of the organisation.



Responsible Officer (RO) training is offered for all psychiatrists in senior medical leadership positions so that decisions regarding referral to the regulator are taken proportionately and equitably.



The organisation demonstrates, with appropriate evidence, that it routinely acts on feedback from medical leaders and enhances leadership experience at all levels, linking this to improved patient care.

4.1 Advice and Recommendations

Standardise and review job planning templates for leadership roles (including clinical, educational, and research leadership), ensuring that expectations of these roles are clearly delineated and there is sufficient allocated time and resource for Psychiatrists to perform them effectively. Current medical leaders should be involved in this review process and the unique demands of balancing leadership roles with clinical responsibilities should be clearly recognised and support given to manage this balance.

Include recognition of leadership performance in organisation-wide staff recognition and reward systems and consider nominating medical leaders excelling in their roles for regional/national awards.

Ensure that regular 360-degree feedback is collated for medical leaders and that this is used to recognise positive practice, inform their development, and set future objectives.

Create coaching and/or mentoring opportunities for those in leadership positions by offering coaching or mentorship training, creating a database of coaches/mentors with their contact details, and routinely offering this to new clinical leaders.

Advertise external leadership development courses, schemes, and qualifications to medical leaders and ensure that there is sufficient funding available to support them in these endeavours. Ensure that these courses, schemes and qualifications are tailored towards leadership at various levels.

Implement weekly peer supervision, support, and/or mentoring to support the development of medical leaders. In addition, encourage 'reverse mentoring' where senior medical leaders can learn from, as well as teach and support, their junior colleagues.

Establish medical leaders networks, leadership development days, and good practice events where peers can come together to share positive practice, discuss challenges and concerns, and provide mutual support. This includes reflections on managing the practical and emotional demands of clinical work alongside formal leadership roles.

Ensure that leadership competencies and opportunities are discussed in medical appraisals by including this in appraisal paperwork/checklists, standardising appraisal processes, and offering appraisal training. There should be recognition that medical leadership is unique and requires significant expertise juggling clinical and leadership commitments.

Collate regular feedback from medical leaders about facilitators and challenges to them achieving success in their roles, working with them and wider networks to identify solutions to challenges.

Organise regular training and development opportunities for medical leaders, supporting their development of system leadership skills, understanding of the broader determinants of health, and the development of leadership within wider relevant systems across the four nations. This training should include effective onboarding as people begin leadership roles and continued training and development opportunities as they progress. For example, courses for clinical directors and aspiring clinical directors could include access to peer-support and action learning sets based on their area of work.

4.1 Links and Resources

▶ The RCPsych website has a section on [leadership and management](#) including links to relevant resources, training, and networking opportunities

▶ NHS England have produced a guide on [how organisations can nurture the next generation of clinical leaders](#) and help clinicians to overcome barriers to taking on leadership roles

▶ Various leadership development programmes are offered by the [NHS Leadership Academy](#) for new and aspiring clinical leaders, early and mid-career leaders, and senior leaders

▶ The [NHS Confederation](#) offers three diverse leadership networks: 1) The BME Leaders Network; 2) The Health and Care LGBTQ+ Leadership Network; 3) The Health and Care Women Leaders Network. These networks offer opportunities for members to share experiences/learning, seek advice, and access training and resources

▶ The [‘Leading Improvement in Health and Care’](#) podcast shares stories of people implementing changes across healthcare systems, including discussion of the challenges faced

▶ Clinical leaders can register as a coach/coachee or mentor/mentee with the NHS Leadership [Academy Coaching/Mentoring Hub](#). Local coaching and mentoring offers are also available through local leadership academies, accessible through the above link.

▶ Doctors of all career grades, include senior medical leaders, can apply to become members of the [Faculty of Medical Leadership and Management \(FMLM\)](#), which provides access to professional development resources, mentoring, BMJ Leader, and regional and national networking events:

▶ [The Health Service Journal \(HSJ\) awards include celebration of exceptional clinical leaders, with an awards category for ‘Clinical leader of the year’](#)

4.2 Foundation Level

Support the leadership skills development of all Psychiatrists from all career grades, recognising this as a core expression of professional identity



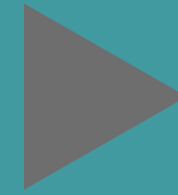
Leadership opportunities and competencies are regularly discussed in supervision sessions, job planning or induction meetings, medical appraisals, and placement review meetings.



