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# Guidance for medical schools

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September 2019



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# Foreword

“ During my time at medical school, I was privileged to meet great teachers who organised inspiring placements which gave me a real taste of the fascinating specialty of psychiatry. These opportunities undoubtedly contributed to my ultimate decision to choose psychiatry as a career – a decision I have never regretted.

Over the years, psychiatry has given me the chance to use my medical, scientific and interpersonal skills to make a positive difference to the lives of patients and their families and truly fulfil my professional potential.

Psychiatry is medicine for the curious – for those who want to understand more about what makes people tick and how our social environments, brains and bodies influence our emotions and behaviours, and can contribute to mental illness.

Less encumbered by stigma than previous generations, more and more young people are saying they want to work to help others with their mental health. To fill the additional roles needed to deliver policy reforms to mental health services, we have an opportunity to tap into this interest and support all medical students to get a better understanding of psychiatry.

Not all doctors are cut out for a career in the specialty – it takes a very special skill set to make it as psychiatrist. Whilst I would encourage every student to consider psychiatry as a career, not all will be suited to it.

But all doctors need to have a good understanding of the scientific underpinnings of the speciality and a basic skill set in order to support people with mental illness, no matter what specialty they eventually choose.

This practical guidance shows that medical schools across the country are already embracing this challenge and shares good examples of how students are being inspired to learn about better mental health care.

At the Royal College of Psychiatrists, we are keen to support medical schools in sharing these good ideas and would be happy to meet any school that wants help implementing these recommendations.

*Kate F. Lovett*

**Dr Kate Lovett**  
Dean of the Royal College of Psychiatrists



# Executive summary

Over the past few years, there has been an unprecedented focus on mental health across the UK. Given the high prevalence of mental illness, ambitious government plans were developed to achieve parity between physical and mental health.

To achieve these ambitions, all future health professionals will need to be equipped to provide appropriate support to people with mental illness. This has been recognised by the General Medical Council (GMC) in its [Outcomes for graduates 2018 guidance](#)<sup>1</sup>.

It is essential that the next generation of doctors is fully aware of both the importance of mental health in their future career – regardless of the specialty they ultimately choose – and the positive difference that psychiatry makes to people's lives.

With this in mind, the Royal College of Psychiatrists embarked on a project to explore the factors that make an impact on medical students' views and experiences of psychiatry while at medical school. We are really grateful for the support we received from medical schools and students across the UK, as well as a range of stakeholders such as the Medical School Council and the GMC.

We developed this guidance, using the information we gathered and examples of best practice, to provide medical schools with advice on how to enhance medical students' experience of psychiatry.

We have identified four key areas for action:

## 1 Excellence in teaching

We examined several aspects of different learning opportunities and how they may affect students' interest in psychiatry, and we suggest a range of initiatives that medical schools could put in place to enhance students' experiences of psychiatry teaching.

We encourage all medical schools to consider reviewing their undergraduate curriculum in psychiatry to ensure it reflects what we can learn from medical students' experiences and integrate psychiatry courses into the curriculum as widely and as early as possible.

## 2 Quality placements

Ensuring that clinical placements have genuine educational value can be difficult for medical schools, as relationships with placement providers can be challenging at a time when budgets for all services are under pressure. In this context, we explore what medical schools could do to ensure medical students get the best out of their placement in psychiatry.

We encourage all medical schools to work with placement providers to organise high-quality undergraduate placements in psychiatry based on what we learned from medical students' experiences.

### 3 Leadership from psychiatrists in undergraduate education

The medical students we spoke to highlighted the importance of seeing and talking to inspiring consultant psychiatrists during their time at medical school. We explored what actions medical schools could take to raise the profile of psychiatrists in undergraduate education.

### 4 Enrichment activities

Medical students told us that they would like more extracurricular events and activities focused on mental health at their university – incorporating talks from people who work in psychiatry, including those in senior positions. Students told us that participating to such events and activities furthered their knowledge and understanding of mental health and psychiatry, which they felt enhanced their view of the specialty.

We therefore encourage all medical schools to design and implement a range of enrichment activities to enhance students' exposure to, and experience of, psychiatry.

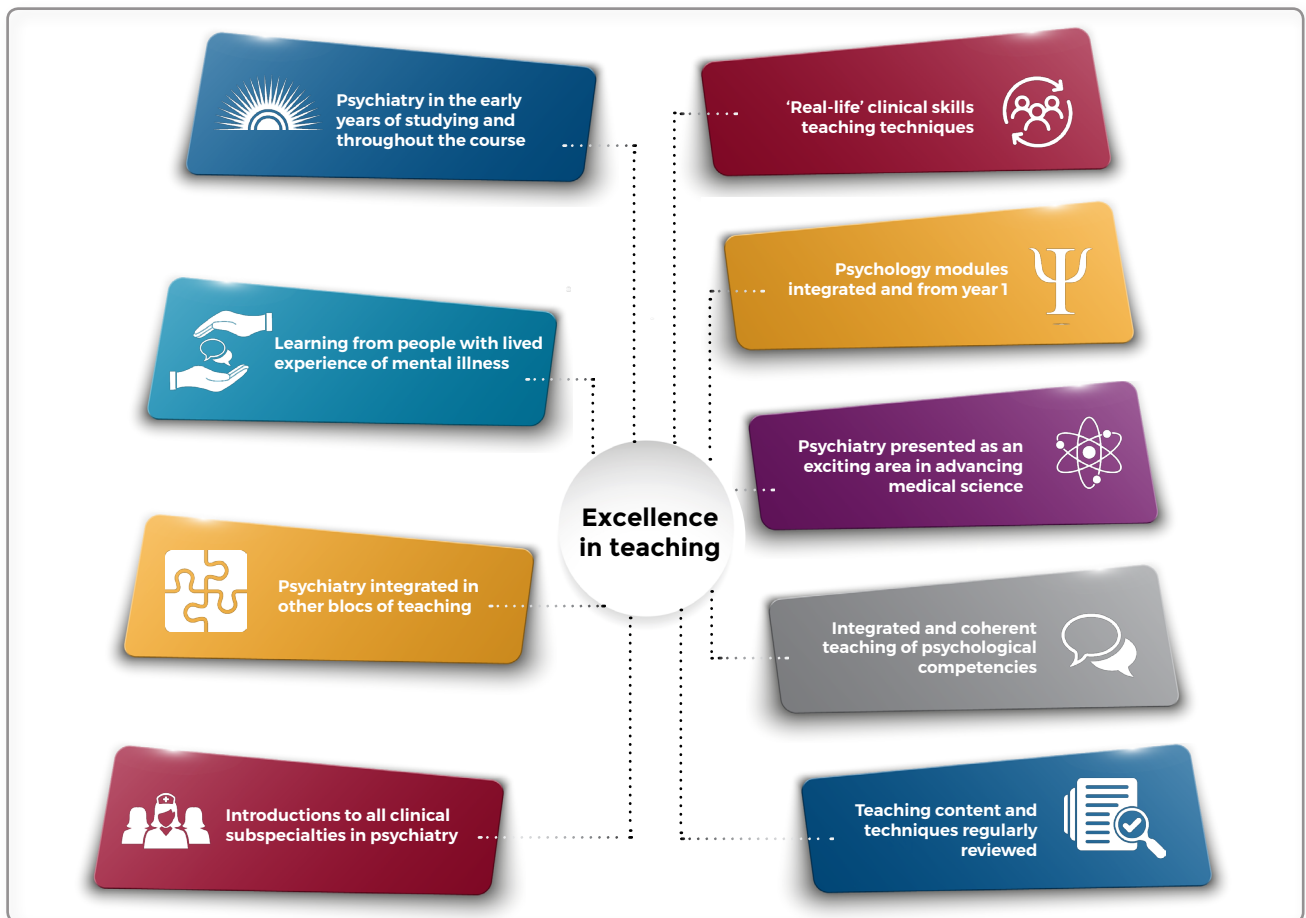


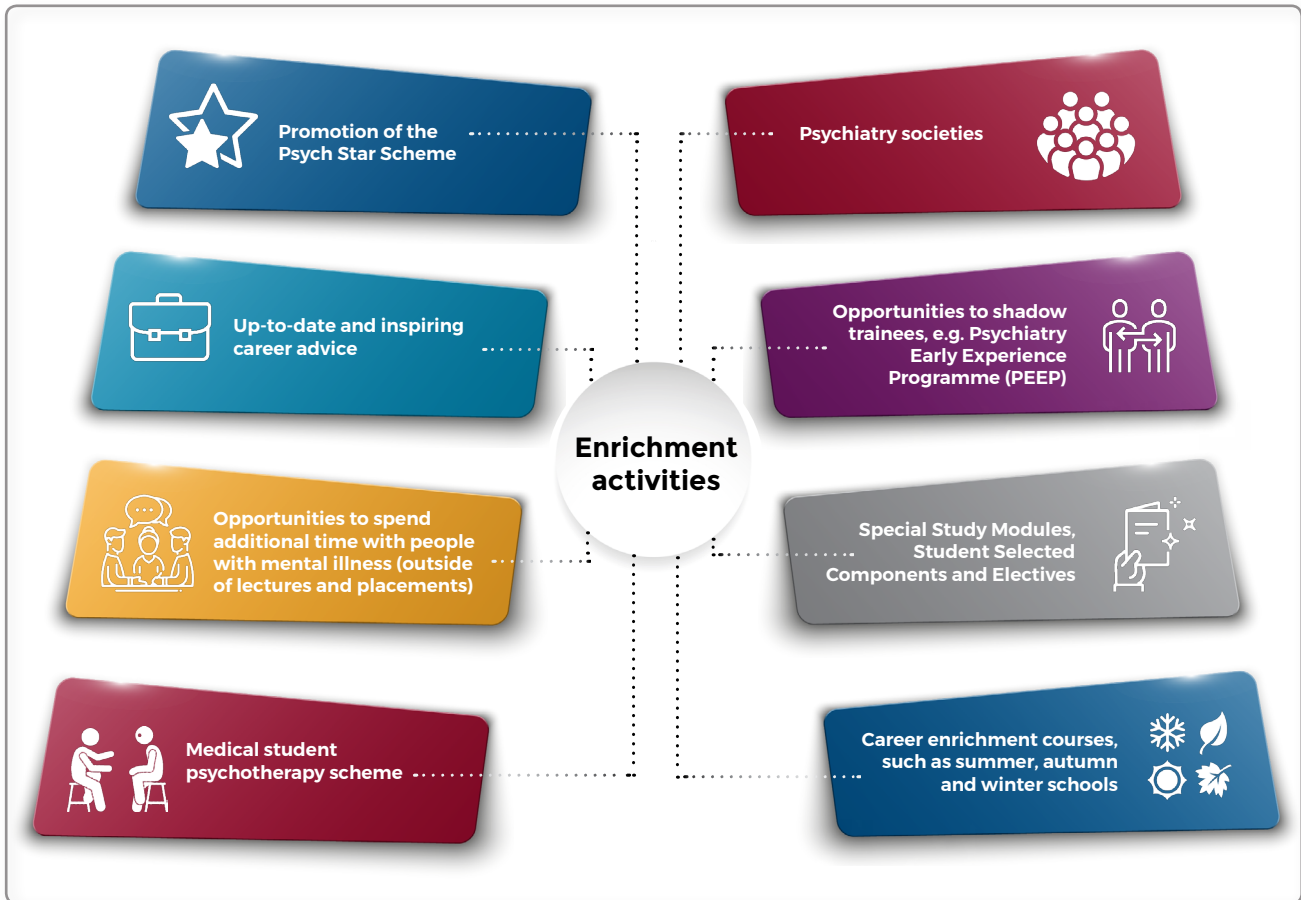
**Checklists containing suggested actions to achieve each of these four recommendations are included in this guidance.**

We believe these suggested actions can also help medical schools meet the standards set up by the GMC in its *Outcomes for graduates 2018* guidance, which include a range of practical skills and procedures related to mental health.

