

Psychiatry as a career

Information for medical students

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I particularly like visiting patients at home, and the interactions with them and their carers can be fun. I enjoy the mix of psychiatry and medicine (and lots of other disciplines – social worker, driving instructor, lawyer, etc.) involved in my job. The people in the team I work with are great, and I get good support from my boss. I also get a lot of freedom to do research (in bipolar disorder) and special interest sessions (in brain injury). Trainees in psychiatry have a lot of input into our College, training schemes, etc. – more than in most other medical specialties.

Dr Rory O'Shea, SpR in psychiatry

Welcome

from the President of the Royal College of Psychiatrists, Professor Sheila Hollins

I missed out on psychiatry as a medical student because I was on my honeymoon. It wasn't compulsory and I wasn't examined on it. I began to realise what I had missed when I started my general practice training, and after 3 years as a GP I decided to apply for psychiatry training with a view to returning to general practice later. My first consultant told me that I had the common sense that was needed in psychiatry. To be honest, I hadn't expected to enjoy it quite so much!

A career in psychiatry allows you to get to know your patients and their families and to feel that you can really make a difference to their lives as a member of their healthcare team. The settings in which we practice are varied, and perhaps because my roots were in general practice, I feel especially at home in the community.

Some people think psychiatry is an easy option. It isn't. I think it is one of the most challenging careers in medicine. It is also intellectually stimulating and personally satisfying. Many people choose a career in psychiatry because they have experience of mental illness themselves, or in their own family, or perhaps a family member has a learning disability, and that's fine; personal experience increases one's empathy for others, and this is an essential attribute for all psychiatrists. My son has a learning disability and that's why I specialised in psychiatry of learning disability having initially trained in child and adolescent psychiatry and psychotherapy.

If psychiatry appeals to you, give it a try. Ask some psychiatrists to talk to you about their careers. Doctors who choose psychiatry for the right reasons rarely regret it.

So come and join us. Help us with your intelligence to continue the advances in psychiatric knowledge. Help us with your eloquence to combat the stigma that surrounds mental illness. Help us with your innovative flair to make use of the government's growing interest in mental health services. And help us with your humanity to make relationships with those in need.



Introduction

Psychiatry is one of the most varied, interesting and rewarding specialties in medicine. Every day can be different and every patient seen is unique. Psychiatrists work in a number of different places including hospitals, people's own homes, residential centres, old people's homes and even in prisons. Psychiatry offers fast career progression and excellent job opportunities. As a career, psychiatry attracts as many women as men and it can be particularly appealing for those interested in flexible (part-time) work.

What do psychiatrists do?

Psychiatrists are doctors who look after patients with mental health problems, such as depression, anxiety, personality disorders, learning disabilities and schizophrenia. Management of these disorders involves a combination of measures, such as drugs, psychological counselling, improving home environments and social networks, and occasionally physical treatment such as electroconvulsive therapy (ECT). Therefore, treatment of patients with mental health problems depends on a wide range of professionals, including clinical psychologists, social workers, (community) psychiatric nurses, and occupational therapists. The psychiatrist needs to work together with these professionals as part of a team.

There are few mental health disorders for which there is a definitive diagnostic laboratory test, but most psychiatric diagnoses are made on the basis of a full history and mental state and physical examination. This is why good communication skills are essential to be a good psychiatrist and why diagnosing patients is a challenge for psychiatrists.

Another distinctive aspect of psychiatry is that patients sometimes have no insight into their own illness. These patients sometimes need to be treated without their consent. To safeguard the rights of patients, mental health professionals need to follow precise procedures in the Mental Health Act before they are allowed to admit and treat patients against their will.

What is the day-to-day work like?

The workload and duties vary widely between jobs. Trainees are usually responsible for the day-to-day management of in-patients and community patients, review them regularly, and present updates

at the ward round or community round. They also see both new and follow-up patients in out-patient clinics. They attend multidisciplinary team meetings, where team members representing different professions can discuss the problems and needs of patients living in the community. Trainees are also involved in occasionally administering ECT and assessing patients presenting to accident and emergency.