A postgraduate teaching programme exists which includes teaching on leadership skills and meets the standards and curriculum requirements of the RCPsych. SAS doctors and LE doctors/Clinical fellows have access to this teaching in addition to resident doctors.



The organisation promotes and supports Psychiatrists engaging in reflective practice, peer group discussions, continued professional development activities, and/or workplace-based assessments (WPBAs) focussing on leadership skills.



The organisation actively enables specialty doctors to become Specialists and provides access to the portfolio route for SAS doctors to become Consultants if they wish to do so.

4.2 Intermediate Level

Support the leadership skills development of all Psychiatrists from all career grades, recognising this as a core expression of professional identity



Shadowing opportunities and/or opportunities to meet with senior leaders are advertised and made available for Psychiatrists from all career grades who are interested to find out more about these roles.



Local leadership roles exist within the organisation for all groups of Psychiatrists to represent their peers, meet with management, and contribute to organisational development.



For resident doctors, special interest sessions are utilised to their maximum to enable leadership development, with specific leadership activities/roles being advertised and available.



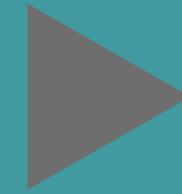
The organisation provides practical and well-supported opportunities for Psychiatrists to develop their leadership skills, such as action learning sets.

4.2 Mature Level

Support the leadership skills development of all Psychiatrists from all career grades, recognising this as a core expression of professional identity



Special interest time, supporting professional activities (SPA) time, or other protected time, is made available for all career grades of Psychiatrists to pursue leadership interests/projects benefitting both the individual and the organisation.



The organisation provides or facilitates equitable access to 1:1 mentorship and/or coaching opportunities for Psychiatrists demonstrating interest and potential in medical leadership.



SAS doctors are appointed to formal leadership roles and occupy team or committee level leadership positions within the organisation.

4.2 Advice and Recommendations

▶ Advertise leadership opportunities for Psychiatrists during their induction into their role/placement, allowing them to make the most of such opportunities early on and ensuring equitable access.

▶ Review the leadership training content within the local postgraduate teaching programme, ensuring that this remains up to date, is aspirational, and supports Psychiatrists in developing systems-wide leadership skills. For example, such training could include exposure to ICBs (in England), IJBs (in Scotland), LHBs and RPBs (in Wales), ICSs and AIPBs (in Northern Ireland), commissioning, transformation projects, and managing health inequalities and population health. Leadership training should additionally include practical experience, in addition to teaching relevant theory, through exposure to leadership activities and learning methodologies such as action learning sets.

▶ Encourage clinical supervisors to consider leadership competencies and opportunities for their supervisees in regular clinical practice (e.g. opportunities for them to chair ward rounds or team meetings), supervision and appraisal meetings, and when undertaking workplace-based assessments.

▶ Ensure that leadership training opportunities are offered equitably across all types and grades of doctors by inviting foundation doctors, core trainees, SAS doctors and LE doctors/clinical fellows to join relevant programmes. Encourage specialist trainees to avail of these opportunities through their special interest sessions.

▶ Create a catalogue/database of special interest sessions available in leadership and advertise these amongst higher trainees, such as opportunities for them to lead specific pieces of work, quality improvement initiatives, and contribute to organisational development and service design/re-design. Consider advertising these or similar opportunities to other career grades of Psychiatrists as well and support them to have protected time for completing them.

▶ Create and advertise formal leadership roles for all career grades of Psychiatrists (e.g. LE doctor/clinical fellow representative, SAS doctor representative, Foundation doctor representative, Core trainee representative, Higher trainee representative, IMG champion etc) to represent the views of their peers and work with senior clinical leaders to improve working practices and clinical outcomes.

▶ Organise 'meet the leader' sessions where Psychiatrists can network with senior medical leaders and role models. Extend this offer by arranging shadowing opportunities for those who are interested to shadow senior clinical leaders and learn more about their day-to-day work, responsibilities, and skills required.

▶ Offer mentorship and/or coaching training and maintain a database of Psychiatrists willing to provide mentorship or coaching to colleagues to enhance their skills and help them to navigate leadership careers.

▶ Advertise external leadership training, schemes, and relevant conferences to interested Psychiatrists, such as considering nominating individuals for the RCPsych Leadership and Management Fellow scheme.

