

UK Psychiatry Training During the COVID-19 Pandemic

Report on Survey for Psychiatric Trainees

*Produced by the Royal College of Psychiatrists
Psychiatric Trainees' Committee.*

*Authored by: Surgeon Commander Luke Baker
Dr Rosemary Gordon
Dr Sharon Holland
Dr Zafrina Majeed
Dr Ross Runciman
Dr Laura Stevenson
Patricia Vincenzo.*

Summary Report: UK Psychiatry Training During The COVID-19 Pandemic

The Royal College of Psychiatrists (RCPsych) Psychiatric Trainees Committee (PTC) functions to gather, represent, and respond to the views of trainees throughout the UK on important matters. In order to achieve this, the focus has been to engage effectively with the trainee body in order to better understand the challenges that are faced. The COVID-19 pandemic has impacted on trainees in a multitude of ways and there has been considerable change and anxiety during this time. Although trainees have been in touch with the PTC, there was a recognition that some may not have had the occasion to reflect their views and experiences, specifically relating to working and training during the pandemic. The PTC wanted to rectify this by providing all trainees with an opportunity to express these points of view.

A survey was created using Survey Monkey and sent electronically from the PTC to all UK psychiatry trainees on the 3rd July 2020. The survey closed at midnight on the 17th July 2020, giving trainees 2 weeks to complete their responses. It was also publicised via the PTC social media platforms. The survey comprised a number of multiple-choice questions and three final free text answer questions.

This summary report highlights the key findings and themes from the data obtained, and recommendations in light of these.

This report has also taken into account another survey's findings, which is specific to the KSS Deanery covering three trusts (Kent, Surrey and Sussex). That survey looked at the impact of COVID-19 on the health and wellbeing support of trainee doctors.

Multiple Choice Question findings (UK survey)

These questions focused on a variety of topics and potential areas of concern during the pandemic. Broadly categorised, they included; employment, career progression and engagement, access to equipment and risk.

General findings

Overall, the survey received responses from 135 trainees, which represents just under 3% of the total trainee cohort (4,601). This is clearly quite low and may be a product of the intense work pressures at that time, survey fatigue during the period, and the limited response window.

There was an almost even divide between core and higher training (55% and 45% respectively). There was overrepresentation from London and the Southern deaneries (49% of respondents), though this must be considered in the context of greater numbers of trainees in those locations. Although the response rate was low overall, there was very limited participation from trainees in Wales (3) and Northern Ireland (1). Most frequently, trainees reported working

within General Adult Psychiatry during February 2020 (35%), followed by Child and Adolescent Psychiatry (18%) and Old Age Psychiatry (16%).

Employment

Approximately half of respondents had taken time off work during the pandemic. Of these, the largest majority had taken fewer than 7 days leave in total.

13% were scheduled to transition jobs during the pandemic, of which two thirds did (after adjusting for those for whom this was not applicable).

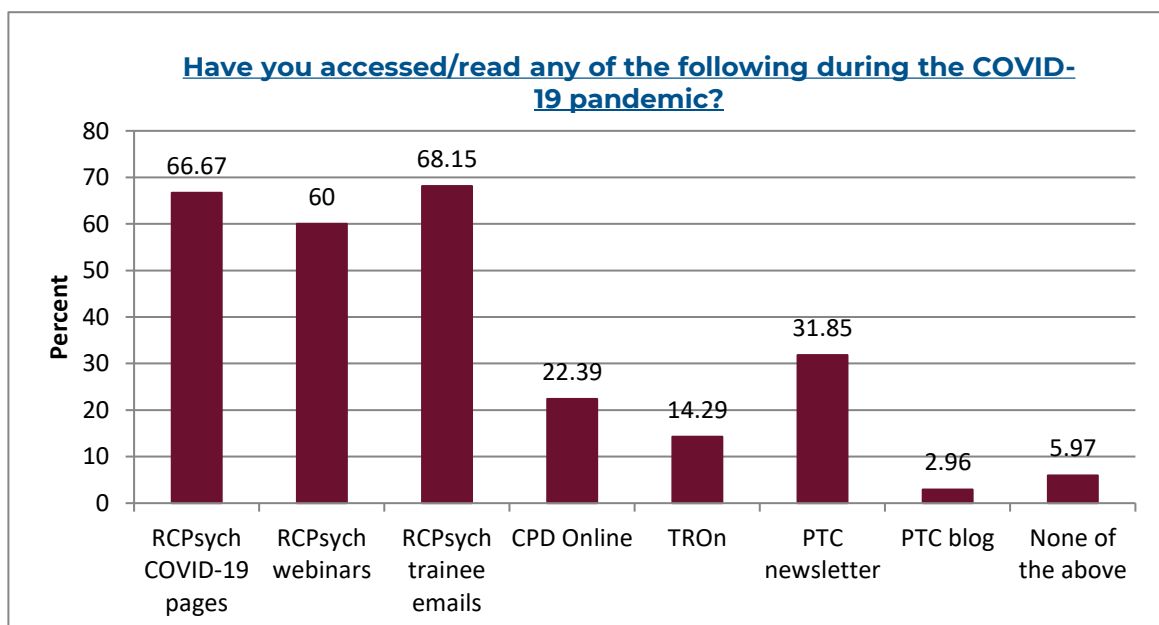
The majority (67%) of trainees were not redeployed. Within the cohort that was, most covered a different psychiatry subspecialty rather than acute medical or emergency jobs; only a single respondent reported the latter.

