

# Unseen & Unprepared: Evaluating Medical Undergraduate Training For Suicide Risk Assessment in UK Medical Schools

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## Background

Suicide remains a leading cause of death among young people in the UK, with over 5,000 deaths annually. Doctors across all specialties are expected to identify and respond to suicide risk, yet concerns persist that undergraduate medical education does not adequately prepare graduates for this responsibility.

National guidance from the General Medical Council (GMC) and the Royal College of Psychiatrists (RCPsych) emphasises competence in suicide risk assessment and patient safety. However, evidence suggests wide variation in the depth, consistency and confidence associated with suicide risk training across UK medical schools.

## Aim

To evaluate how undergraduate medical education in the UK prepares students for suicide risk assessment and to consider implications for patient safety and clinician preparedness.

## Methods

A structured literature and policy review was conducted using UK-based sources including PubMed, Google Scholar, GMC and RCPsych guidance, and medical education research published between 2010–2025. Evidence was synthesised thematically, focusing on curriculum structure, assessment, and reported student confidence in suicide risk assessment.

## Results

Evidence consistently demonstrates wide variation in undergraduate exposure to suicide risk assessment. Training is often concentrated within psychiatry placements, with limited longitudinal reinforcement or formal assessment. Medical students frequently report low confidence in initiating risk conversations, particularly outside mental health settings.

Where structured teaching and supervised practice are present, students report improved confidence and preparedness. In contrast, opportunistic or ad hoc exposure is associated with anxiety, avoidance of risk discussions, and delayed escalation of concerns.

**Figure 1:** Variation in suicide risk assessment training across UK medical schools

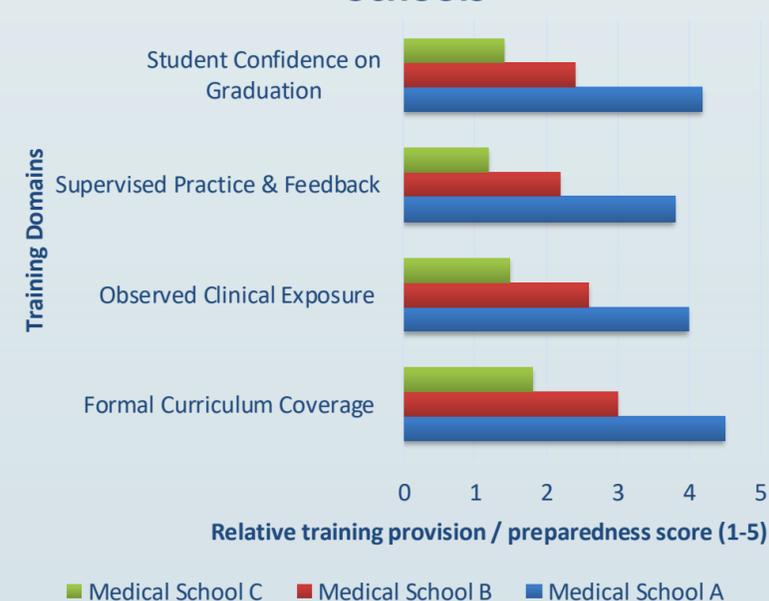
**Figure 2:** Gaps between national guidance and undergraduate training delivery

## Discussion

These findings suggest that suicide risk assessment is treated inconsistently within undergraduate curricula, despite its relevance across all clinical settings. Limited training may contribute to clinician anxiety, reduced help-seeking conversations, and potential patient safety risks.

Conceptualising suicide risk assessment as a core clinical competency, rather than a psychiatry-specific skill, aligns with national patient safety priorities and health inequality frameworks.

## Variation In Suicide Risk Assessment Across UK Medical Schools



Conceptual synthesis based on UK medical education literature and policy guidance

## Gaps Between National Guidance & Undergraduate Training Delivery



Conceptual synthesis based on UK medical education literature and policy guidance

## Conclusion

Undergraduate training for suicide risk assessment in UK medical schools remains variable and frequently insufficient. Embedding structured, assessed, and longitudinal suicide risk education across curricula may improve graduate preparedness, clinician confidence, and patient safety.

Addressing these gaps requires national coordination rather than reliance on local or opportunistic teaching. Clear expectations for suicide risk assessment competencies, supported by supervised clinical exposure and structured feedback, would help ensure all graduates enter practice with a consistent baseline of preparedness.

Strengthening undergraduate training in this area represents a feasible and high-impact intervention for improving early identification of suicide risk and supporting safer clinical care.

## References

Key sources include UK medical education research, national policy guidance, and professional standards from the General Medical Council and the Royal College of Psychiatrists.

Declaration of interest: No competing interests.  
Ethics: Ethics approval not required for this work.

A full reference list is available via the QR code.