▶ Hold workshops and careers advice sessions to support SAS doctors wishing to become specialists, and doctors wishing to undertake the portfolio route to become Consultants if they wish.

4.2 Links, Resources and Good Practice

The [SAS charter](#) has been jointly produced by the British Medical Association (BMA), NHS Employers, Health Education England, and the Academy of Medical Royal Colleges to promote the development of SAS doctors and ensure they are effectively supported

NHS Employers have developed various resources such as a [monitoring tool](#), [evaluation toolkit](#), and [implementation checklist](#) to support organisations in implementing the SAS charter

The RCPsych has website page focused on [‘SAS career development’](#)

The [RCPsych curricula](#) for core psychiatry training and higher psychiatry training schemes include specific competencies relating to leadership skills and performance

The [RCPsych Leadership and Management Fellow Scheme](#) offers an opportunity for higher trainees to use special interest time over a 12-month period to engage in a national leadership development programme and become apprentice leaders in their local organisation. Each Trust can apply to nominate one doctor for the scheme. In 2024/2025, early and mid-career SAS doctors will also be eligible for this scheme

The [National Medical Director’s Clinical Fellow Scheme](#), organised by the Faculty of Medical Leadership and Management (FMLM), is a competitive programme where doctors in training can apply to spend 12 months working in healthcare-affiliated organisations to develop skills in leadership

The RCPsych additionally offers various schemes, by competitive application, for higher trainees to take on formal leadership roles during their special interest time including the [Parliamentary Scholars Scheme](#), [Sustainability Scholars Scheme](#) and [Presidential Scholars Scheme](#)

A [‘Leadership and Management Study Guide’](#) has been produced by the RCPsych to support resident doctors in developing their leadership knowledge and skills. This guide also includes tips for trainers

A resource pack has been created by the NHS Leadership Academy to [support leadership development conversations](#) between supervisors and resident doctors

Doctors of all career grades can apply to become members of the [Faculty of Medical Leadership and Management \(FMLM\)](#). Paid membership to this faculty provides benefits such as access to mentorship, networking opportunities, and a range of resources to support leadership development:

The RCPsych website provides a wealth of information and resources to support [doctors applying for accreditation for specialist registration](#) in psychiatry, including an online guidance webinar and answers to frequently asked questions

The RCPsych has published a book authored by Prof Nandini Chakraborty titled: [‘The non-training route to the specialist register in psychiatry’](#):

4.2 Links, Resources and Good Practice

▶ The General Medical Council (GMC) also provides [specialty specific guidance for portfolio pathway applications](#)

▶ The RCPsych has a website page focused on ['coaching and mentoring'](#) which provides links to various resources

▶ The GMC have produced a ['mentoring toolkit'](#) to support organisations in establishing and running mentorship schemes

Good Practice

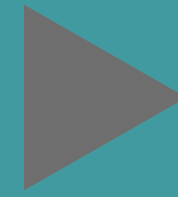
During the academic year 2024/2025, the North West Deanery offered a funded opportunity for higher specialty trainees (ST4+) and GPST1-3 trainees to complete a [PGCert module in Medical Leadership](#) at a local University (Edge Hill University)

4.3 Foundation Level

Support and develop managerial skills for all Psychiatrists



Educational activities relating to medical management and managerial skills are incorporated into existing leadership training and development programmes within the organisation, including local teaching.



The organisation ensures that doctors are equipped with the knowledge and skills to deal with issues relating to employment legislation, inappropriate workplace behaviours (including bullying, harassment, and discrimination), conflict resolution, and maintaining patient safety and professional standards.



Awareness of the organisation being part of the wider ecosystem of healthcare is included in leadership development training.



Doctors of all grades are taught about basic finances and economics of healthcare and involved in decision-making relating to the use and allocation of resources within their teams, departments, and wider organisation.

4.3 Intermediate Level

Support and develop managerial skills for all Psychiatrists



The development of managerial skills for doctors is enabled through action learning sets, case studies, project work, and other practical educational and training activities outside of generic teaching.



Doctors of all grades are involved in efforts to measure, review, and improve clinical performance, such as through the completion of audit and quality improvement projects.



Clear mechanisms exist to collate feedback and celebrate good practice relating to doctors' experiences of managerial processes and their own managerial skills.