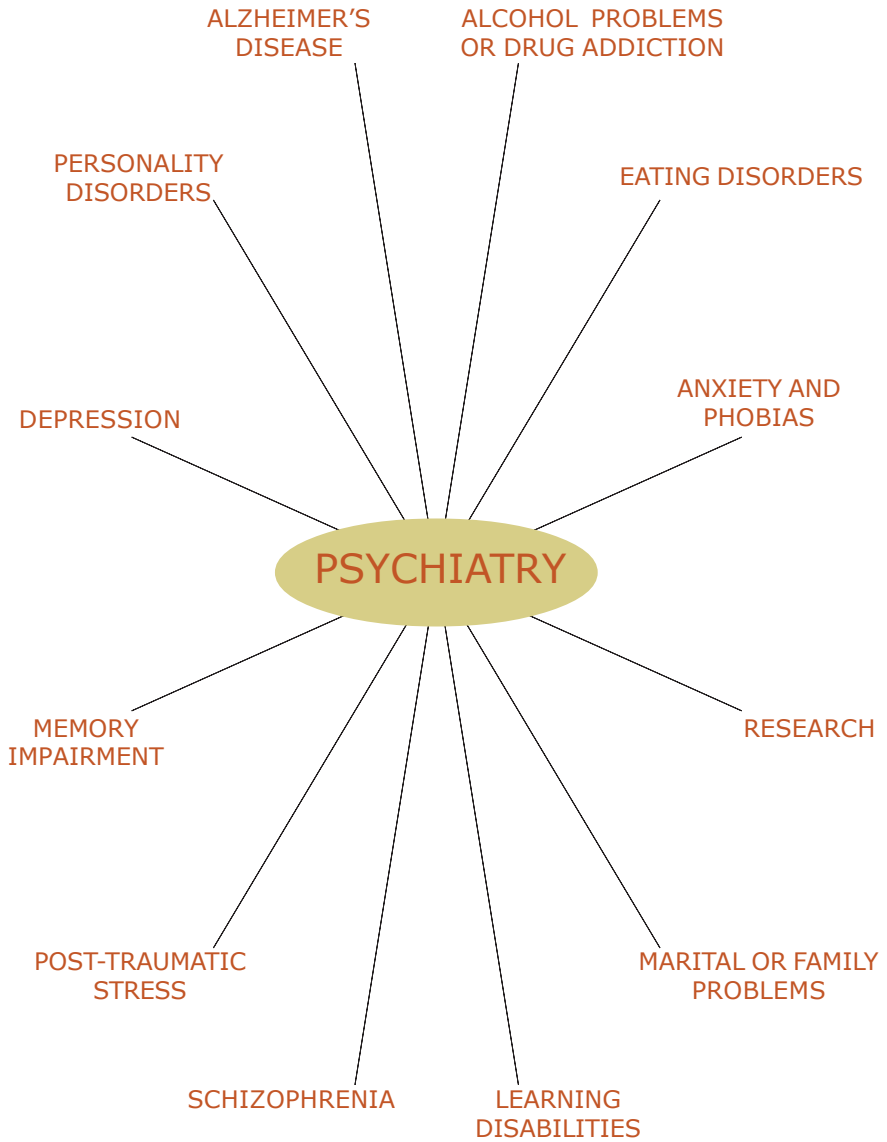
Each trainee gets an hour of protected time per week for consultant supervision where they discuss issues pertaining to their professional development. They also get an opportunity to attend teaching at the local MRCPsych course. The weekly attendance at the local MRCPsych course is mandatory for all schemes and some of these courses also double up as university postgraduate courses leading to the attainment of a higher degree like the MSc or the MMedSci. On-call duties are usually less hectic than in the acute specialties and many rotas allow you to be on call from home. Some hospitals have teams of nurses trained to deal with self-harm assessments and patients who present in crisis. They help to reduce the workload for the trainees and make the job more pleasant.