**For further information about this guidance, please contact Zoé Mulliez, Policy and Campaigns Manager: [zoe.mulliez@rcpsych.ac.uk](mailto:zoe.mulliez@rcpsych.ac.uk)**

## Key areas for action to improve medical students' experiences of psychiatry







## Why is this guidance important?

Over the past few years, there has been an unprecedented focus on mental health across the UK. Yet having insufficient professionals able to treat people with mental illness is now widely recognised as one of the biggest risks to achieving parity of esteem between mental and physical health.

**Appendix 1** gives an overview of current policy commitments in England, Scotland, Wales and Northern Ireland and details some of the key psychiatry workforce challenges in each nation. One of those challenges is the length of training to become a psychiatrist. Psychiatry is also particularly reliant on doctors who have qualified outside of the UK.

In England, the National Health Service Data (NHSD) from September 2018 showed that 46.0% of psychiatrists (all grades) qualified abroad, compared with 37.1% of all other doctors (using data relating to doctors with a known country of qualification)<sup>2</sup>. While we recognise the invaluable contribution of international medical students, we must build the consultant psychiatrist capacity of the future as early as possible and enable a reduced reliance on psychiatrists trained overseas.

The high prevalence of mental illness means that future doctors in all specialties will need to be equipped to provide appropriate support to people with mental illness. It is essential for the next generation of doctors to be made fully aware of both the importance of psychiatry in their future career – regardless of the specialty they ultimately choose – and the positive difference that psychiatry makes to people's lives.

**For these reasons, there is an urgent need to train more psychiatrists and to ensure that doctors working in all specialties can support people with mental illness.**

Achieving this goal will require significant investment from governments and the full support of a wide range of stakeholders, including Royal Colleges; training commissioners and providers; mental health service commissioners, providers and employers; and universities. With limited resources available, it represents a challenge to everyone involved and will only be met through collaborative effort.

With this in mind, the Royal College of Psychiatrists embarked on a project to explore the factors that affect medical students' views and experiences of psychiatry while at medical school.

The publication of our findings is timely as medical schools across the UK will have to demonstrate how the education and training they provide allows newly qualified doctors to meet the outcomes for graduates recently updated by the General Medical Council (GMC)<sup>3</sup>, which include a range of practical skills and procedures related to mental health (**Appendix 2**).

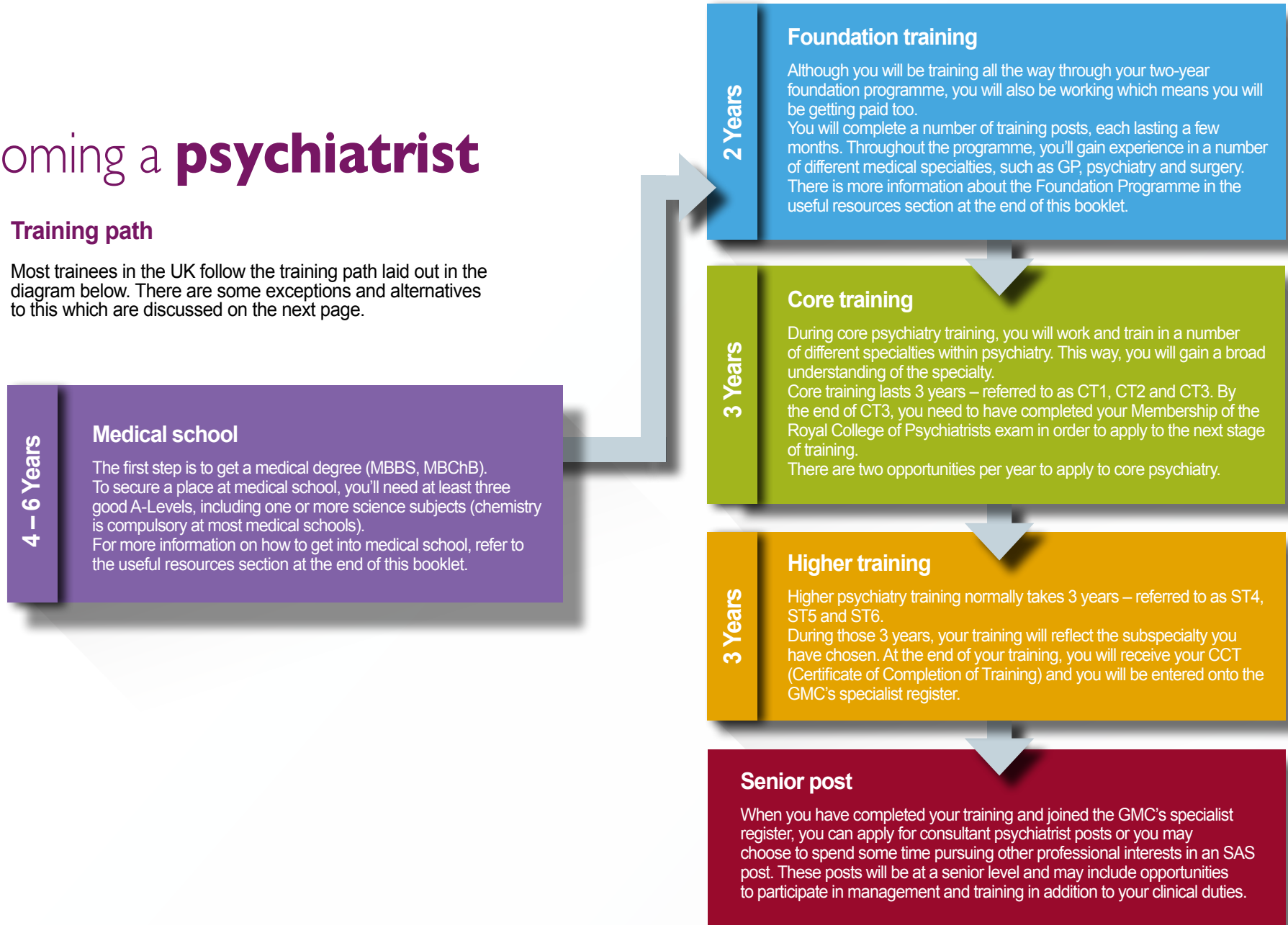
Our recommendations aim to provide medical schools with the necessary insights and tools to shape the training of future psychiatrists and doctors working in all specialties. This will play a crucial role in achieving parity of esteem between mental and physical health, as well as ensuring that the medical profession can identify and respond to the health needs of their patients.



# Becoming a **psychiatrist**

## Training path

Most trainees in the UK follow the training path laid out in the diagram below. There are some exceptions and alternatives to this which are discussed on the next page.



## Who is this guidance for?

*Choose Psychiatry: Guidance for Medical Schools* has been developed to give advice to medical schools on how to provide a high-quality experience of psychiatry to their students, based on examples of best practice. It is designed to be flexible so that medical schools can use it to enhance the activities they already provide.

The guidance will be particularly useful to those within medical schools who are leading, organising, funding or delivering training activities – including teaching activities, placements and extra-curricular activities. It will also be of importance to those with responsibility for organising and funding psychiatry placement opportunities, such as providers of mental health services.

## How has it been developed?

To understand medical students' experiences, we used qualitative research methods including a questionnaire and focus groups. Information was also collated from medical schools' education leads across the UK. Further information about the method used can be found in **Appendix 3**.

## Limitations

Whilst we only captured the views of a small proportion of UK medical undergraduates, this data provides some invaluable insights into students' experiences. The GMC estimated that there were 40,997 students in UK medical schools in 2017/18. Our sample represents less than 2% of that number and the results must therefore be interpreted with caution.

Our study provides a snapshot of undergraduates' views and experiences of psychiatry. As participation in the study was voluntary, it is therefore likely that we have a disproportionately high number of participants considering psychiatry as a career in the sample and thus a degree of bias within the results.

Whilst questionnaire-based studies may not genuinely reflect 'true' attitudes, the qualitative data gathered through the focus groups allowed us to test those attitudes and explore issues in more depth.

# Section 1: Excellence in teaching

Students told us that the amount and quality of their exposure to psychiatry during their medical course has a crucial impact on their level of interest in the specialty. Students described that simply learning more about psychiatry – including the various disorders and how they can be treated to improve patients’ quality of life – stimulated their interest in the subject, which led some of them to voluntarily ‘read up on the subject’ in their own time.

We examined several aspects of different learning opportunities and how they may influence students’ interest in psychiatry. Accordingly, we suggest a range of initiatives that medical schools can put in place to enhance students’ experiences of psychiatry teaching.

## Featuring psychiatry in the early years and throughout the course of medical school

Some medical students reported receiving no substantive psychiatry content on their course until the fourth or fifth year. In those circumstances, students reported that their perceptions of the specialty were heavily influenced by their peers’ and colleagues’ views, which could be negative.

“  
[I would like] more attention paid to psychiatry throughout the course.  
”

A widely-held view was that psychiatry content should feature in the earlier years and throughout the course of medical school rather than only in the later years, so that students can:

- realise that psychiatry is fully part of medicine, like any other specialty
- assess whether this is a potential area of interest for them at an earlier stage.

It is likely that integrating psychiatry courses into the curriculum as widely and as early as possible will not only raise the importance of psychiatry as a medical specialty, but also increase students’ interest in psychological medicine throughout all other placements.

## Diversifying teaching techniques

Medical students told us they prefer clinical teaching – grounding their learning in real-life contexts – rather than lectures ‘focused solely on theory’. Some teaching techniques including learning videos, case-based discussions and simulation teaching (involving role play with actors, narrative and drama-based techniques) were highlighted as particularly useful learning formats and effective methods of providing students with insights into the nature of the work.