4.3 Mature Level

Support and develop managerial skills for all Psychiatrists



Senior medical leadership roles within the organisation include a focus on patient safety and quality in addition to representing and managing doctors.



Healthcare organisations partner with academic institutions to support the development of managerial skills amongst clinical staff.



Psychiatrists are supported to develop skills relating to assessing cost effectiveness, commissioning healthcare services and interventions, and understanding the economic implications of decision making.



Values based and ethical decision making is promoted as an integral part of leadership and management training/development.

4.3 Advice and Recommendations

▶ Provide doctors with relevant learning resources, information, and policies relating to good medical practice, employment legislation, appropriate/inappropriate workplace behaviours (e.g. bullying, harassment, and discrimination), meaningful equity, diversity and inclusion, conflict resolution, the patient safety incident response framework, and maintaining high professional standards (MHPS).

▶ Provide specific training about supporting employees experiencing issues of bullying, harassment, discrimination, ill health, those requiring reasonable workplace adjustments, and those involved in incident investigations and/or investigations by professional regulators.

▶ Develop the skills of doctors in providing direct and honest feedback to others, building radical candour and promoting appreciation of positive workplace behaviours.

▶ Promote and advertise practical opportunities for doctors to test out and develop their managerial skills, under appropriate supervision where required, such as opportunities to lead clinical audits and quality improvement projects, participation in action learning sets, chairing meetings, and other project work.

▶ Encourage clinical supervisors and mentors to support the development of managerial skills amongst their supervisees/mentees.

▶ Foster trusting relationships between employees and managers, ensuring that people feel valued and listened to by promoting regular meetings and engagement in feedback processes.

▶ Ensure access to regular 360-degree feedback for people in managerial roles to help identify their strengths and areas for further development. Supplement this feedback from colleagues with data relating to managerial performance, such as team productivity measures and budget control.

▶ Build networks with local institutions offering leadership and management training and skills development courses such as local Universities/business schools.

▶ Develop relationships with clinical leaders and managers from other professional disciplines and non-clinical colleagues.

4.3 Links and Resources

▶ The [RCPsych Dean's Grand Rounds](#) help to bridge the gap between evidence-practice by promoting a quality improvement approach. These sessions start with a problem, question, or opportunity for change and proceed by discussing the relevant evidence-base and current practice, culminating in the considering how quality improvement principles can be applied to address the problem, question, or opportunity. This could be a useful format to be applied to local teaching programmes

▶ NHS England offers [e-learning modules](#) to develop knowledge relating to a broad range of medical leadership and management topics

▶ The King's Fund have produced an online article which explains [the process of commissioning in the National Health Service](#)

▶ NHS Employers have developed a '[People Performance Management Toolkit](#)' which provides practical advice and support on how to deal with management situations effectively

▶ The [NHS Confederation Mental Health Medical Directors Forum](#) allows medical directors to come together, share experiences, provide/receive peer support, and amplify their voices

▶ GMC guidance to help set up [local mentoring schemes](#)

▶ [The RCPsych has a network for Directors of Medical Education. Please contact \[dme@rcpsych.ac.uk\]\(mailto:dme@rcpsych.ac.uk\) for further information](#)

▶ The RCPsych offers a multi-source assessment tool for Consultant and SAS Psychiatrists called '[ACP 360](#)'. Further information about this system and costs are available on the website

▶ The NHS Leadership academy also offers a [360-degree-feedback-tool](#) which is designed to give insight into other people's perceptions of one's leadership abilities and behaviour

▶ The RCPsych has a webpage dedicated to [coaching and mentoring](#).

4.4 Foundation Level

Create clear leadership development pathways and equitable opportunities for Psychiatrists to pursue leadership roles in line with the values of the RCPsych and their own organisation.



At the beginning of their careers from medical school, doctors are regularly taught about their responsibilities beyond clinical work, their roles as healthcare leaders, and how their job relates to the organisation and wider NHS.



Psychiatrists are supported to access CPD opportunities and leadership teaching/resources through study leave budgets and/or other allocated funding.



Leadership development opportunities and resources are offered equitably, including proactively offering these to potential leaders from all backgrounds and those who might be less able or confident to access them.



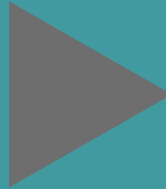
Psychiatrists appointed to leadership positions receive induction programmes that are specifically tailored to their roles, separate from the standard organisational induction for all staff.