The survey asked about trainees’ ability to undertake meaningful work when working from home and approximately 60% felt they were able to achieve this.

Career Progression and Engagement

The majority reported concerns over their training and progression, ranging from somewhat to very concerned. Respondents were asked which psychiatry related events had been cancelled or otherwise impacted by the pandemic; academic conferences, professional exams, study leave and annual leave were unsurprisingly the most frequently affected areas. Despite this, over 80% were able to complete the adjusted number of required workplace-based assessments. Supervision and local education sessions were found to be the easiest to continue to access or had suitable contingency plans.

Trainees were asked which types of information and platforms they had accessed during the pandemic. RCPsych trainee emails, the RCPsych COVID-19 webpages and RCPsych webinars were identified as the most used. Of concern in terms of engagement, 6% did not access any of these resources.

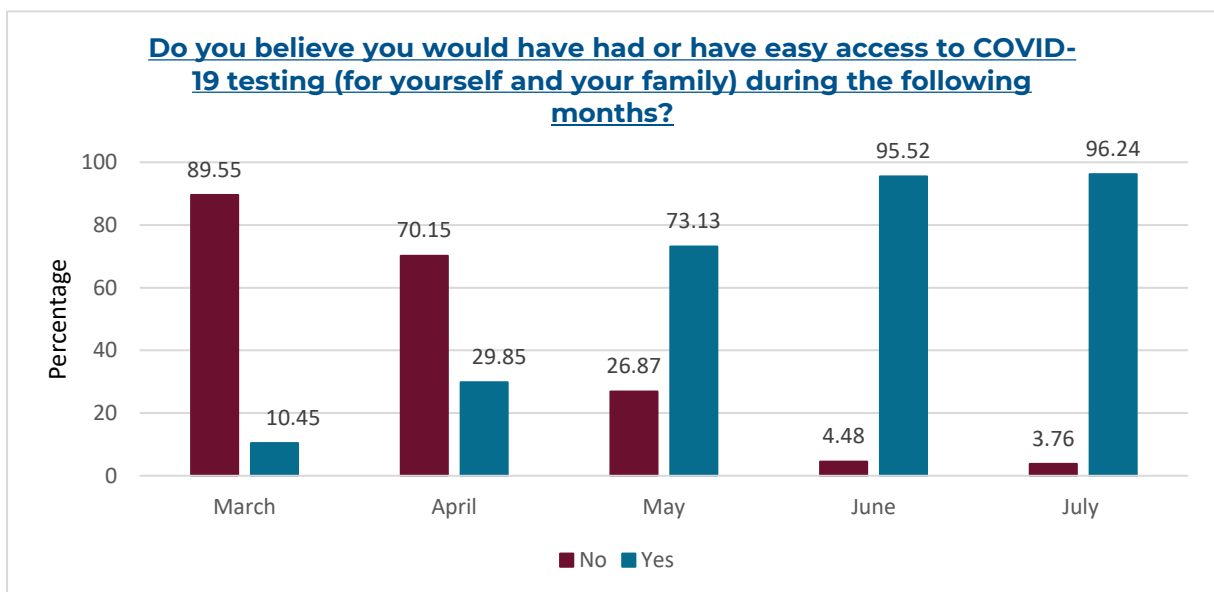


Equipment and Risk

The majority of respondents did not believe they had easy access to COVID-19 testing for themselves or family during March 2020. This improved over the course of the pandemic and by July, 96.2% believed they did, which is reassuring. 87% of respondents were not concerned with the availability of PPE at the time of survey completion.