Clinical attachments

A number of doctors in training, especially international doctors, find doing a clinical attachment especially useful before they start working in psychiatry. This helps them familiarise themselves with the unique UK mental health system and also helps them obtain local referees. NHS trust hospitals should have arrangements in place for offering clinical attachments, so trainees should contact the trusts directly for information.

Flexible training

Flexible training is suitable for doctors who wish to train less than full time but more than half time. Psychiatry is one of the medical specialties with the highest number of flexible trainees. Most doctors who choose to train flexibly do so because of family responsibilities. Other reasons they may choose to train flexibly include being a carer, physical or mental health reasons or to pursue another career interest (e.g. professional sportsman). With more women entering medicine and both men and women wanting more flexible working patterns, flexible training is likely to be in increasing demand. Flexible training in psychiatry allows you to combine a fascinating and rewarding career with other commitments or interests.



Specialties in psychiatry

General adult psychiatry

- Looks after people aged 16–65 with a wide variety of mental health needs.
- Wide range of illnesses including depression, mania, schizophrenia, anxiety disorders and people with personality disorders.
- The challenge includes not only dealing with people with a wide variety of illnesses but also working with a wide variety of health professionals, including community psychiatric nurses, social workers, psychologists and occupational therapists.
- Exciting opportunities to work in an assortment of settings, including community bases, district general hospitals, university hospitals or a combination of these.

Old age psychiatry

- Continuously evolving specialty focused on mental health needs of those over the age of 65
- These include problems similar to those in the general adult age group.
- A major part of the job involves pharmacological, psychological and social aspects of dealing with patients with cognitive impairment (mainly dementia but also delirium).
- Provides an almost unique interface with geriatric medicine and the opportunity to apply both your medical and your psychiatric training in the care of the elderly.

- Also has prospects of working with a large assortment of professionals (including community psychiatric nurses, social workers, psychologists, occupational therapists, physiotherapists, geriatricians and neurologists) in a wide range of settings (including community bases, district general hospitals and/or university hospitals).



Child and adolescent psychiatry

- Concerned with the intellectual, emotional and behavioural problems of children from birth to school-leaving age.
- A stimulating and fulfilling area of psychiatry where positive treatments can affect a whole lifetime.
- A variety of treatments are used ranging from individual psychotherapy to behavioural and family therapy.
- Based in hospitals, child guidance clinics, day units, special schools (boarding and day) for children experiencing difficulties, or in community and remand homes.
- Interesting prospect of developing a close working relationship with the child concerned and their family.

Forensic psychiatry

- Involves interaction between psychiatry and the law, and caring for and treating offenders with mental health problems.
- Special skills are needed in assessing behavioural abnormalities, understanding and using security as a means of control and treatment, writing reports for courts and lawyers and giving evidence in courts of law.
- Based in general and special hospitals, crisis intervention centres and prisons.
- Works with the courts in the elucidation of medico-legal problems such as criminal responsibility, fitness to plead and the management of offenders with mental health needs.

Psychiatry of learning disability

- Concerned with the prevention, diagnosis and treatment of the mental health problems which often occur in people with learning disability.
- Expertise in related subjects such as paediatrics, neurology, epilepsy, genetics, biochemistry and psychology are required.
- Excellent opportunities to work in a variety of settings including community bases, residential homes and the person's home.
- Close working relationship with family carers and a large range of professionals including psychologists, nurses, speech and language therapists, occupational therapists and counsellors.

Psychotherapy

- Required to assess and treat people with, for example, psychoneuroses, personality and behavioural disorders, and sexual and interpersonal problems.
- Need expertise in the application of psychotherapeutic principles, including the psychodynamic use of the doctor–patient relationship as part of the general management of all patients with mental health and psychosomatic disorders.
- Based in hospitals, child and adolescent units, child guidance clinics, student health centres, and in doctors' surgeries.