## Psychiatry simulation teaching

### What is it?

Experiential simulation puts learners in a staged environment with trained actors to develop clinical skills alongside peers and often with other members of a multidisciplinary team.

### How does it work?

In an environment that closely replicates a real-life setting, participants engage with trained actors who present as if they are experiencing a mental illness. Working as a group, participants interact with the actor to develop clinical skills in: assessment, reflective practice, developing a therapeutic alliance, and developing collaborative management plans.

Simultaneously, another group of fellow participants observes the group. There is then the opportunity for the group to reflect on their experiences and debrief together.

### What is the impact?

For some students, simulation teaching can be more effective and memorable than lectures. They learn skills such as teamwork, leadership and communication. All medical students, regardless of whether they become psychiatrists, will treat patients with mental illness and will benefit from the opportunity to practise in a safe environment. Students told us that those who lacked confidence dealing with patients with mental illness particularly appreciated those methods of teaching, as they felt better equipped to communicate with patients.

Our participants also said that they particularly appreciated hearing from people with lived experience as patients or carers. Overall, there was a view that the more exposure to people with lived experience of mental illness – whether face-to-face or by watching videos of consultations with (former) patients – the more likely a student would be to become interested in psychiatry. Students who did not experience such methods of teaching explained that they would like these to be included on their course.

## Providing exposure to psychiatry subspecialties

Students told us that the teaching provided on the subspecialties of psychiatry enhanced their knowledge of psychiatry practice, which generally had a positive impact on their views on the subject. For example, some students explained that talks on liaison psychiatry enabled them to understand how psychiatry links to physical medicine in, for instance, an Accident and Emergency (A&E) setting, which made them think more positively about psychiatry.

Exposing students to the psychiatric subspecialties would help them learn about the range of opportunities that would be available to them in choosing psychiatry as a career. For instance, some students thought that the role of the psychiatrist was focused on prescribing medication and wished they could also carry out psychotherapy. In this case, it is crucial to explain to students that all psychiatrists will receive training in psychotherapy, and that they will be able to complete a higher specialist training in psychotherapy should they want to pursue a career in this area.

**I would be more inclined to choose psychiatry if psychotherapy, psychoanalysis and talking therapies were a bigger part of the job. The fear with psychiatry is that doctors tend to get the ‘boring’ jobs within the psychiatric team, i.e. prescribing medication.**

Some universities organise lectures involving a panel of psychiatrists working in a range of subspecialties so that students can find out more about the work they do. Universities could also support their psychiatry societies to organise innovative events such as ‘speed dating’ to introduce students to the subspecialties of psychiatry. Following such event in Cambridge, one medical student commented that ‘speed-dating’ was “just the type of event I had been hoping for”, and feedback from other students was overwhelmingly positive.<sup>4</sup>

## Designing integrated and coherent teaching in psychological medicine

According to the GMC’s *Outcomes for graduates 2018 guidance*<sup>5</sup>, all newly qualified doctors must apply psychological principles, and explain and illustrate by professional experience the principles for the identification, safe management and referral of patients with mental health conditions (paragraph 23).

Although psychiatry and psychology are distinct disciplines, they both deal with human behaviour and mental illness. It is important to keep in mind that some students may not realise the relationship between psychology, psychiatry and mental illness when they undertake their psychology module. We believe this should be further emphasised, so that students who are interested in studying the mind and brain can further pursue their interest and take part in the various activities described in the last section of this guide.

In addition to introducing psychiatry at an earlier point in medical school training, students suggested that they could have more psychology modules from year 1 onwards. These modules would need to be an integral part of the medical course. Close working between psychology and psychiatry to design integrated, well-designed and coherent teaching in psychological medicine is likely to enhance students’ experience and interest.

### Extract from *Outcomes for Graduates 2018*, paragraph 23

[Newly qualified doctors] must be able to:

- a. describe and illustrate from examples the spectrum of normal human behaviour at an individual level
- b. integrate psychological concepts of health, illness and disease into patient care and apply theoretical frameworks of psychology to explain the varied responses of individuals, groups and societies to disease
- c. explain the relationship between psychological and medical conditions and how psychological factors impact on risk and treatment outcome
- d. describe the impact of patients’ behaviours on treatment and care and how these are influenced by psychological factors
- e. describe how patients adapt to major life changes, such as bereavement, and the adjustments that might occur in these situations
- f. identify appropriate strategies for managing patients with substance misuse or risk of self-harm or suicide
- g. explain how psychological aspects of behaviour, such as response to error, can influence behaviour in the workplace in a way that can affect health and safety and apply this understanding to their personal behaviours and those of colleagues.

## Putting emphasis on the richness and uniqueness of psychiatry

In line with survey respondents' suggestions, initiatives which put the 'medical' aspects of the psychiatrist's role could be implemented. By widening the focus of a psychiatrist's work, the specialty might be more appealing to some medical students, for example by combining psychiatry with neurology.

Other projects could be put in place to emphasise the uniqueness of psychiatry, in that it combines science with a whole-person approach and involves advanced communication skills to be able to develop a therapeutic alliance with patients. Study of the mind, brain, thoughts, perceptions and emotions are central to psychiatry and should be presented as one of the most exciting and important areas in advancing medical science.

The College is running an initiative called The Gatsby Wellcome Neuroscience Project to transform psychiatric training in the UK by increasing the focus on the exciting advances in basic and clinical neuroscience. As neuroscience is being promoted at postgraduate psychiatry training level, our findings suggest that this needs to be reflected in the undergraduate curriculum.

### The Gatsby Wellcome Neuroscience Project

#### What is it?

The Gatsby Wellcome Neuroscience Project is a 5-year programme which aims to transform psychiatric training in the UK by integrating modern neuroscience. This involves a full review and revision of the neuroscience syllabus for psychiatric core training to ensure that it reflects established, modern neuroscientific knowledge and understanding that is fit for purpose.

#### How does it work?

With support from The Gatsby Foundation and The Wellcome Trust, the project is led by the Royal College of Psychiatrists and brings clinicians and neuroscientists together, informing scientists of what clinicians need.

#### What is the impact?

Trainees in psychiatry should be able to use innovative biomedical approaches as part of their diagnosis and treatment of mental health, neurodevelopmental and neurodegenerative disorders.

Medical students said that in the future they would like a larger proportion of psychiatry training to include 'physical medicine' to counteract their fears of losing knowledge in this area by specialising in psychiatry too soon in the training pathway.

## Including psychiatry in other medical school courses

Students highlighted their desire for more mental health content to be included in other medical school courses to prevent the perception of psychiatry being separate from what is perceived as ‘normal’ or ‘real’ medicine. They told us that the current way of structuring courses undervalues the importance of mental health and psychiatry in being a competent doctor.

“  
A ‘medic’ will encounter psychiatry  
in every specialty they work in.  
”

### Examples of mental health and physical health co-morbidities

- Depression and cancer
- Anxiety and chronic obstructive pulmonary disease
- Delirium and sepsis
- Behavioural syndromes and brain diseases
- Depression and suicidal ideation and dermatology problems
- Severe mental illness and cardiovascular disorders
- Functional symptoms and all other conditions.

In addition, the GMC states that all newly qualified doctors must be able to safely and sensitively undertake a mental and cognitive state examination, including establishing if the patient is a risk to themselves or others, seeking support and making referrals if necessary.<sup>6</sup>

This mental and cognitive state examination should be part of every patient’s examination, yet it is not taught at some medical schools until year 4.

Psychiatrists have the skills to support the development of such components in medical school courses. They could help develop – and even deliver, if they have the capacity to do so – interesting and innovative sessions in different modules emphasising the close inter-relationship between mental and physical health as well as the importance of psychological competencies and skills. Learning from these modules should be captured and shared among undergraduate psychiatry leads across the UK.

### Curriculum 2020: the integration of mental and physical health throughout medical students’ studies

#### What is it?

King’s College London has transformed its curriculum to better integrate the teaching of physical and mental health, in consultation with medical students. The aim is to meet the needs of people with long-term conditions and a co-existent mental health disorder. It is also to support the NHS to cope with the shortage of psychiatrists, so that all students learn to integrate mental and physical healthcare.

#### How does it work in practice?

Students spend one day a week in general practice in year 2 of their medical training, where they follow patients with multiple long-term conditions including mental illness. In year 3, they spend one day a week with a patient who has a primary mental health condition and a co-existing physical health condition. Eight weeks are spent on a placement in a mental health setting in year 4, and then in both year 4 and 5 there is the option for all students to follow patients in various clinical settings – from women’s health to emergency medicine.

#### What is the impact?

Mental health now spans all years of teaching which triples the amount of mental health education previously offered and it is fully embedded into all clinical placements.



### Examples of how psychiatry/mental health content could be integrated into other blocks of teaching

- Delirium and Neuroscience
- Depression and Endocrinology
- Perinatal Psychiatry and Obstetrics & Gynaecology
- Child and Adolescent Psychiatry and Paediatrics
- Old Age Psychiatry and Geriatrics
- Substance Misuse Psychiatry and Hepatology
- Mental health and Primary Care
- Women's health and Perinatal Psychiatry

### Curriculum change at Warwick Medical School

#### What is it?

Warwick Medical School (WMS), an exclusively graduate medical school, launched a new coordinated curriculum using a 'three-dimensional' integration model. To ensure that students experience mental illness as a fundamental aspect of many presentations of disease, psychiatry appears earlier and more frequently throughout the curriculum, featuring alongside related physical conditions to mimic real-life clinical situations. For instance, students learn about alcohol misuse alongside consequential liver disease and neurological disease.

#### How does it work in practice?

The three 'dimensions' are embedded in the curriculum using learning tools, especially case-based learning (CBL). They include:

- The vertical integration of core themes (such as 'pharmacology, prescribing, and therapeutics')
- The horizontal integration of medical specialties by focusing learning outcomes around patient presentations (e.g. fatigue) rather than specific diseases in their respective specialty silos.
- A spiral of increasing complexity that encourages students to re-visit and build upon previously experienced material as they progress through their training.

#### What is the impact?

Research suggests that integration throughout the course and alongside other specialties may normalise approaches to mental health, and this may help to improve general attitudes about psychiatry while improving knowledge and skills. This is important not only for psychiatry recruitment but also for fostering a good understanding of mental health for all future doctors regardless of their ultimate career destination<sup>7</sup>.

# Recommendations for section 1



Medical schools should consider reviewing the undergraduate curriculum in psychiatry to ensure it reflects what we can learn from medical students' experiences. They should also integrate psychiatry courses into the curriculum as widely and as early as possible.