Three quarters of trainees had come into clinical contact with a COVID-19 suspected or confirmed positive patient. Of these, 77% reported they were wearing appropriate PPE at all times (after adjusting for those for whom this was not applicable). The majority reported receiving suitable information and training on how to protect themselves when treating such patients. 54% reported having had suitable testing or fitting with an FFP3 (or equivalent) mask.

56% of trainees identified themselves as from a Black, Asian or Minority Ethnic (BAME) background. Of serious concern, 56% of these individuals reported having not had a risk assessment undertaken by their employer.



Free Text Question findings (UK survey)

These questions focused on the positive and negative things that happened during the pandemic that impacted on training, and in summary, any final thoughts or reflections that trainees wished to convey.

Perhaps unsurprisingly, there were more negative than positive comments submitted (11% specifically responded "none" to the positive question). However, it is clear that the pandemic

has afforded trainees some valuable, albeit different experiences. The main positive themes focussed on the following:

Opportunity to demonstrate and develop relevant skills.

This included things such as becoming more active in leadership and management roles and projects, and the chance to develop resilience. Trainees also gained valuable experience from an increased variety and intensity of usual clinical exposure, including in the management of physical health.

Technology benefits.

Trainees commented that the increased use and variety of platforms had been easily accessible, saving time and allowing them to manage their time effectively and work more flexibly, including from home.

Increased learning.

This included having greater access to resources and online learning, as well as time to spend on portfolio building and personal or professional development.

Feeling of enhanced team working and communication.

The opportunity to reflect on the "bigger picture" and the important things in life.

The themes from the negative comments received were at times in direct contrast to the above, possibly demonstrating the complex individual nature of each trainee's experience. The main negative themes centred on:

Reduced opportunities.

Unsurprisingly, the majority of trainees were affected by a mixture of event cancellations and reduced opportunities to engage in teaching, psychotherapy, special interest time, research and workplace based assessments. The cancellation of some MRCPsych examinations was a specific concern for some, who described feeling penalised.

Impact on self.

Almost a third reported feeling stressed, *anxious* or burnt out and that their mental health had been detrimentally affected. This was associated with feeling demoralised, having been unable to take leave, and experiencing uncertainty about the future.

Poor communication.

From various organisations, including employing trusts, deaneries and the RCPsych, with trainees feeling poorly supported and that their concerns had been dismissed or ignored.

Loss of usual supports.

Remote working, while at times being valuable, also brought a sense of isolation and not feeling part of a team. Similarly, the loss of resources such as peer group activity and support with childcare also contributed to this.