Liaison psychiatry

- Concerned with mental health needs of patients in general hospitals.
- Prospects of developing expertise in complex comorbidities (of physical and mental health).
- A chance to manage self-harm through behavioural and problem-solving therapies.
- Opportunity to understand and apply various psychological theories and therapies in the management of medically unexplained symptoms.
- Involves managing acute behavioural disorders in patients on medical and surgical wards and in accident and emergency departments, including the judicious use of the Mental Health Act and common law in the general hospital.

Social and rehabilitation psychiatry

- Concerned with promoting the recovery of people with long-term serious and complex mental health problems.
- Working supportively with families and carers towards social inclusion is an essential skill.

- Multi-agency liaison across many settings including the criminal justice system and independent-sector providers is needed.
- Opportunity to work across diverse settings within a network of support teams; this requires expertise in management, leadership, service development and clinical governance.
- Application of a more pragmatic view of the interaction of the social (and economic) environment with mental health status which is central to the specialty; this includes the impact of stigma and discrimination.
- Extremely gratifying role of ensuring the mental and social well-being of patients with severe and enduring mental illnesses.

Addiction psychiatry

- Involves treating adults and young people with a range of drug, alcohol and other addictions. Many of them also have other mental illnesses.
- Have skills in prescribing for maintenance and treatment of withdrawal states, managing physical illness and mental illness in patients with addictions and in providing psychological treatment.
- Requires ability to work with professionals from a range of disciplines including courts, prisons, probation and housing. Working with social services to protect children from problems associated with drug use in their parents.
- Concerned with the development of services and advocacy for this under-served patient group.

Academic psychiatry

- Concerns the exploration, through research, of the basis for all mental illness, its clinical manifestation and treatment.
- It involves the need to develop research ideas, protocols for their study through testing hypotheses, analysing and presenting results at conferences and writing scientific papers.
- It relies upon presenting protocols to grant-funding agencies, and working in collaboration with research teams.
- The clinical academic will spend a lifetime engaged in developing new ideas, contributing to the existing knowledge base upon which evidence-based practice depends, as well as practising clinical psychiatry within their chosen specialty.

I'd never considered psychiatry until my undergraduate attachment. This was the first time I saw people and their problems being looked at in the round. Their stories were fascinating and the psychiatrists I worked with were genuinely interested in not just the symptoms and signs they could elicit, but trying to understand the complexities of peoples' lives when affected by mental illness.

I've continued with that initial fascination, and with increasing admiration for those whose resilience in the face of adversity, and sometimes long-term problems, puts most of us to shame. It's been a privilege to share in the intimate details of peoples' lives and use a wide range of skills, including medical and psychotherapeutic ones, to help people recover from all sorts of problems. Working as part of a multidisciplinary team, respecting colleagues' skills and, in turn, having my contributions valued and sought out, both in community and in-patient settings, has been a very positive aspect of my career.

Being a psychiatrist has meant being creative in looking for solutions, not always sticking to well-trying formulae. Mental health problems don't come neatly parcelled up; life can be a messy business for us all. Working with patients and their families over the longer term of many illnesses has given a richness to my working life I don't imagine could easily have been bettered.

Dr Sally Pidd, Consultant Psychiatrist

Personally, I was intrigued by psychiatry as a student, and, having completed a degree in public health at university, chose to enter a training scheme after my PRHO year. I enjoyed an interest in neurology and neuroscience and, having conferred with a number of psychiatrists, felt I would enjoy the continuity of care and patient interaction the specialty offered. Furthermore, I thought the specialty had a bright future, with the wealth of new information being relayed via molecular biology, genetics and neuroimaging. Having been a trainee for 18 months, I would say that all the above are still pertinent, though the aspects I most enjoy are the human contact and the opportunities afforded by the emphasis on training to learn and develop what I consider to be a craft. More challenging aspects include the perpetuating social determinants of our patient's mental health that we cannot alter, and are at times expected to. Those in psychiatry can have differing levels of intensity associated with their work (flexible training schemes being an example of this) and there are few medical specialties with such a broad spectrum of individuals and opinions on the subject.