Checklist action	Complete	In progress	Not started	On hold
Ensure psychiatry content features in the earlier years of studying and throughout the course.				
Promote the use of 'real-life' clinical skills teaching techniques such as learning videos, case-based discussions and simulation teaching.				
Maximise opportunities for students to learn from people with lived experience of mental illness and former patients.				
Allow students to have access to introductions to all clinical subspecialties in psychiatry.				
Present psychiatry as an exciting and important area in advancing medical science, by promoting the areas of neuroscience underpinning psychiatry (e.g. neuroanatomy, psychopharmacology and psychology) as well as humanities (e.g. sociology and philosophy).				
Ensure psychology modules are introduced from year 1 and designed as an integral part of the medical course – emphasising both the differences and the links between psychology, psychiatry and mental illness.				
Ensure psychiatry components are integrated into other blocks of teaching and, wherever possible, involve psychiatrists to develop and be involved in delivering such components.				
Ensure that the curriculum is designed to enable students to gain full advantage of psychological competencies skills (including the ability to safely undertake a mental and cognitive state examination) as outlined by the GMC's <i>Outcome for graduates 2018 guidance</i> .				
Regularly review teaching content and techniques against clearly defined outcomes and standards, using student evaluation and peer assessments.				

# Section 2: Quality placements

Typically, medical school students are given the opportunity to do a psychiatry placement during their third year or fourth year of medical school, and in some cases, another opportunity in their fifth. Placements take place in a range of settings for a range of durations – from day-long visits to a healthcare wing of a prison, to 6-week-long placements in an outpatient clinic.

In some instances, students reported lacking the opportunity to take part in psychiatry placements. One student, for example, explained that they had no opportunity to do a psychiatry placement until their final year, unless they chose it as an elective at an earlier stage for which there were limited opportunities and spaces. This lack of exposure to psychiatry placements was felt to contribute to the perception among some students that psychiatry is a separate discipline from ‘physical medicine’, leading to a lack of students considering the specialty as a career.



Placements seem to have a significant impact on medical students’ interest in psychiatry. Among those who responded to our survey, 41% said their placements in psychiatry made them more interested in the specialty. However, 15% said their placements made them less interested in psychiatry, while 7% said their placements did not change their level of interest in psychiatry.<sup>8</sup>

## Evaluating the effectiveness of psychiatry placements

The length and range of placements vary. Some students spend their whole placement in a general adult inpatient setting or a community mental health team setting, or sometimes in a mixture of the two. Some have opportunities to spend ‘taster days’ in various subspecialties such as forensic, addiction and liaison psychiatry.

There does not seem to be consensus among medical students on a ‘best’ model for placements in psychiatry:

- Some students preferred staying in one setting to gain a more in-depth understanding of the patients’ conditions or the psychiatry subspecialty.
- Some preferred being in an inpatient setting (as opposed to a community setting) as they felt able to observe more acuity and psychopathology. They also felt that they learned more from the patients they met on the inpatient wards than from patients visiting outpatient clinics.
- Other students preferred experiencing a broader range of placements in order to gain insight into a greater number of different subspecialties.

- There were cases in which students were only given the opportunity to do a placement in one subspecialty which was not necessarily their first choice. In these instances, they would have preferred to have chosen a different subspecialty or had the opportunity to rotate through more than one.

Longer placements or longitudinal placements (e.g. one day a week for a year, as is being piloted in King's College London and the Medical School at the University of Sheffield) provide opportunities for students to follow patients up and see the longer-term benefits of interventions.

Some students felt that psychiatry placements should adopt a hybrid model (whereby experience is gained of inpatient settings, community mental health team settings, as well as of other specialties) to allow them to gain a more rounded and broadened exposure to psychiatry. The counterargument to using this model is that medical students may feel less part of the team if they move around frequently during the course of their psychiatry placement.

Most medical schools already have a process in place to evaluate the effectiveness of their placements in psychiatry in delivering set objectives. Given the lack of evidence as to what the best psychiatry placement 'model' is, we would encourage all medical schools to do this.

As recommended by the GMC in its supplementary advice on clinical placements for medical students<sup>9</sup>, set objectives may include:

- the quality and quantity of teaching, supervision and feedback in the placement
- the availability of resources such as libraries and IT systems
- the personal support available to students on their placement, bearing in mind that some groups may need to have more support than others
- staff development availability and take-up
- the ability of students with specific requirements, for example a disability, to access resources and learning opportunities.

## Empowering medical students to be actively involved

The appeal of psychiatry placements was generally described as lying in the variety of experiences they provide in contrast with other placements, and in the greater scope for talking to patients and learning their history in greater detail.

However, some students said their placements in psychiatry had not been sufficiently fast-paced to appeal to them due, in part, to high numbers of patients not turning up to appointments. This resulted in a lot of 'downtime' on placements, meaning students were inactive.

We suggest that medical students could be encouraged to use that time to:

- talk to their educational supervisor about their experience and explore potential solutions.
- record what they have seen, observed and learned so far.
- attend any teaching that is required and offered.
- take part in case reviews or summaries, discussions about reasons for patients not attending their appointments and how to better engage with them, and/or discussions about next plans of action.

- use any alternative digital resources or library resources, as available.
- speak to a diverse range of staff. Time with other healthcare workers can offer a great insight into the multidisciplinary approach to psychiatry care.
- speak to specialty trainees and specialty doctors who may be able to provide educational and coaching opportunities.
- offer a pair of helping hands at every opportunity.

It is also critical that educational providers develop strategies to minimise DNA (Did Not Attend) rates and consider setting up specific clinics with patients who have been selected and properly prepared to attend teaching clinics.

As stated by the GMC, medical schools should have formal, written agreements with all clinical placement providers. We suggest that those agreements should set out the process whereby medical students can raise concerns if they think they do not have enough learning opportunities, and arrangements to ensure they can continue to learn when patients do not attend appointments.

## Preparing students adequately to get the most out of their placement

Knowing how to behave and communicate with patients experiencing a mental illness before going on placement is a transferrable skill which is important for all medical students. While some students engage in various induction activities before they start their placement in psychiatry, others told us that they received little to no preparation.

Budd *et al*<sup>10</sup> had previously suggested that medical students should be better prepared before placements in psychiatry to address their potential fears and negative perceptions of the specialty.

The GMC states that induction is required for every clinical placement and many medical schools ensure that it takes place. We would encourage all medical schools to ensure that the requirement to hold inductions is part of their agreements with placement providers.

Based on what students have told us, we would suggest that inductions include:

- Basic guidance on the type of symptoms to expect from patients with different illnesses, and how they should respond.
- Simulation teaching or shadowing a consultant while on placement.
- A briefing on procedural issues involved in working in psychiatric settings including health and safety issues.
- Information about talking therapies, so that even if they cannot offer the therapy themselves they can confidently explain to patients what the treatment will involve.
- Information on how a placement in psychiatry might impact on a student's own emotions and mental health.

## Supporting students to consider factors involved in wellbeing and the prevention of mental illness

While on placement, some students told us that they felt vulnerable and ill-equipped to deal with the emotional issues that needed to be discussed with patients. They also felt that they had no one to talk to, and a general lack of support.

Medical students need reassurance that sufficient mental health and wellbeing support will be provided to them both during their psychiatry placement and during training should they choose to pursue psychiatry as a career.

**Knowing there was an effective support network for me if I were to need it – I know working in psychiatry can be difficult on a doctor’s own mental health, I need to be confident I can cope with the job emotionally.**

This is particularly topical given the concern over students’ mental health overall. The GMC states that medical schools must ensure that students are able to do the following by the time they graduate:

- self-monitor, self-care and seek appropriate advice and support. This includes being registered with a GP and engaging with them to maintain their own physical and mental health.
- manage the personal and emotional challenges of coping with work, uncertainty and change.
- develop a range of coping strategies, such as reflection, debriefing, handing over to another colleague, peer support and asking for help, to recover from challenges and set-backs.

The GMC worked with the Medical Schools Council on a guidance to provide advice to medical schools on all aspects of supporting medical students who encounter mental health issues. We would encourage all medical schools to take on this advice to support students with mental health conditions and promote good mental health and wellbeing.

In addition, we believe that implementing psychiatry more widely into the curriculum could provide an opportunity for promoting mental health and wellbeing and addressing issues of stigma.

For all doctors, being able to process and develop healthy ways of understanding and managing the difficult emotions created by looking after patients in all clinical settings is critical to providing safe care and preventing burnout. Balint groups provide a safe space for students to discuss their emotional reactions to their patients’ experiences. They can also help students develop empathy for patients and increase their capacity to cope with emotional stress.

**[I need] advice on how to be better at being empathic without feeling bad after.**

Balint groups can provide an excellent opportunity for future doctors to develop these skills including capacity for reflective practice early on in training. There are many good examples of such groups being run in medical schools throughout the UK. These should be supported and further expanded where possible.

### Balint groups

#### What are they?

Balint groups provide a space for medical students to discuss their emotional reactions to their patients' experiences. The aim of these groups is for students to better develop empathy for patients and increase their capacity to cope with emotional stress.

#### How do they work in practice?

Students sit in a circle with a facilitator. The group listens, without interrupting, as one member presents their case. Then the group is invited to respond. The intention is that the group talks through the case and works on it collectively.

#### What is their impact?

Balint groups are an invaluable tool that give medical students and doctors the chance to talk through difficult emotional patient interactions. A study by Stojanovic-Tasic et al (2018) found that doctors who had experience of Balint groups had less 'high emotional exhaustion' than those who did not<sup>11</sup>

## Providing opportunities to meet inspiring consultants while on placement

Our discussions with medical students indicate that psychiatry consultants have generally been found to be very encouraging, giving students a lot of time to discuss their experiences while on placement, evaluate their consultations with patients, and discuss their ambitions and thoughts about the specialty.



Among respondents to our survey, 44% said informal discussions with psychiatrists made them more interested in the specialty, compared to 10% who said those discussions made them less interested in psychiatry.<sup>12</sup>

Whilst it is important that students are exposed to all members of the multidisciplinary mental health team, it is critical that they also have significant exposure to psychiatrists who should be visibly providing leadership within the learning programmes.



**[The consultants on my psychiatry placement] wanted to get me interested in the career, they wanted me to accompany them on the journey of going to see patients, talk to patients, they told me about the training programme and how good it is. Whereas in other specialities, you don't get to have the same one to one time with consultants, or they are not as enthusiastic about what they do.**





## Maximising exposure to the multidisciplinary team

Some medical students told us their placement experience highlighted the multidisciplinary nature of working in psychiatry, and how well professionals from a range of disciplines work together to treat a patient's needs holistically. This was reported to challenge a common stereotype of psychiatrists always working alone with a patient.