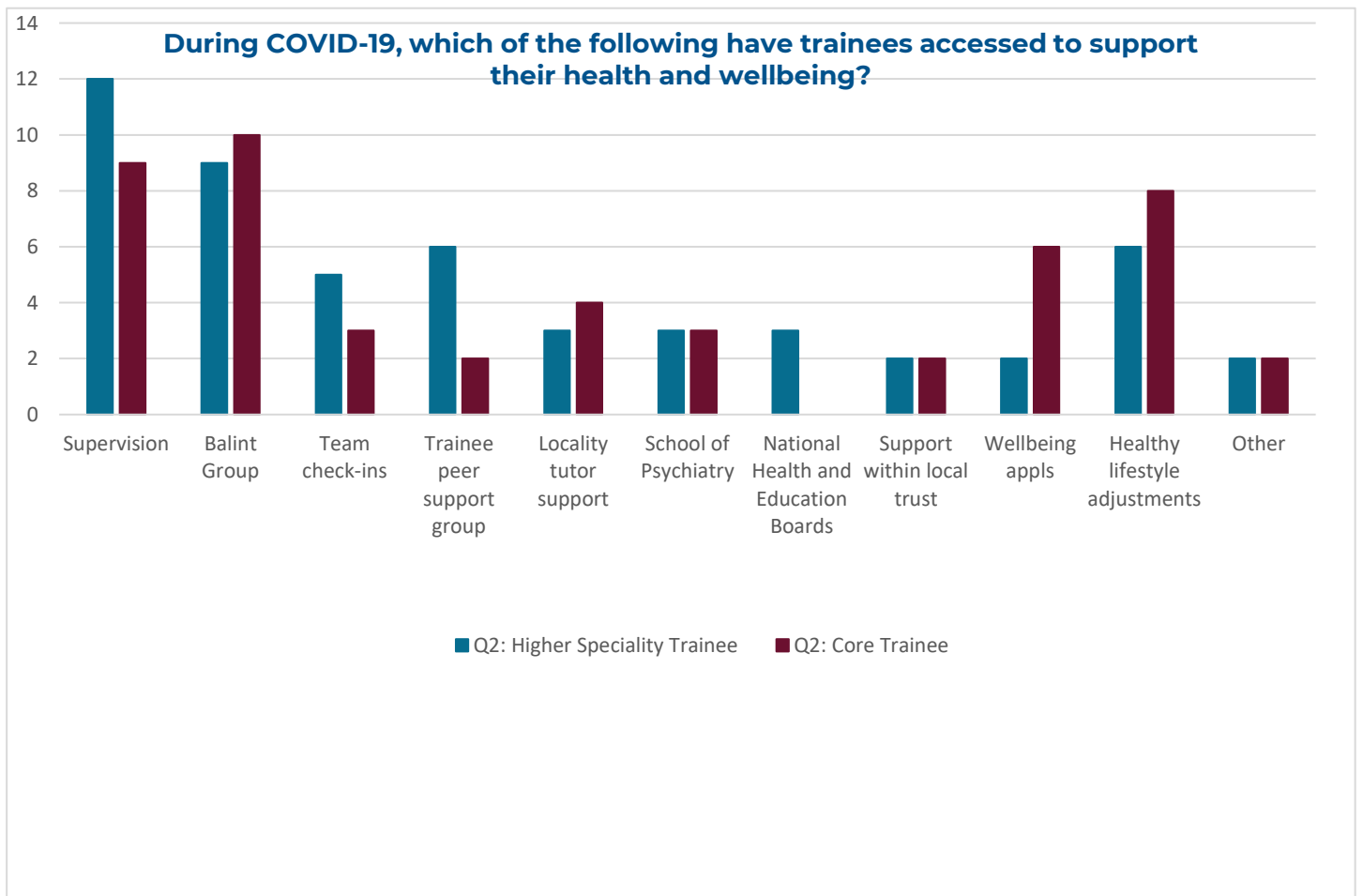
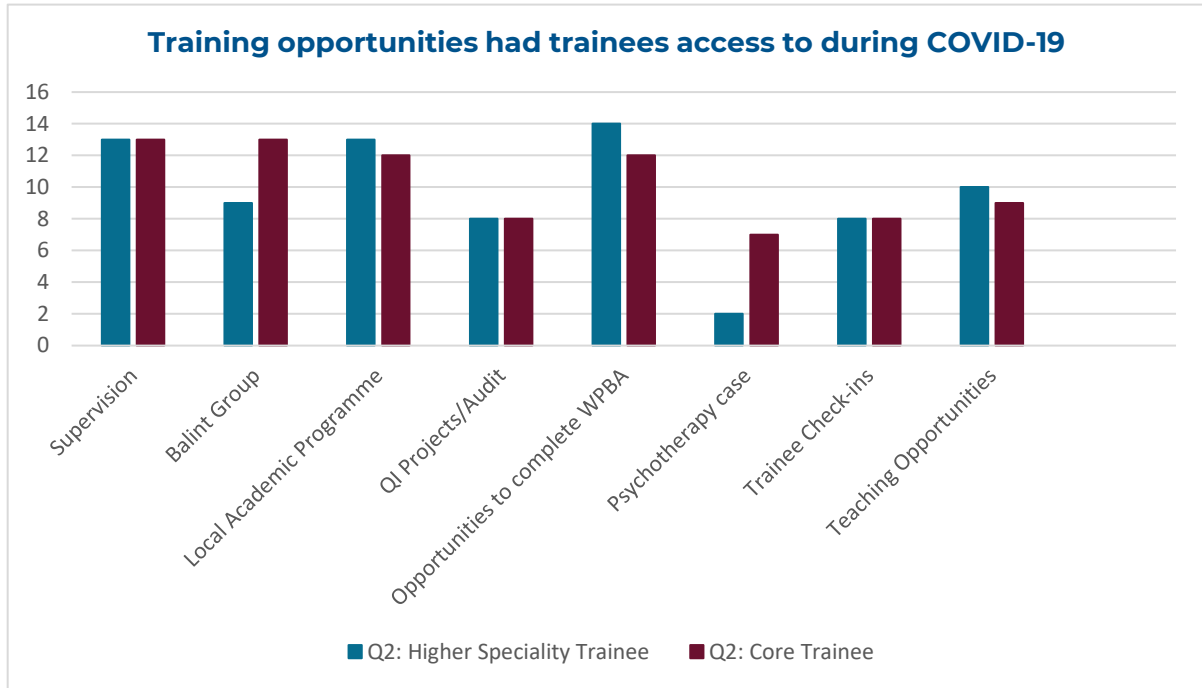
The question regarding final thoughts and reflections was answered too broadly to cover in this summary, but as expected, included a mixture of positive and negative comments. Again, a number of trainees highlighted feeling that the response from organisations had been inadequate. There were comments on the need to involve trainees to a greater degree and recognise the impact that working through the COVID-19 pandemic has, and continues to have, on psychiatry trainees across the UK.