Dr Sameer Jauhar, SHO in psychiatry

Changes in psychiatry training

A number of major changes are taking place in postgraduate medical education, which will affect training in psychiatry.

Postgraduate Medical Education and Training Board (PMETB)

The Postgraduate Medical Education and Training Board is a newly formed body, independent of the government, that is the competent authority for all postgraduate medical education and training across the UK. PMETB took up its responsibilities on 30 September 2005. It has responsibility for the standards and quality assurance of all postgraduate education, training and assessment in medicine and dentistry.

Modernising Medical Careers (MMC)

Modernising Medical Careers represents a new structure in postgraduate medical education with an emphasis on a more streamlined training pathway via a new competency-based curriculum. MMC incorporates the implementation of the foundation programme and the reform of specialty and general practice training programmes.

After medical school

After graduation you will spend 2 years working in a hospital as a 'foundation programme trainee'. Foundation programme training will extend the knowledge and skills you have gained as a medical student and will help you become a competent doctor, delivering the best quality of care to patients. It will do this by providing you with a curriculum and learning outcomes that you will need to meet through the 2 years' training, not only in acute clinical care but also the generic skills that all doctors must now have. Most trusts and deaneries have created foundation posts in psychiatry. The numbers around the country, however, vary. The second foundation year (FY2) posts in psychiatry do not at present count towards specialist training but this remains under review.

The foundation programme is the start of your postgraduate training and will help you understand the important qualities that you will need to develop to be a successful doctor in the NHS. After successfully completing year one, you will be eligible for full registration with the GMC.

The second year of foundation programme training will extend your knowledge and ability across the range of generic and acute care skills but will also give you opportunities to experience working within different specialties that you might be considering as career options.

There is to be a national curriculum for all doctors in foundation programme training and the curriculum will be supported by nationally approved assessment tools and a portfolio to guide the trainee and record achievements.

Specialty training

Once you have completed the foundation programme you will be able to apply for specialty training. It is not mandatory to have done any psychiatry training in your foundation programme though you will need to demonstrate your commitment to the specialty at the application stage. There are several ways to gain experience in the mental health field and enhance your CV which do not necessarily include the foundation year training. There are numerous voluntary organisations such as the Samaritans and Sane Line which provide experience and some understanding of mental health issues. You can also contact local consultant psychiatrists in your trust to see if they would be willing for you to shadow them in order to gain first-hand knowledge of the work.

Specialist training in psychiatry is 6 years, divided into 3 years of core training (CT1–3) and 3 years of specialty training (ST4–6). Trainees are called 'core trainees' and 'specialty registrars' respectively. In the first 3 years there are experiences available to build competencies in various aspects of psychiatry, with specialisation starting in the 4th year. The assessments during the training period are workplace-, knowledge- and competency-based. The competencies are based on the GMC's document *Good Medical Practice* and the Royal College of Psychiatrist's guidance *Good Psychiatric Practice*. The training and the MRCPsych course are modular. There are currently six 'certificates of completion of training' (CCTs): general adult psychiatry, child and adolescent psychiatry, forensic psychiatry, old age psychiatry, psychotherapy and psychiatry of learning disability.

The trainees' section of the Royal College of Psychiatrists' website contains up-to-date information on PMETB and MMC.

Entry criteria for specialist training in psychiatry

One of the key principles in recruitment and retention is to choose the right candidates who will be best suited for psychiatry. In order

to identify the best way of selection it is important to understand the characteristics of a good psychiatrist. The key competencies of a good psychiatrist are:

- medical expert
- communicator
- collaborator
- manager
- health advocate
- scholar
- professional.