4.4 Intermediate Level

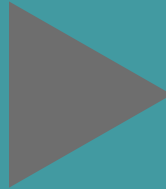
Create clear leadership development pathways and equitable opportunities for Psychiatrists to pursue leadership roles in line with the values of the RCPsych and their own organisation.



The organisation facilitates and funds access to external leadership development schemes for Psychiatrists such as the RCPsych Leadership and Management Fellow Scheme and relevant academic courses and qualifications in leadership.



The organisation advertises clinical, educational, and academic leadership opportunities to provide leadership experience for those with a wide range of interests and gives specific information about accessing them.



Opportunities exist for interested doctors to shadow multi-disciplinary senior leaders in the organisation, seek careers advice, and access mentorship and/or coaching to further explore their leadership interests and build their potential.



Events and programmes are organised where aspiring leaders can meet role models from diverse backgrounds who have developed their leadership skills through various pathways.

4.4 Mature Level

Create clear leadership development pathways and equitable opportunities for Psychiatrists to pursue leadership roles in line with the values of the RCPsych and their own organisation.



The distribution of leadership roles within the organisation is broadly representative of the workforce and the population that they serve, with board-level accountability for ensuring equity and fairness of promotions and recruitment processes.



Employees are actively encouraged to lead outside of the organisation, as well as within the organisation, and adopt regional, national, or international leadership positions e.g. RCPsych roles.



The organisation has a leadership development pathway or strategy which ensures that under-represented, marginalised, or underserved groups and those with protected characteristics are encouraged and supported in developing their leadership potential.



The organisational leadership strategy is regularly reviewed at board level and assessed as a core component of quality and safety of care.

4.4 Advice and Recommendations

▶ Include opportunities for aspiring clinical leaders to be involved in developing job descriptions and job planning for Psychiatrists. Job plans and recruitment processes should be flexible and implement reasonable adjustments, as required, to avoid excluding specific groups from applying (e.g. consider opportunities for job sharing of leadership roles).

▶ Incentivise leadership positions for Psychiatrists, ensuring appropriate remuneration and rewards for those undertaking additional leadership responsibilities and celebrating their roles/achievements.

▶ Review the distribution of clinical, educational and academic leadership roles across the organisation to identify under-represented groups of Psychiatrists. Work with these under-represented groups to understand barriers to them taking on leadership positions, and to support and develop their leadership potential in line with the principles of co-production.

▶ Work with existing clinical leaders to identify what they wish they would have known when they started in their roles and use this information to develop bespoke induction programmes for new leaders.

▶ Engage with Higher Education Institutions and work together to develop a pipeline for clinical leaders through talent spotting and defined routes into leadership roles.

▶ Ringfence funding for leadership development purposes, such as for funding formal leadership qualifications and courses for those who are interested.

▶ Consider organising 'meet the leader' sessions, networking events, and/or creating online videos/blogs where Psychiatrists can hear the stories of healthcare leaders from a wide range of backgrounds, feel inspired by them, and understand their roles, responsibilities, and pathways to success.

▶ Offer/organise mentorship and/or coaching training for leaders in the organisation to support the next generation of healthcare leaders. Trained mentors and coaches could be matched to new and emerging leaders, and/or those who are interested in leadership development pathways, to provide bespoke support.

▶ Create and advertise a repository/database of clinical, academic and educational leadership roles and opportunities within and outside of the organisation. For example, advertise a link to the medical directorate website and circulate emails when relevant leadership schemes open each year to encourage interested Psychiatrists to apply.

▶ Advertise and promote access to leadership and development pathways outside of the organisation such as opportunities and roles with national bodies. Encourage Psychiatrists to apply for these external leadership roles and ensure sufficient support and flexibility within their teams and job plans to facilitate this.

4.4 Links and Resources

- ▶ The NHS Leadership Academy offers a range of [leadership development programmes](#) for healthcare professionals of varying career stages and with varying degrees of leadership experience
- ▶ There are also several reputable leadership courses offered by external organisations, for various costs, that are available for doctors
- ▶ The RCPsych has produced a College Report [CR207] focused on job planning, titled '[Safe patients and high-quality services: job descriptions for Psychiatrists](#)'. This work is presently being updated with a new report to be published in due course

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Doctors in Distress