

## REVISED ACTION PLAN ON RECRUITMENT AND RETENTION OF PSYCHIATRISTS

In January 2004 an Action Plan was adopted jointly by the Department of Health in England and the College to address longstanding problems facing the profession to do with recruitment and retention. The work plan suggested has been taken forward and 2 years later substantial progress has been made. The Recruitment and Retention Working Group (membership of which includes Department of Health representation, currently via Hugh Griffiths as Deputy Director for Mental Health) considered at its recent meeting the Plan needed updating to take account of:

- 1 Progress made to date.
- 2 The implications of MMC on nomenclature and practice.
- 3 The publication of the final report on New Ways of Working for Psychiatrists in November 2005.
- 4 The demise of the Mental Health Care Group Workforce Team under whose umbrella the Plan had been adopted, and its replacement with the Mental Health Forum with a less clear brief.

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## **REVISED ACTION PLAN FOR THE RECRUITMENT AND RETENTION OF PSYCHIATRISTS**

### SUMMARY OF OBJECTIVES FOR ACTION

- 1 To improve the recruitment of medical graduates into specialty training in psychiatry.
- 2 To improve the retention of those entering specialty training and their success in acquiring the competencies leading to a CCT.
- 3 To increase the uptake of substantive consultant posts in doctors with CCT in psychiatric specialty.
- 4 To support SAS doctors wishing to use Article 14 to get on the Specialist Register.
- 5 To improve the utilisation and retention of consultants, including those considering retirement.
- 6 To improve the mentoring, training and support of internationally recruited doctors within an agreed ethical framework.

## OBJECTIVE 1

To improve the recruitment of medical graduates into specialty training in psychiatry.

### Recommendations

- a To identify, disseminate and support good practice in promoting psychiatry as a career option by:
  - i Active participation in careers fairs for schools and medical students. **Action: PGES, PTC, College Divisions**
  - ii Keeping booklets up-to-date and available on line. **Action: PGES, PTC**
  - iii Exploring other ways of promoting the specialty such as videos and television. **Action: Presidents campaign, Public policy committee**
  - iv Facilitating work experience placements for interested 6<sup>th</sup> form students. **Action: PGES, NMHP, Regional Advisors**
  - v Identifying and nurturing interested students by exploring the development of a category of student membership for medical students. **Action: PGES, PTC**
  
- b To continue to explore recruitment patterns in medical schools which have a greater or lesser success in generating psychiatry trainees.
  - i Further development of the Undergraduate Psychiatry Network, sharing good practice in teaching and curricula. **Action: Dean, Faculty Education Committees**
  - ii Commissioning further research in recruitment patterns linked to undergraduate school teaching practice. **Action: Dean**
  - iii Sharing teaching resources such as Special Study Modules (SSMs). **Action: Dean**
  
- c To reduce the stigma and prejudice against psychiatry amongst other doctors. **Action: Public policy committee, Presidents Campaign**
  
- d To ensure continuing development and maintenance of F1 and F2 posts in psychiatry, including specialty experience by:
  - i Ensuring representation by psychiatrists on Foundation Boards and schools. **Action: ETSC**
  - ii Giving central support from the College in developing training schemes and resources. **Action: ETSC**
  - iii Offering on-going training for all consultants in the new assessment methods. **Action: CRTU**
  - iv Working closely with the Lead Postgraduate Dean for Psychiatry in ensuring sufficient slots are made available in all schemes to increase exposure to psychiatry. **Action: Lead Postgraduate Dean, PGES**

## OBJECTIVE 2

To improve the retention of those entering specialty training and their success in acquiring the competencies leading to a CCT.

### Recommendations

- a To improve the training, supervision and educational experience of those entering the unified training grade by:
  - i Continuing development of workplace based learning and assessment methods. **Action: Curriculum Committee**
  - ii Revising MRCPsych courses in line with the new competency based curriculum. **Action: Chief Examiner**
  - iii Development of on line teaching resources. **Action: Cornelius Katona**
  - iv Continuing to train Educational Supervisors for their role. **Action: PGES**
  - v Ensuring teaching/supervision time is built into consultant job plans. **Action: NMHP**
  
- b Monitoring the progress through MMC training of initial cohorts by:
  - i Commissioning further research on retention and success rates of those entering specialty training. **Action: CRTU, PTC, PGES**
  
- c Providing clear pathways and opportunities for doctors wishing to train in psychiatry who are not able to get into specialty training initially by:
  - i Continuing to offer the same standard of training and supervision to doctors in Fixed Term Training Appointments as those in the run through training grade posts. **Action: ETSC**
  
- d. Continuing working with the MMC team to ensure that opportunities for flexible training pathways are maintained and improved, given the high number in psychiatry choosing to develop their careers this way, particularly women. **Action: Flexible Training Directors**

## OBJECTIVE 3

To increase the uptake of substantive consultant posts in doctors with CCT in psychiatric specialty.