Medical students' exposure to the multidisciplinary team (MDT) – and involvement in reviewing patients as they recover – is crucial and should be an active process. However, we know that it can be a challenge for professionals working in busy and time-constrained environments to commit to supervising and talking to medical students. To overcome this challenge, we suggest medical schools work with placement providers to allocate sessions with various professionals working within the MDT (e.g. psychologists, nurses, physician associates, support workers...) to ensure that the workload of teaching is spread fairly and equally among clinicians.

## Linking up placements in psychiatry to other placements

The students we talked to acknowledged that many physical illnesses have an underlying mental health cause or link, and that addressing the mental health issue could be effective in treating the physical as well as the mental health problem. They told us they value services working together using a coordinated approach to provide holistic care to patients.

For this reason, they suggested that placements in psychiatry could be better combined or coordinated with placements in other specialties, and vice versa. For example, they proposed that students on paediatric placements could be linked up with a placement in CAMHS or perinatal psychiatry, and those on a placement in elderly care could be offered a placement in older people's psychiatry.

This model would allow students to witness the interactions between GPs, doctors from other specialties, and psychiatrists – which could be effective in raising students' awareness and understanding of the high level of need for psychiatric care among the general population and the benefits of integrated psychiatric care. It would also help medical students gain further skills in psychiatry, which will be helpful whatever specialty they end up choosing.

## Organising visits to secure hospitals or to prisons

Introducing students to patients and clinicians in an extreme environment is argued to have a more dramatic impact on improving attitudes to psychiatry. Archer *et al* showed that a single-day visit to Broadmoor Hospital was shown to be effective in altering the attitudes of medical students towards forensic psychiatry within a high-security psychiatric hospital, with 75% of participants expressing that their attitude to psychiatry had improved.<sup>13</sup>



Of the students who responded to our survey, 44% had the opportunity to visit secure hospitals or prisons. Among those, 65% said their visit made them more interested in psychiatry.

We suggest that medical schools contact secure hospitals and prisons to organise similar visits or to explore options to allow students to understand the interface between psychiatry and the law.

For students with a greater interest in forensic psychiatry, UK-based electives in secure units are possible in some areas. The Arnold Lodge in Nottingham provides students with the opportunity to visit the secure unit and witness proceedings in the criminal justice system. Medical students also have opportunities to undertake electives within forensic psychiatry in the Mersey region (including at Ashworth Hospital, the regional high-security forensic unit).

Undergraduate psychiatry leads at a local level can highlight opportunities for medical students to arrange such electives and/or special study modules, and to signpost to the most appropriate person to contact to arrange placements.

## Recommendations for section 2



Working with placement providers, medical schools should organise high-quality undergraduate placements in psychiatry based on what we learned from medical students' experiences.

Checklist action	Complete	In progress	Not started	On hold
Evaluate (or continue to evaluate) the effectiveness of placements in psychiatry in delivering set objectives and consider replicating examples of innovative practice across the country.				
Have formal, written agreements with clinical placement providers setting out the process whereby medical students can raise concerns if they think they do not have enough learning opportunities, and arrangements to ensure they can continue to learn when patients do not attend appointments.				
Ensure that a comprehensive induction takes place before students start their placements in psychiatry. The requirement for induction should be part of agreements with placement providers.				
Use opportunities to support students to consider factors involved in wellbeing and prevention of mental illness.				
Implement psychiatry more widely into the curriculum to promote wellbeing and to address issues of stigma before mental health students start their placement in psychiatry.				
Establish Balint groups for medical students to provide a safe space to discuss difficult emotional reactions to patients and develop reflective practice, self-awareness and understanding of the key factors influencing therapeutic alliance with patients in all medical settings.				
Ensure students are effectively supervised by psychiatrists while on clinical placements.				
Work with placement providers to ensure effective coordination between various professionals working within the MDT to guarantee that the workload of teaching is spread equally among suitably qualified clinicians with protected time for teaching.				
Explore opportunities where placements in psychiatry may be better combined or coordinated with placements in other specialties, and vice versa.				
Consider placements outside traditional NHS settings such as visits to secure hospitals and prisons to explore options for students to understand the interface between psychiatry and the law.				

# Section 3: Leadership from psychiatrists in undergraduate education

The medical students we spoke to highlighted the importance of seeing and talking to inspiring consultant psychiatrists during their time at medical school. In this section, we explore what actions medical schools could take to raise the profile of psychiatrists in undergraduate education.

## Creating a bank of psychiatry mentors

Mentoring and coaching play a vital role in developing and supporting future doctors and can help them achieve their professional potential. Mentors can pass on knowledge and experience and provide or recommend opportunities to students that they may not have otherwise considered.

A suggestion from the students we spoke to was to create a ‘bank’ or database of psychiatry mentors, whom they could access during their time at medical school.

## Raising the profile of psychiatry leaders

Medical students who participated in our study also talked about the importance of having psychiatrists in senior positions in universities to counterbalance their perceived lack of representation in comparison with other specialties. They felt that this may help not only to promote psychiatry but to elevate its perceived status among students.

“

**I do think having more academics from psychiatry would make a difference. There is something about a professor coming to speak to you that makes people go “oh this is a serious field”. It’s good to have powerful people in their field, like we had a psychiatrist who was President of the BMA, which shows there is good career progression.**

”

Psychiatrists’ progressive and thoughtful leadership – combined with their unique expertise in mental health, creative and interpersonal skills – could play an integral role in driving the strategic direction of medical schools.

We would like to encourage medical schools to reflect on whether their senior leadership team is composed of a multispecialty and diverse group of leaders, including psychiatrists. Medical schools should consider strategies for ensuring that opportunities to develop educational careers within undergraduate settings are promoted effectively to medical colleagues in organisations providing community and mental health care, as well as acute medical settings.

## Highlighting research opportunities in psychiatry

Medical students highlighted that promoting psychiatry as a specialty that has excellent opportunities for research and developing academic careers could encourage students interested in research to work in the field.

As leading educators, clinical and academic psychiatrists are central to the development and delivery of the curricula of medical schools to develop the next generation of doctors. By giving details of the clinical and scientific content of psychiatric work, academic psychiatrists play a major role in showing students that psychiatrists can make great academic achievement.

All medical schools should ensure the following:

- Psychiatric education is designed and led by psychiatrists with both clinical and educational expertise who are able to inspire students.
- Modules and research projects in psychiatry for intercalated BSc degrees are taught and offered by academic psychiatrists.
- Students are presented with up-to-date research in psychiatry in various parts of the medical curriculum.

In order to ensure that psychiatrists have protected time to carry out the above-mentioned activities, it is essential that there is robust contracting between universities and organisations delivering NHS care to protect teaching time and ensure this is reflected in psychiatrists' job plans.

## Recommendations for section 3



Medical schools should develop and support a cohort of leaders within psychiatry taking a major role in undergraduate teaching and other educational initiatives.

Checklist action	Complete	In progress	Not started	On hold
Create a 'bank' or database of psychiatry mentors that students can access during their time at medical school.				
Ensure their senior leadership team is composed of a multispecialty and diverse group of leaders, including psychiatrists.				
Consider strategies to promote educational career development opportunities within undergraduate settings to medical colleagues who work in organisations providing community and mental health care and in acute medical settings.				
Ensure that psychiatric education is designed and led by psychiatrists with both clinical and educational expertise who are able to inspire students.				
Have a formal agreement with providers of mental health services to ensure that academic and clinical psychiatrists have protected time and adequate resources to deliver high-quality educational experiences for students. This should be reflected in psychiatrists' job plans.				

# Section 4: Enrichment activities

Medical students told us that they would like more extracurricular events and activities focused on mental health at their university – incorporating talks from people who work in psychiatry, including those in senior positions. Students told us that participating in such events and activities furthered their knowledge and understanding of mental health and psychiatry, which they felt enhanced their view of the specialty.

## Supporting psychiatry societies

Psychiatry societies (also known as ‘PsychSocs’) are university societies set up to promote careers in psychiatry to medical students and to raise the profile of mental health among the whole student body.

The first PsychSoc in the country was set up in 2005 in King’s College London. The society is supported by staff at the Institute of Psychiatry, Psychology and Neuroscience who arrange speaker events and debates which are open to all King’s staff and students. The PsychSoc also works with other medical societies to organise events on topics bringing together different specialties.

Today, there are 34 PsychSocs at – or affiliated to – medical schools across the UK. One of the College’s priorities is to engage with all of them with information, promotion, funding and local support. The College also supports the annual National Student Psychiatry Conference (hosted by a lead PsychSoc in partnership with the College) and the national meeting of all PsychSoc presidents.

We encourage all medical schools to set up and support – or explore increasing their support and investment in – PsychSocs, working closely with RCPsych. Meanwhile, the College is committed to maintaining links with all PsychSocs, ensuring they are visited by RCPsych Choose Psychiatry Committee members.

In addition, medical students suggested that events should be promoted to students with an interest in a range of other specialties and fields. Giving students and staff the opportunity to engage with psychiatry on a regular basis can raise its profile as a speciality, but also highlight the importance of mental health in all areas of medicine as well as its importance to wider society.

For example, students interested in children’s health may be interested in the impact of social media on young people’s mental health, while students interested in global health may be attracted by a talk on refugees’ mental health.

RCPsych is in the process of developing a toolkit to give PsychSocs information and advice to:

- Know more about funding available from the College.
- Host successful events.



- Widen the scope of their events to cover topics to attract students who are not necessarily interested in pursuing psychiatry (for instance, global mental health, the interface between mental health and human rights, sport and mental health, women and mental health, etc.)
- Build relationships with other interest groups to maximise exposure e.g. neuroscience, management and leadership, sports societies etc.

## Giving students opportunities to shadow psychiatry trainees

Other initiatives that students had participated in included the Psychiatry Early Experience Programme (PEEP). The PEEP offers pre-clinical-year medical students the opportunity to shadow core psychiatry trainees. PEEP was initially developed by South London and Maudsley NHS Foundation Trust and King's College London Medical School, and proved to be very successful.

Medical students apply to the programme to be matched with a junior doctor who is starting their training in psychiatry. If selected, they are offered the opportunity to shadow the psychiatry trainee on every placement that the trainee undertakes over their five years of training, gaining hands-on experience in a wide variety of specialities.

Hull York Medical School has also designed a series of educational and social events to build positive relationships between students and trainees, including 'speed dating' events.

Those who had participated in the PEEP enjoyed the experience and appreciated that, in some cases, the scheme provided their only opportunity at the stage in their training to gain experience in psychiatry and meet consultant psychiatrists. There was a desire for improved availability and access to schemes such as the PEEP, as there were students who had missed out on the opportunity to take part in the programme because of a limited registration period and limited places.