In addition, psychiatrists must be able to tolerate ambiguity and uncertainty. Many of these attributes can be developed with training, but some personal characteristics must be present from the start. The structure for entry into psychiatry therefore includes demonstration not only of interest in the subject but also of an ability to communicate with patients and their carers and skill in liaison with other professionals. This is assessed via a combination of portfolio from FY2, CV-based questions, a structured interview and assessment of teamwork and empathy.



Somewhere last year, up on the Pakistani–Afghan border, I qualified for my bus pass. So I am about to leave medicine just as you are committing yourself to it. Inevitably, everyone asks me the same questions: 'Would you do it all again?' 'Would you be a doctor?' 'And would you be a psychiatrist?' The answer to all three, unequivocally, is 'Yes'!

I came into medicine by a round-about route. I was a history entrant who ended up with a law degree. I was a newspaper reporter for 5 years and then a teacher. I went back to school sciences and back to university to become a doctor. I drifted through every branch of medicine and came at last to psychiatry – and was hooked.

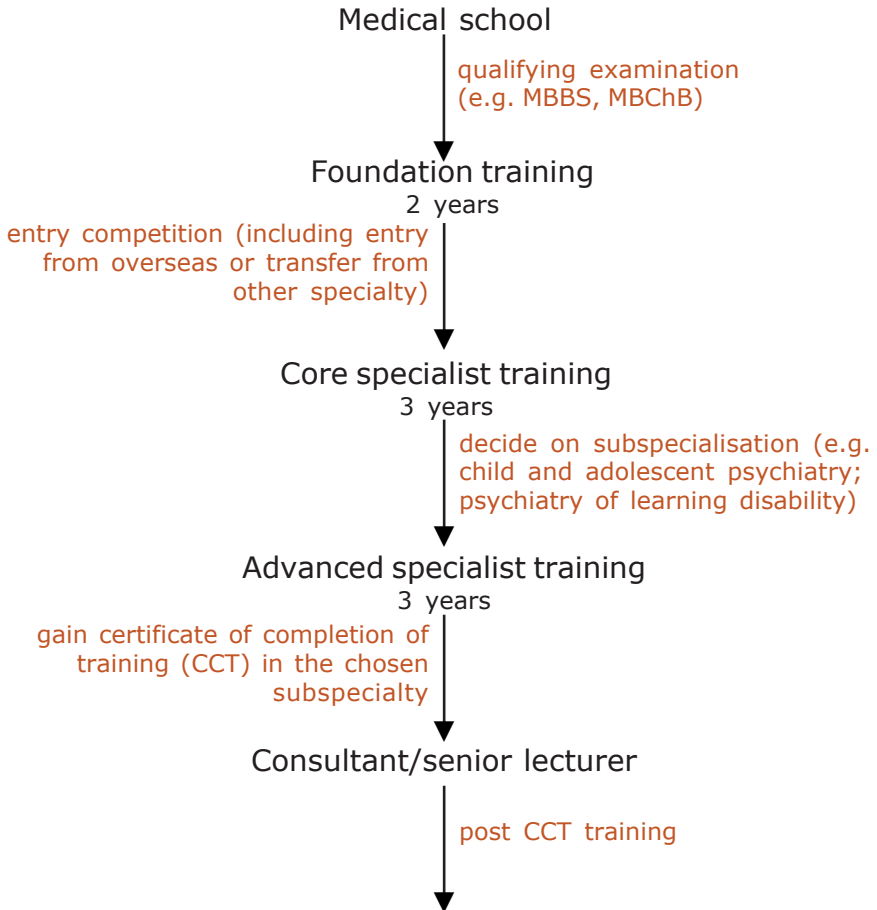
For a long time I thought this had been a process of serendipity, but I can see now that there was a pattern. What I was looking for was that unique combination of rigorous enquiry and human warmth that psychiatry provides. Science is as important to psychiatry as to any other branch of medicine. Some of the most exciting advances in genetics are in psychopathology and its treatment. But psychiatry is still about direct contact between patient and doctor as human beings.