### Recommendations

- a To improve the transition from completion of training to uptake of consultant post by:
  - i Making full use of the Specialist Development Scheme of NHS Professionals as a bridge to substantive posts. **Action: NMHP, Regional Advisors**
  - ii Ensuring robust mentoring arrangements are in place to support CCT holders in transition. **Action: ETSC, PGES**

- b To continue to monitor and reduce the locum agency spend by Trusts to remove the financial incentive for delaying the move into substantive employment. **Action: Locums Collaborative Group, NIMHE**
  - i to improve the mentoring and support of locums. **Action: CPD Committee, Locums Collaborative Group**
- c To monitor the proposed reduction in CCTs and its effect on recruitment and retention: **Action: ETSC**

#### OBJECTIVE 4

To support SAS doctors wishing to use the Article 14 route to the Specialist Register and into substantive Consultant posts.

#### Recommendations

- a To offer clear guidance to SAS and other doctors on Article 14 applications. **Action: Equivalence Committee**
- b To assist SAS doctors to continue to acquire the necessary competencies to progress in their careers by:
  - i Including them in teaching programmes. **Action: College Tutors, Affiliates Committee**
  - ii Supporting their CPD plans. **Action: CPD Committee**
  - iii Offering training for the new assessment procedures alongside specialty trainees. **Action: College Tutors**
  - iv. Preparing them in applications for substantive Consultant posts. **Action: Equivalence Committee, National Health Partnership, Affiliates Committee**

#### OBJECTIVE 5

To improve the utilisation and retention of consultants, including those considering retirement.

#### Recommendations

- a Using the work on New Ways of Working as a means of changing consultant working patterns and promoting flexibility and role development over the consultant career of established consultants by:
  - i Evaluating the pilots of NWW. **Action: National Steering Group on NWW**
  - ii Disseminating the learning from pilots. **Action: NIMHE/CSIP**
  - iii Supporting changing role development. **Action: Dr Steve Humphries**
- b Ensure mentoring is available to all consultants by:

- i Making mentoring arrangements part of initial job plans. **Action: Medical Managers, Peter Kennedy, NMHP, College Assessors, Mentoring Working Party**
  - ii Making it part of the job planning review as something for existing consultants to consider and Trusts to support. **Action: NMHP**
  - iii Offering mentoring training on a regular basis. **Action: CRTU, PGES, Chief Executives Group, Medical Managers Group**
- c Promote central initiatives on flexible working patterns by:
- i Ensuring doctors are aware of the implications of Improving Working Lives for them. **Action: Medical Managers, Peter Kennedy, College website**
  - ii Facilitating ongoing appraisal and CPD peer group arrangements for post-retired doctors engaged in sessional work, such as Mental Health Act or court work. **Action: CPD Committee**
- d Encourage Trusts to discuss step-down arrangements routinely with consultants coming up to retirement to explore alternative roles and work patterns. **Action: Medical Managers, Peter Kennedy**
- i Offer pre-retirement courses. **Action: CRTU**
- e Using the Joint Guidance on employment of psychiatrists to develop manageable new posts, and as a tool to aid role change within teams and services for existing post holders by:
- i Disseminating the guidance widely. **Action: NMHP**
  - ii Offering training to all relevant stakeholders in its use. **Action: Regional Advisors**

## OBJECTIVE 6

To improve the mentoring, training and support of internationally recruited doctors within an agreed ethical framework.

### Recommendations

- a To develop and agreed framework for future international recruitment. **Action: Dean, President, ODTC, BIA**
- b To monitor the progress and careers pathways of those recruited to the International Fellowship Scheme. **Action: DoH, Dr Hugh Griffiths, BIA**
- c To continue to offer training and professional support to international recruits to ensure they benefit from full participating in appraisal and job planning within Trusts. **Action: CRTU, BIA**

## **Abbreviations**

BIA	Board of International Affairs
CCT	Certificate of Completion of Training
CPD	Continuing Professional Development
CRTU	College Research and Training Unit
ETSC	Education Training and Standards Committee
MMC	Modernising Medical Careers
NMHP	National Mental Health Partnership
NIMHE	National Institute for Mental Health in England
NWW	New Ways of Working
ODTC	Overseas Doctors Training Committee
PGES	Postgraduate Educational Services Department
PTC	Psychiatric Trainees Committee (formerly CTC)
SAS	Staff and Associate Specialists