KSS survey findings

The response rate was 25% (27/102). There was near equal representation from Specialty Trainees 50% (14) and Core Trainees 46% (13).

The main findings of the KSS survey were that all three trusts had reached out to trainees through emails regarding health and wellbeing support, the Virtual Academic Programme was positively received by trainees and the opportunities for supervision and completion of WPBAs had been mostly adequate. Further information is available in Appendix A

There were some concerns expressed by trainees around increased clinical demands, barriers to seeking support due to stigma, information overload from lengthy daily updates about COVID-19, and the hampered acquisition of psychotherapy competence.



	YES	NO	TOTAL
Q2: Core Trainee	76.92% 10	23.08% 3	48.15% 13
Q2: Higher Speciality Trainee	92.86% 13	7.14% 1	51.85% 14
Total	23	4	27

Competencies achieved for current stage of training (during COVID)

13 HSTs and 10 CTs responded **YES**.

1 HST and 3 CTs responded **NO**.

Competency not achieved by HSTs: psychotherapy.

Competencies not achieved by CTs: psychotherapy, competency exams, audit and leadership form.

1 CT **returning from leave** not able to achieve all the above and other WPBAs.

Recommendations

1. BAME colleagues:

- a. Work with Dr Smith and Dr Mohan to address specific needs of colleagues in the:
 - Short term:* ensuring that all BAME colleagues have had a risk assessment.
 - Longer term:* PTC representation with Dr Smith and Dr Mohan's work to increase engagement, understand and address issues specific to BAME colleagues.

2. Engagement with all trainees:

- a. Summary of agreed action with College officers to be uploaded to the training pages of the RCPsych website to focus response to this survey ('you said /we did' format).
- b. Regular joint meetings between the PTC officers and College officers to effectively align the PTC agenda to that of the College.
- c. Further development of a social media platform to connect trainees to each other regionally and nationally to continue building engagement.
- d. Free webinars continued, to enable uniform access to high quality training and information.

- e. PTC to further develop their strategy for engaging trainees in light of the poor response rate to this survey and the findings that some trainees do not feel heard or involved.

3. Recognition of the impact of COVID-19 on trainees:

a. Exams:

Communication: Chief Examiner to continue to work collaboratively with chair of PTC in the drafting and dissemination of statements regarding any changes to examinations. This will help ensure that trainees can be signposted to appropriate college departments for support and to address queries.

Contingency planning: Throughout the pandemic, the PTC have generated and maintained closer links than ever with the exams team to assess and respond to the impact of ongoing lockdown restrictions on exams and those trainees sitting them.

4. Preparation for future waves or breakouts of COVID-19:

Over the past year, RCPsych has assembled a suite of guides and collated information for trainees in relation to the COVID-19 impacts on training, including specific guidance on ARCPs, psychotherapy competences, and exam arrangements. These will hopefully reduce uncertainty and the potential impact of any future waves. The provision of this material has taken time and most of these were not available at the time of conducting the survey; many of the concerns raised therein have now been addressed by these resources. The PTC will continue to provide trainee representation in the development of future plans and guidance as those needs arise.