“  
**PEEP is a great initiative that made me interested in psychiatry.**  
”

“  
**Taking part in the PEEP programme has exposed me to more psychiatrists. Everyone I met in the psychiatry field was very welcoming to us as students and genuinely passionate about their field. This is hard to find in other specialities.**  
”

## Introducing Special Study Modules or Student Selected Components in psychiatry

Many medical schools offer Special Study Modules (SSMs) or Student Selected Components (SSCs) in a psychiatry-related subject for students willing to explore or pursue their interest in the specialty.

SSMs and SSCs are projects and short courses in subjects that students can select according to their personal interests. They help to develop self-directed learning and other skills in research, critical review of the literature, oral and visual presentation and audit. They bring opportunities for students to learn in innovative ways and have been recommended by the GMC.

“

**My Special Study placement at the Gender Identity Clinic (which I organised myself) was wonderful and I have nothing but good things to say about my time with the psychiatrists there, so I am hopeful that my unpleasant psychiatry placement experience was an anomaly and am still hoping to do a psychiatry placement during my foundation years!**

”

“

**Special study units in psychiatry have been the best thing to peak my interest in psychiatry.**

”

“

**Student selected units can provide fantastic opportunities if lucky enough to get them. Having psychiatry patients in for a clinical skills lesson was brilliant.**

”



Of the students responding to our survey, 26% had the opportunity to undertake a special study module or elective in psychiatry. Among those, 77% said this made them more interested in psychiatry.

## Year 2 Student Selected Component (SSC) 'Psychiatry in Film', Cardiff University Medical School

### What is it?

During this week-long SSC, students take part in discussions where they examine representations of mental illness and psychiatry in film, and the effects of such representations. The sessions are facilitated by psychiatrists, psychologists, staff from mental health charities, and people with personal experience of mental illness

### How does it work in practice?

Students work in small groups to consider a film and its impact in detail. Each group then presents to the full group at the end of the week. The SSC started in 2016 and is delivered to two different groups of 15 students each year. Students complete a feedback questionnaire following the SSC.

### What is the impact?

To date, 100% (N= 94) of students have said that they found the SSC to be a useful learning experience and that they would recommend it to other students. 94% of students have said that the SSC increased their interest in psychiatry as a career (generally building on their existing interest). Since running this SSC, Cardiff University Medical School has seen an increase in the number of students seeking to undertake their third and fourth year SSCs in psychiatry. Some illustrative student feedback comments are included below.

“

**[It] definitely educated me more on different mental illnesses (whereas before I had only vague understanding). It also helped me understand the job description of a psychiatrist.**

”

“

**[It] made [me] aware of stigma and stereotyping that is commonly portrayed in films. Hence I feel I will take this forward into the future to counter stigma and avoid stereotyping.**

”

## Organising career enrichment courses, such as summer, autumn and/or winter schools in psychiatry

Career enrichment courses (often referred as 'summer', 'autumn' or 'winter schools') bring together medical students who are considering a career in psychiatry for an intensive programme of lectures, seminars and debates, and provide them with opportunity to network with psychiatrists and other medical students interested in pursuing a career in psychiatry.

The Institute of Psychiatry, Psychology and Neuroscience (IoPPN) summer school takes place each year and hosts medical students as well as foundation year doctors. The programme lasts a week and includes lectures, seminars and debates on controversial topics in psychiatry, networking

opportunities with researchers and clinicians, interaction with patients and carers and ward visits, as well as workshops on applications.

Medical students told us that these courses gave them the opportunity to consider whether psychiatry was right for them. They highlighted the benefits of meeting inspiring psychiatrists and leading researchers as well as medical students from other medical schools with a similar interest in psychiatry.

“

**I attended the IoPPN summer school this summer, which really confirmed to me that psychiatry was the field I want to work in. I think this was because I met like-minded people and heard so many positive experiences from psychiatrists themselves. I was also very excited by the variety of subspecialties within psychiatry.**

”

“

**[I] attended [the] psychiatry summer school in Liverpool – this was fantastic.**

”

“

**Bristol psychiatry summer school made me engaged with psychiatry as a specialty as it was run by some very inspiring doctors.**

”

## Setting up medical student psychotherapy schemes

Psychotherapy schemes give medical students the unique opportunity to deliver psychotherapy to one patient for an extended period of time. It helps them improve their communication skills, develop a therapeutic relationship with a patient and learn to understand a patient's emotions as well as their own.

In King's College London, medical students receive weekly seminars to learn the core concept of psychodynamic psychotherapy. They will then see a patient for 50 minutes once a week and begin weekly supervision in groups of three students. Students keep a written record of the therapy sessions and attend six further seminars to learn more about psychodynamic theory and to better understand their patient in order to practise clinical skills.

According to Yakeley *et al*<sup>14</sup>, projects which involve medical students offering psychodynamic therapy (under the close supervision of staff) have contributed to increases in recruitment to psychiatry. More initiatives of this nature could be implemented.

# Allowing students to spend time with people with mental illness outside of lectures and ward experiences

Many students value opportunities for more contact time with patients to explore their history in depth and examine their holistic needs. Initiatives to give students further opportunities to spend time with people with mental illness could be developed across the country, based on existing good practice.

The 'Time for Dementia' initiative is an example of collaborative work that has had a demonstrable impact on students' understanding of patients suffering from dementia. Although dementia is not classified as a mental illness, people living with dementia often experience depression and anxiety due to their condition.

Time for Dementia was developed to increase understanding of dementia among healthcare professionals in Kent, Surrey and Sussex. Students and health professionals often see people facing acute episodes of illness, which could lead to misperceptions of what it might be like to live with a long-term condition like dementia. Time for Dementia addresses this by providing opportunities to learn from people with dementia – elements that the lecturers and ward experiences could not teach them.<sup>15</sup>

We suggest that medical schools across the country develop similar schemes in partnership with the Government, service providers and/or voluntary sector organisations.

## Time for Dementia

### What is it?

'Time for Dementia' is a partnership programme with Alzheimer's Society and Brighton and Sussex Medical School (BSMS) providing undergraduate healthcare professionals with on-going, regular contact with a person with dementia and their carer. It is now embedded at five universities – including BSMS – as a mandatory part of the curriculum. Funding was made available from Health Education Kent, Sussex and Surrey. The national initiative 'Join Dementia Research' has been used to help recruit families.

### How does it work in practice?

In pairs, students visit the same family in their own home over a two-year period. They can also follow the person with dementia to see them in a residential setting if they move into a long-term care setting.

### What is its impact?

Since Time for Dementia started in 2014, over 1100 families in Kent, Surrey and Sussex have helped train around 2600 students to gain a better understanding of dementia. Research shows that students' knowledge, attitudes and approaches to dementia all improved over the two years of taking part in Time for Dementia.

## Providing inspiring career advice

Medical students indicated that they get career advice from different sources, including mentors, friends and family members, Royal Colleges, student societies, university careers advisors and fairs, NHS staff they met while on placements (including consultants and junior doctors), lecturers and researchers, peers at medical school, the British Medical Association, online forums, websites (including the NHS Careers website) and social media platforms.

Students told us they want more information on careers in psychiatry, including:

- The training and career pathway
- What a normal day looks like for a psychiatrist
- The 'Work-life' balance
- The full range of subspecialties available
- Opportunities to carry out research
- How psychiatric conditions are managed in different settings, including in the community and on a ward.

They told us that career guidance should include the key factors that are considered important among students interested in psychiatry which, include opportunities for flexible training and/or part-time work as well as global mental health work and travel opportunities in the field.

Emphasis also needs to be placed on the positives of becoming a trainee in psychiatry, for instance the opportunity to spend one day a week attending the MRCPsych course and undertake special interest sessions, participate in research projects, undertake higher degrees (e.g. postgraduate certificates, postgraduate diplomas and master's degrees) and access one hour of supervision with their allocated consultant psychiatrist per week.

These are benefits that medical students are perhaps not aware of, and that will be influential in getting medical students to consider a career in psychiatry more seriously.

The College attends careers fairs locally and nationally, including BMJ Careers, Medlink and the Royal Society of Medicine's Careers Day. in partnership with College Divisions and Devolved Nations. It also engages with medical students in innovative ways online and via social media.

We encourage all medical schools to engage with RCPsych to ensure they receive support in providing up-to-date and inspiring career advice to their students.

## Promoting the RCPsych Psych Star scheme

Psych Star is a one-year scheme open to medical students with an interest and commitment to psychiatry seeking mentoring and financial support for activities intended to increase awareness and knowledge of psychiatry. Successful applicants will receive a range of benefits over the course of one year, including:

- Mentoring.
- Welcome and induction evening at the College.
- Free registration to attend the RCPsych International Congress.

- CPD and travel fund to be spent on activities such as conferences, courses and learning materials
- Free access to the RCPsych CPD online modules.
- Access to TrOn, the RCPsych online learning resource to support trainee psychiatrists prepare for MRCPsych exams.
- Free print copies of the RCPsych's journals (*BJPsych Bulletin*, *BJPsych Advances*, and *The British Journal of Psychiatry*).

“

**I took part in the Psych Star scheme where I was allocated a mentor who piqued my interest [in psychiatry]**

”

The College will continue to support the Psych Star participants, focusing on increasing diversity among Psych Stars and using widening participation initiatives while continuously evaluating the scheme to make it as effective as possible. We encourage all medical schools to promote the Psych Star scheme to their students and encourage them to apply.

Other schemes that can be promoted to medical students include the Student Associate membership, and Divisional and Faculty prizes.



## Recommendations for section 4



Medical schools should develop and implement a range of enrichment activities to enhance students' exposure to, and experience, of psychiatry.

Checklist action	Complete	In progress	Not started	On hold
Set up and support – or explore increasing their support and investment in – psychiatry societies, working closely with RCPsych.				
Work with providers of mental health services to give students opportunities to shadow psychiatry trainees in a wide variety of specialties by developing and implementing programmes such as the Psychiatry Early Experience Programme (PEEP).				
Offer a wide range of Special Study Modules, Student Selected Components and electives in psychiatry at various stages of the curriculum.				
Organise career enrichment courses (such as summer, autumn or winter schools) that give medical students opportunities to learn more about to consider psychiatry and whether it could be a career option for them				
Set up a medical student psychotherapy scheme.				
Work with partners to develop schemes to give students opportunities students to spend additional time with people with mental illness outside of lectures and ward experiences.				
Engage with RCPsych to ensure provision of up-to-date and inspiring career advice to their students.				
Promote the Psych Star scheme to students and encourage them to apply.				

# Conclusion

The findings and recommendations detailed in this report should help lay the foundations for developing a strong medical workforce, comprising both psychiatrists and doctors working in all specialties able to give people with mental illness the best possible care. Implementing these recommendations will bring unique opportunities to accelerate progress towards achieving parity of esteem between mental and physical health.