And that is not always comfortable. If you are hoping to keep your patients safely at the end of a stethoscope, psychiatry may not be for you. In order to get close enough to help people in distress, you may get close to your own experiences and feelings too. You may need supports and self-insight to carry you through – whether you are a junior trainee or a long-established consultant. But the rewards at the end of it will be enormous.

How I envy you the opportunity!

Dr Mike Shooter, Consultant in Child and Adolescent Psychiatry and President of the Royal College of Psychiatrists, 2002–2005

Career pathway



When I said at an interview for a psychiatry clinical lecturer post 'I had always wanted to do psychiatry' there was a general chuckle. If that had been the case, why had I spent so much time doing 'other things', such as clinical medicine and research on AIDS or cardiac peptides? The options open to me as a potential clinical academic in psychiatry seemed obscure.

There are a significant number of people who seem to embark on psychiatry later in their careers, but very few I think who regret it. I suspect that our personalities need to be reasonably mature to engage with, and make accurate clinical judgements on, the impact of mental problems on other people.

Psychiatrists I suspect also need the courage of their convictions to overcome initial obstacles to entering the specialty: the perception in some quarters of it being a 'Cinderella specialty' or an 'easy option'; fear or stigma associated with the conditions from which patients suffer; ideas that the study of psychiatry is 'fluffy' and not scientifically based. If any potential psychiatrist thinks in these terms now, I would strongly reassure them that: (1) psychiatry is difficult, complex, hard work and intensely interesting; (2) helping patients overcome their psychiatric illness, their fear and distress, and that of others around them, is the most satisfying task any doctor could hope for; (3) psychiatry research is exciting and rigorous, includes a broad range of approaches and interests and relies upon the very latest scientific techniques. Indeed, the scientific questions identified by clinical psychiatry are driving the development of many of these techniques.

In no other specialty can the doctor explore the inner workings of the psyche and materially help those who suffer when the psyche becomes disordered. Scientifically we are at the cutting edge of understanding human nature and its problems, mental illness and its treatment. Both in clinical practice and scientific exploration, psychiatry offers us the privilege, afforded to relatively few people, of a fascinating and fulfilling professional life.

Professor Peter Woodruff, Chair in Academic Clinical Psychiatry

After you have qualified

Academic and research careers

The training in academic psychiatry is on a par with that received by clinical psychiatrists and is under the aegis of various specialist advisory committees within the Royal College of Psychiatrists. Those training to be academic psychiatrists by carrying out full-time research must have their training programme approved in advance by the College.

Recommended entry requirements

The Royal College of Psychiatrists currently urges SHOs to do 6 months in research placements, if such options are available on the training scheme. After the MRCPsych examination or equivalent, those who wish to enter a clinical academic position:

- should have completed their basic specialist training
- should seek to have the funding secured for a 1- to 4-year research programme (ideally 3-year research programmes, which are most likely to be fellowships and which should lead to MD or PhD).

Most lecturers (at SpR level) will be expected to have either obtained their PhD/MD degree or be registered for it. For appointment at senior lecturer level, they should have demonstrated an ability to obtain independent grants and conduct research with colleagues, and also have the ability to supervise trainees. They should have obtained their CCT in the specialty in which they are conducting research. Those planning to take on teaching responsibilities should have teaching ability and experience. The post-MRCPsych training therefore should have the following characteristics:

- It should be approved by the relevant committee within the College.
- It should have at least four clinical sessions with the remainder as research sessions.
- The training should include on-call commitments.
- The academic clinician should have clinical responsibilities at the point of specialist registration.
- Modifications to the training programme are possible in discussion with the programme director and the relevant committee.

Career appointments

CONSULTANTS

Consultants are appointed through open competition. To be eligible for a consultant post in psychiatry you must have obtained a CCT or equivalent, be fully registered with the GMC and be on the Specialist Register.