Our research has highlighted that the consideration of both the importance of mental health in medicine and psychiatry as a career was largely determined by the degree and quality of exposure to the specialty. Generally, as students' exposure to psychiatry increases, the more likely they are to consider it as a career.

To counterbalance the perception of patients not 'getting better quickly enough', medical students suggested promoting the message that the work of a psychiatrist can improve patients' quality of life over the long term, with the aim of supporting people to live with their conditions rather than treating them in hospitals. Medical students told us that information on what effective interventions psychiatrists can provide – and how they can have a positive, long-term impact on patients' quality of life – should be more widely shared.

Students who were in the early stages of their medical course were particularly likely to feel uninformed about psychiatry and the impact of psychiatry treatments on patients, but there were also students in the later years of study who felt there was a general paucity of information on mental health and psychiatry and wanted to be better-informed about what a career in psychiatry is like.

A key recommendation made by students was to raise awareness of mental health and psychiatry at all levels of education, from primary to medical school. A lack of experience and knowledge meant that the default source of information on the sector was the mass media, which often highlights the lack of resources allocated to the sector and can negatively impact on the perception of the ability of psychiatrists to help patients effectively.

“

**There is a shortage of psychiatrists in the UK, and the specialty is underfunded and under-resourced. This can mean that working in the field can be frustrating as, due to a lack of resources, doctors are unable to provide the treatment that would be most effective for the patient**

”

“

**[What would make me more likely to choose psychiatry is] having a good social service and community structure so you can make a lasting difference to a patient.**

”

It is clear therefore that the implementation of the recommendations set out in this report needs to be accompanied by reform and increased funding of some services.

In addition, the Royal College of Psychiatrists and other stakeholders are working to ensure that media coverage relating to psychiatry recognises the need for more psychiatrists and mental health practitioners, and consequently encourages students considering working in psychiatry.

## About the Royal College of Psychiatrists

The Royal College of Psychiatrists (RCPsych) is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement and beyond.

To achieve this, the College:

- sets and raises standards in psychiatry, and promotes excellence
- leads, represents and supports psychiatrists
- improves the scientific understanding of mental illness
- works with and advocates for patients, carers and their organisations.

## About the author

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Prior to this, Zoé worked as Policy Analyst at the College, primarily supporting the implementation of the report developed by the Commission on Acute Adult Psychiatric Care, and as Policy Advisor at Healthwatch England, where she led the policy agenda for mental health.

Zoé holds a Master of Public Health (MPH) from the EHESP School of Public Health and a master's degree in Political and Social Science from Sciences Po Rennes. Through her years at university, she worked in policy and research teams in various organisations such as the World Health Organisation, the French Department of Health and Social Affairs and the Urban Development Institute of Australia.

## Acknowledgements

This guidance is based primarily on information gathered from medical students, medical school's Education Leads and undergraduate teaching leads in psychiatry across the UK. We would like to thank all the individuals concerned for being generous with their time and candid with their thoughts.

This particularly applies to those who helped organise and run our focus groups: Dr Julie Anderson, Dr Charlotte Blewett, Dr Liz Clarke-Smith, Bex Couper, Grace Crowley, Thomas Denning, Alexandra Ducroizet, Barry Flynn, Leher Gumber, Oliver John, Professor Keith Lloyd, Thomas McKeever, Dr Ciaran Mulholland, Dr Fran Oldale, Hannah Perlin, George Roycroft, Thomas Rutherford, Lin Tan, Dr Aidan Turkington, Dr Rosie Walwyn.

We are also very grateful to the Medical Schools Council, Clare Owen and the MSC Education Sub-Committee for their insights and support. Special thanks to:

- Clare Wynn-Mckenzie for all her help throughout the project
- Rachael Owen for her qualitative analysis of the results
- Sam Hunt for his help to undertake the quantitative analysis of the results
- Gemma Mulreany for typesetting the report
- Sarah Hickling for creating the graphics on pages 6 and 7 of the report
- Jonathan Blay and Eve McQuillan for their help in promoting the report.

Finally, we would like to thank those who provided insightful reviews of drafts of the report, including: Dr Charlotte Blewett, Dr Jim Boylan, Dr Helen Bruce, Professor Wendy Burn, Nikki Cochrane, Dr Helen Crimlisk, Dr Rachel Gore, Gen Grainger, Dr Neel Halder, Dr Janine Henderson, Dr Declan Hyland, Dr Adrian James, Professor Ania Korszun, Dr Kate Lovett, Eve McQuillan, Clare Owen, George Roycroft, Dr Hazel Scott, Dr Christopher Sheridan, Dr Elizabeth Julie Thacker, Dr Derek Tracy, Dr Paul Wilkinson, members of the RCPsych Undergraduate Education Forum and the Choose Psychiatry Committee.

# Appendices

## Appendix 1

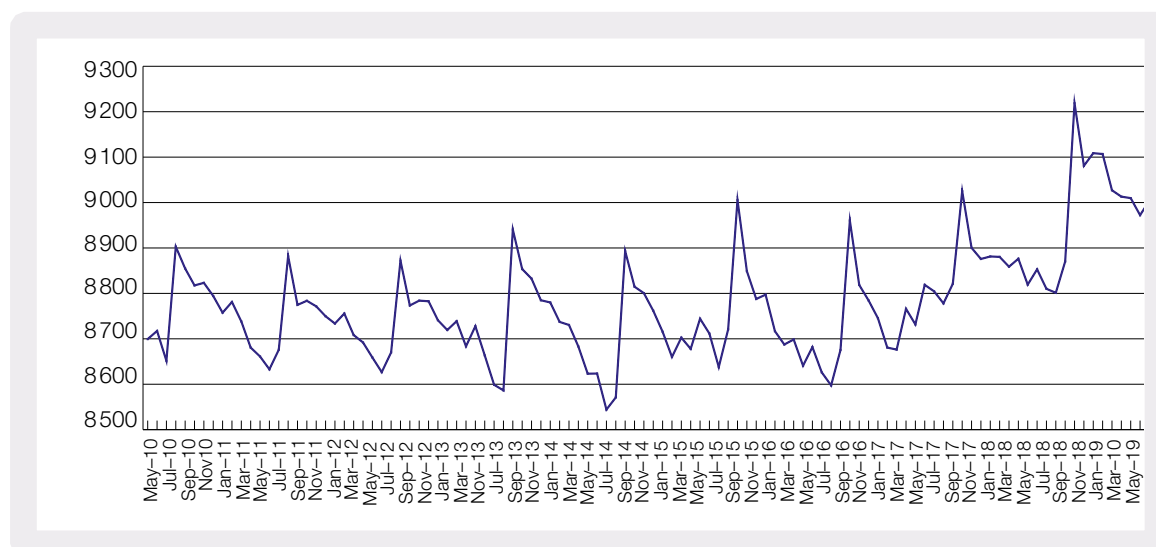
In England, the publication and roll-out of the Five Year Forward View for Mental Health (FYFVMH) in 2016<sup>16</sup>, followed by the commitments in the Long-Term Plan for the NHS<sup>17</sup> have marked a step-change in the priority given to mental health by politicians, health leaders and opinion formers.

If it delivers, the additional investment should make a significant difference to people's lives and there should be opportunities to make more progress to address unmet need. We can already see some improvement, with the CT1 Core Psychiatry fill rate in England reaching a new peak after the first recruitment round in 2019, at 94.8%, ahead of the previous record of 92.0% achieved in 2013.<sup>18</sup>

However:

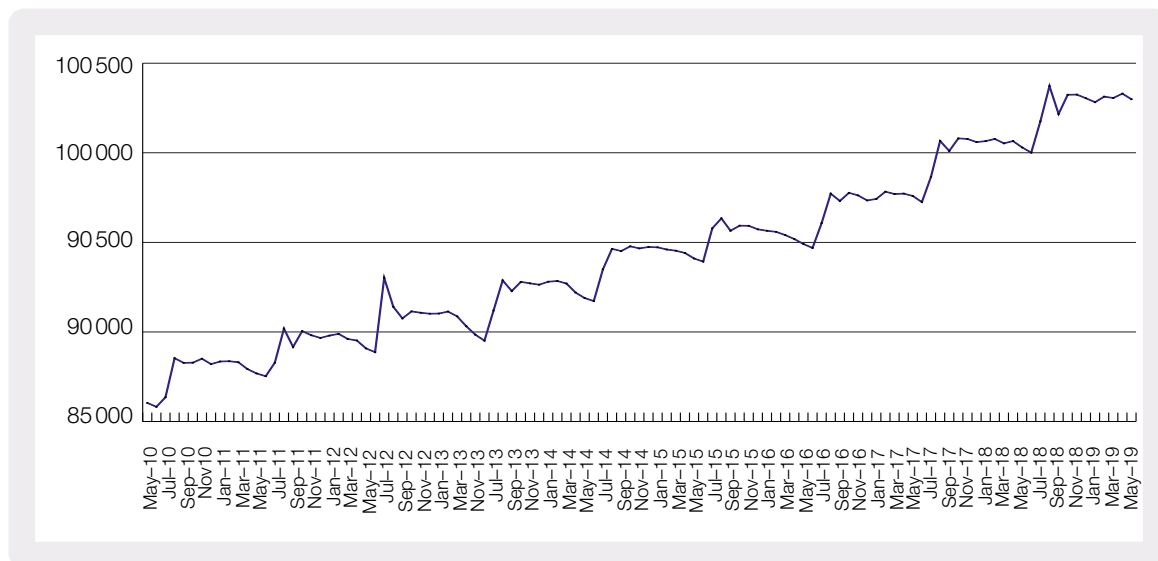
- Between May 2010 and May 2019, the full-time equivalent (FTE) number of psychiatrists working in NHS organisations in England at all grades increased by only 3.0%. Over the same period, the number of all other Hospital and Community Health Service (HCHS) NHS doctors increased by 19.7%.<sup>19</sup>
- The 'medical vacancy' rate across English mental health trusts was 12.7% in the fourth quarter of 2018/19 (ranging from 10.0% in London to 14.6% in the Midlands and East).<sup>20</sup>

**Figure 1: Number of FTE psychiatrists (all grades) in England, May 2010 – May 2019**



Source: NHS Digital, 2019

**Figure 2: Number of HCHS doctors outside psychiatry in England, May 2019 – May 2019**



Source: NHS Digital, 2019

In Scotland, the Government committed to improve mental health services through the Mental Health Strategy 2017–2027<sup>21</sup> and the Strategic Delivery Board that oversees the strategy. Taskforces have been established to review Child and Adolescent Mental Health Services (CAMHS) and Suicide Prevention. The Government has also made an announcement to review the Mental Health Act (Scotland), Incapacity legislation and forensic mental health services.