STAFF GRADE

Staff grade posts were originally introduced to make up the shortfall of specialist doctors following the limitations in the number of specialist registrar posts. This grade is open to doctors who have not obtained a CCT and are therefore not eligible for entry to the Specialist Register. Staff grade doctors must be fully registered with the GMC.

ASSOCIATE SPECIALISTS

An associate specialist is a senior grade usually filled by doctors who have, for one reason or another, chosen not to complete higher specialist training, or having completed higher specialist training, have not taken up a consultant appointment. They must have completed 10 years' medical work since registration but are not required to be on the Specialist Register.

Continuing professional development

Over the past 10 years, the Royal College of Psychiatrists has developed continuing professional development (CPD) as its key contribution to promoting life-long learning. At its core, CPD requires psychiatrists to maintain, develop and remedy any deficits in the knowledge and skills relevant to their professional work.

Participation in CPD is central to maintaining standards within clinical governance and will have a key role in revalidation.

Further information relating to CPD can be obtained from the College website (<http://www.rcpsych.ac.uk>).

The Royal College of Psychiatrists

The Royal College of Psychiatrists supports psychiatrists throughout their careers with a wide variety of educational and academic events and resources. The College enjoys an international reputation and is proud to be known as a friendly, helpful organisation dedicated to the advancement of the profession. The Royal College of Psychiatrists promotes mental health by:

- setting standards and promoting excellence in mental healthcare
- improving understanding through research and education
- leading, representing, training and supporting psychiatrists
- working with patients, carers and their organisations.

The Royal College of Psychiatrists has been active in the field of postgraduate education for 25 years, and the range of activities it undertakes is enormous. For example, it offers advice and information to the government, the Department of Health, the NHS Executive, health commissions and trusts on issues relating to psychiatry and education.

The College has a number of specialist departments, including: Examinations, External Affairs and Information Services, Postgraduate Educational Services, Publications and a dedicated Research and Training Unit. A number of committees meet at the College's headquarters in Belgrave Square, London. The College also organises many events relating to the profession, including seminars, workshops, conferences, charity activities and media training. It also publishes the three main academic journals relating to psychiatry – the *British Journal of Psychiatry*, *Advances in Psychiatric Treatment* and the *Psychiatric Bulletin* – as well as a wide range of books and policy documents.

Primarily an administrative and educational organisation, the College does not provide teaching on its premises or house any students.



There are a number of ways to become involved with the College and these include joining as a psychiatric trainee, standing for election for the Collegiate Trainees' Committee (CTC) and becoming an affiliate of the College.

Psychiatric Trainee Grade

The College is very keen to encourage future members to be actively involved in College activities and qualified doctors can enrol as a pre-membership psychiatric trainee (formerly known as an 'inceptor'). This grade is open to all those in psychiatric training until they pass the MRCPsych examination. It offers excellent benefits including the *British Journal of Psychiatry*, a dedicated new trainees' meeting, access to vital exam and training information, the *Psychiatric Bulletin*, and a discount rate for *Advances in Psychiatric Treatment* (APT).

For more information regarding the psychiatric trainee grade, please contact the Postgraduate Educational Services Department at the College.

Psychiatric Trainees' Committee

The Psychiatric Trainees' Committee (PTC) aims to represent the interests of the trainees within the College and maintain and improve the quality of postgraduate psychiatric training. Membership of the PTC provides a range of valuable opportunities for trainees, and fulfils an important function of the College. It allows you to become involved in the work of the College at close hand, influence training in psychiatry, meet fellow trainees from around the country and even represent trainees at an international level.

Affiliates

Affiliateship is open to all psychiatrists in the staff grade and other non-consultant career grade posts such as clinical assistants and associate specialists. This grade enables psychiatrists who are not in training grades or consultant posts and who do not have the MRCPsych to have a closer affiliation with the College.

Further information regarding affiliates can be found on the College website.

If you are interested in becoming a psychiatrist, we would be happy to hear from you, and to give you any further information you may need.

Further information

For more information about anything in this booklet, please contact careers@rcpsych.ac.uk.