- There were 1,131.8 whole-time equivalent (WTE) psychiatrists across all grades in June 2019, just 6.9% higher than seven years earlier. Over the same period the number of doctors from all other medical specialties increased by 15.9%. Meanwhile the number of consultant psychiatrists has declined by 5.9% between June 2016 (548.5) and June 2019 (516.0).<sup>22</sup>
- In June 2019, 93.3 out of 609.3 consultant psychiatrist posts were vacant, equivalent to a 15.3% vacancy rate. By contrast, the consultant vacancy rate was only 8.9% for all medical specialties.<sup>23</sup>

In Wales, the Government published the second Delivery Plan (2016–19) for Together for Mental Health<sup>24</sup>, the nation's 10-year mental health strategy published in 2012. Progress in delivering the actions set out in the plan against the 11 priority areas is ongoing. The strategy sent a clear message that the delivery of the improvements in mental health and wellbeing can only be achieved through concerted effort and commitment from all Welsh Government departments and partners.

However,

- There were 442.8 FTE psychiatrists across the Welsh NHS in September 2018 compared with 490.0 nine years earlier (9.6% decline). Annual numbers peaked in 2013, at 493.8, so the decline in the past five years was 10.3%.<sup>25</sup>
- Meanwhile there were 200.2 FTE consultants in post in September 2018, which is 0.7% lower than September 2009 (201.6 FTE) or 6.4% lower than September 2013 (214.0 FTE).<sup>26</sup>

In Northern Ireland (NI), the passing of the Mental Capacity Act (NI) 2016 by the NI Assembly marked a world first in the drive for parity, in that it fuses mental health and mental capacity law into a single legislative framework. The Department of Health in NI is now working with stakeholders on a Five-Year Plan for Mental Health in advance of the hoped-for restoration of the NI Assembly.

The Department of Health NI in its Workforce Strategy document 'Health and Social Care Workforce Strategy 2026 – Delivering for Our People' recognizes the importance of sustained investment in mental health, stating: "Achieving parity of esteem for mental health will require sustained investment in care and the development of a flexible, fit-for-purpose mental health workforce to deliver modern effective care."

There were 160.1 FTE consultant psychiatrists and 56.6 SAS doctors in post as of 31 March 2018, an increase of 5.8% (151.3) and 7.8% (52.5) respectively against the same date in 2017.<sup>27</sup>

The fill rate for ST4 posts across Great Britain in August 2019 was 52% (248 posts accepted out of 477 available). While this represents an improvement on 49% in August 2018, it remains well below the level of 2011 for England alone (84%)<sup>28</sup>



## Appendix 2

### Mental health related outcomes for graduates, to be met by all UK medical schools as required by the GMC

part 1/2

#### **Professional and ethical responsibility**

(2) Newly qualified doctors must be able to explain and demonstrate the importance of:

- seeking patient consent, or the consent of the person who has parental responsibility in the case of children and young people, or seeking the views of those with lasting power of attorney or independent mental capacity advocates if appropriate;
- providing information about options for investigations, treatment and care in a way that enables patients to make decisions about their own care;
- assessing the mental capacity of a patient to make a particular decision, including when the lack of capacity is temporary, and knowing when and how to take action.

#### **Dealing with complexity and uncertainty**

(6) Newly qualified doctors must be able to:

- identify the need to adapt management proposals and strategies for dealing with health problems to take into consideration patients' preferences, social needs, multiple morbidities, frailty and long term physical and mental conditions;
- demonstrate working collaboratively with other health and care professionals and organisations when working with patients, particularly those with multiple morbidities, frailty and long term physical and mental conditions.

#### **Safeguarding vulnerable patients**

(7) Newly qualified doctors must be able to assess the needs of, and support required, for people with mental health condition.

#### **Leadership and team working**

(9) Newly qualified doctors must learn and work effectively within a multi-professional and multi-disciplinary team and across multiple care settings. This includes working face to face and through written and electronic means, and in a range of settings where patients receive care, including community, primary, secondary, mental health, specialist tertiary and social care settings and in patients' homes.

#### **Diagnosis and medical management**

(14) Newly qualified doctors must be able to safely and sensitively:

- undertake a mental and cognitive state examination, including establishing if the patient is a risk to themselves or others, seeking support and making referrals if necessary, as well as a developmental examination for children and young people;
- interpret findings from history, physical and mental state examinations;
- synthesise findings from the history, physical and mental state examinations and investigations; in collaboration with colleagues if necessary and make proposals about underlying causes or pathology.

Adapted extracts from *Outcomes for graduates 2018* published by the General Medical Council

### **Prescribing medication safely**

(18) Newly qualified doctors must be able to recognise the challenges of safe prescribing for patients with long term physical and mental conditions or multiple morbidities and medications, in pregnancy, at extremes of age and at the end of life.

### **Applying biomedical scientific principles**

(22) Newly qualified doctors must be able to describe medications and medication actions: therapeutics and pharmacokinetics; medication side effects and interactions, including for multiple treatments, long term physical and mental conditions and non-prescribed drugs; the role of pharmacogenomics and antimicrobial stewardship.

### **Applying psychological principles**

(23) Newly qualified doctors must explain and illustrate by professional experience the principles for the identification, safe management and referral of patients with mental health conditions.

They must be able to:

- describe and illustrate from examples the spectrum of normal human behaviour at an individual level
- integrate psychological concepts of health, illness and disease into patient care and apply theoretical frameworks of psychology to explain the varied responses of individuals, groups and societies to disease
- explain the relationship between psychological and medical conditions and how psychological factors impact on risk and treatment outcome
- describe the impact of patients' behaviours on treatment and care and how these are influenced by psychological factors
- describe how patients adapt to major life changes, such as bereavement, and the adjustments that might occur in these situations
- identify appropriate strategies for managing patients with substance misuse or risk of self-harm or suicide
- explain how psychological aspects of behaviour, such as response to error, can influence behaviour in the workplace in a way that can affect health and safety and apply this understanding to their personal behaviours and those of colleagues

Adapted extracts from *Outcomes for graduates 2018* published by the General Medical Council

## Appendix 3

The Medical School Council (MSC) sent an email to all Education Leads at all UK medical schools. In this context, the 'Education Lead' is the person in overall charge of the design and delivery of the curriculum. Their title may be different depending on the medical school they work for (e.g. Programme Lead and Medical Undergraduate Lead).

The email was sent with an attached letter from Professor Wendy Burn, President of the Royal College of Psychiatrists, inviting them to participate in an online survey. For the questions regarding entry requirements, it is likely that the survey required input from Admissions Deans, Heads of Schools and Undergraduate Leads for psychiatry.

### Questionnaire to medical schools

**Design:** After reviewing past studies on psychiatry career choices, the Royal College of Psychiatrists worked with the MSC to design four surveys (Appendix 1). The four surveys included questions on standard and graduate entry requirements, teaching methods, enrichment activities, placements and exams.

**Testing:** We tested the questions out on Education Leads and College Officers to ensure they were fit for purpose; and tweaked as necessary before disseminating the questionnaire more widely.

**Dissemination:** The MSC sent the initial email on Monday 15 October 2018. A reminder was sent a month later to try to increase the response rate. The Royal College of Psychiatrists considered any responses that were received by 7 January 2019.

**Participants:** A total of 36 people responded to our survey, as detailed on the next page:

- 26 people in England, representing 16 medical schools
- 2 people in Wales, representing 2 medical schools
- 7 people in Scotland, representing 5 medical schools
- 1 person in Northern Ireland, representing 1 medical school (Queen's University Belfast School of Medicine).

### Questionnaire to medical students

All medical students were invited to participate in an online survey.

**Design:** The survey was designed by the Royal College of Psychiatrists, working closely with the MSC (Appendix 2). A range of quantitative data (expressed as a proportion of total respondents) and qualitative data (grouped and thematically analysed) were collected to analyse the factors impacting on students' experiences of psychiatry at medical school and attitudes to careers in psychiatry.

**Testing:** We tested the questions out on College Officers, the Psychiatric Trainees' Committee and more than 25 students to ensure they were fit for purpose; and tweaked as necessary before disseminating the questionnaire more widely.

**Dissemination:** The survey was promoted through the College’s social media channels, medical schools’ Education Leads, the Student BMJ website, the Psychiatric Trainees’ Committee, the College’s Pathfinder and Foundation Fellows and the British Medical Association’s Medical Students Committee.

**Participants:** A total of 792 students from 35 medical schools throughout the UK completed the survey. 31.73% identified as male and 67.38% identified as female.

## Focus groups

**Design:** The survey was designed by the Royal College of Psychiatrists, working closely with the MSC (Appendix 2). A range of quantitative data (expressed as a proportion of total respondents) and qualitative data (grouped and thematically analysed) were collected to analyse the factors impacting on students’ experiences of psychiatry at medical school and attitudes to careers in psychiatry.

**Testing:** We tested the questions out on College Officers, the Psychiatric Trainees’ Committee and more than 25 students to ensure they were fit for purpose; and tweaked as necessary before disseminating the questionnaire more widely

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**Participants:** A total of 792 students from 35 medical schools throughout the UK completed the survey. 31.73% identified as male and 67.38% identified as female.

Focus groups held with medical students across the UK	
<p><b>Sheffield</b>            Wednesday 24 October 2018, 5–6.30pm            Facilitator: Zoé Mulliez, Policy and Campaigns Manager            Second facilitator: Thomas Denning, Policy Standards Manager            Number of participants: 6</p>	<p><b>London (St George’s University)</b>            Monday 12 November 2018, 6.30–8pm            Facilitator: Zoé Mulliez, Policy and Campaigns Manager            Second facilitator: Bex Couper, Head of External Affairs            Number of participants: 5</p>
<p><b>Edinburgh</b>            Thursday 1 November 2018, 5–6t.30pm            Facilitator: Zoé Mulliez, Policy and Campaigns Manager            Second facilitator: George Roycroft, Head of Policy and Campaigns            Number of participants: 4</p>	<p><b>Belfast</b>            Date: Monday 19 November 2018, 5–6.30pm            Facilitator: Zoé Mulliez, Policy and Campaigns Manager            Number of participants: 3</p>
<p><b>Brighton</b>            Wednesday 7 November 2018, 5–6.30pm            Facilitator: Thomas Rutherford, Policy Support Officer            Second facilitator: Zoé Mulliez, Policy and Campaigns Manager            Number of participants: 2</p>	<p><b>Swansea</b>            Wednesday 28 November 2018, 5:00–6:30pm            Facilitator: Zoé Mulliez, Policy and Campaigns Manager            Second facilitator: Hannah Perlin, Senior Communications Officer            Number of participants: 6</p>

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