

January 2024

# Scotland's Core Trainees & Specialty Doctors: a collective report on opinions and attitudes towards the current limits on Higher Training in Psychiatry

## Context

This survey follows the August 2023 Royal College of Psychiatrists publication of A Core to Higher Training Attrition Report.<sup>1</sup>

Core trainees overwhelmingly share concerns regarding the availability of Higher Training opportunities. The Attrition Report provides some assurance that these concerns have been escalated.

The challenges related to career progression impact a broad spectrum, from those considering Psychiatry as a career, to trainees, to consultants covering for shortages, and, most importantly, to patients facing growing waiting lists and delays to care and treatment.

The Attrition Report acknowledges the trend that trainees are increasingly taking longer to complete their training, with a notable increase in those working less than full time (LTFT). It has also highlighted that trainees are more likely to take breaks, opt for career grade posts, leave Scotland or not return to training.

Only a small fraction of the overall trainee cohort was involved in the Attrition Report focus groups. This was identified as a limitation which may have made it harder to capture the diversity of experience and factors influencing trainees' choices. The Attrition Report recommended collating Scotland-specific data on what motivates and impacts decisions around applying for Higher Training.

Inspired by the report, and the strength of feedback expressed by trainees to us as local and PTC (Psychiatric Trainees' Committee) representatives, we have surveyed the collective views of doctors in Scotland who would be in a position to apply for Higher Psychiatry Training. This builds upon the Attrition Report recommendations with wider breadth and granularity of data. We are keen to ensure that the voices of trainees are held forefront in the consideration of recommendations going forwards.

## Aims

1. To provide Scotland-wide data on Core Trainees' motivations, their future plans and the barriers to applying for Higher Training.
2. To raise awareness of any collective issues.
3. To provide recommendations to the Royal College of Psychiatrists, NHS Education for Scotland (NES) and the Scottish Government based on the results.

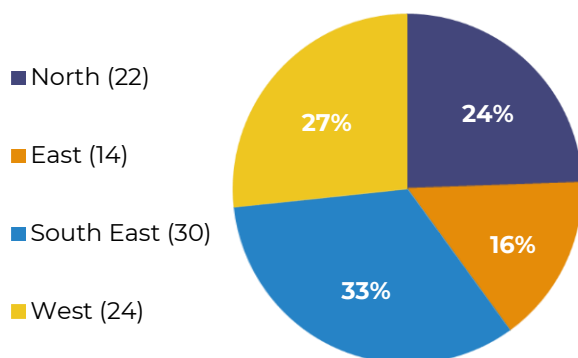
## Method

A Microsoft Forms survey was emailed to all 176 Core Trainees in Scotland through regional PTC representatives in East, West, South East and through the Core Training Programme Director in the North. Speciality doctors who were post Core Training, and waiting to apply for Higher Training, were identified by snowball sampling and were also emailed a link to the survey. Data was collected between 26/10/23 and 21/11/23.

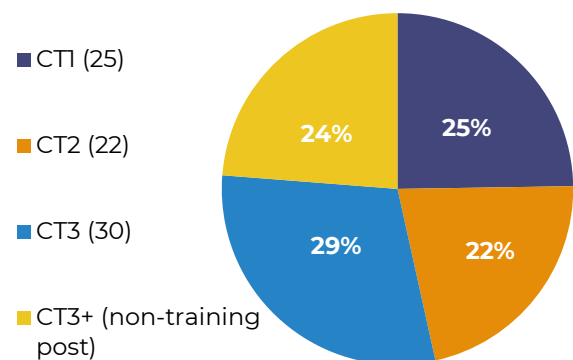
## Results

- **All regions in Scotland and all levels of training were well represented by trainee response rates**
  - Trainee participation was high with **90** doctors responding from across all areas in Scotland and all levels of training.
  - The response rate for Core Trainees per region was: 70% East (14/20), 69% South East (20/29), 61% North (21/33), and 26% West (22/94). The overall core trainee response was 44% (77/176). 10 post Core Training doctors responded from South East, 2 from West and 1 from North.
  - Of responses received, the percentages were compared by region below.

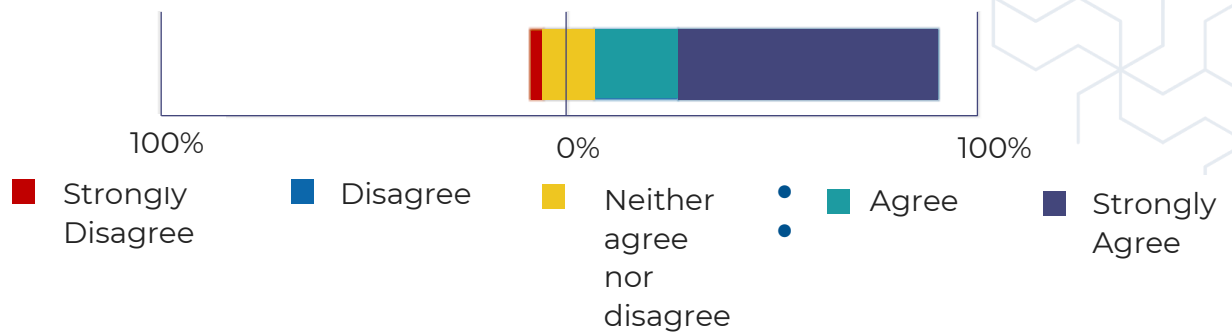
**Break down of Responses by Region**



**Trainee Participation by Training Grade**



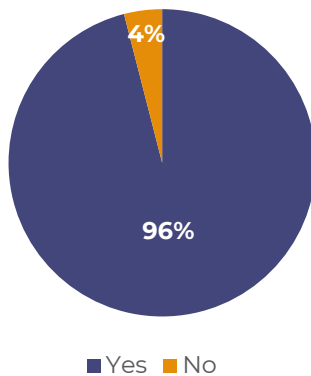
- **83.3% of trainees feel that the current availability of Higher Training posts is affecting morale and motivation in psychiatry**



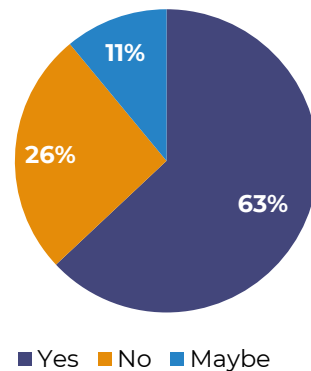
- **96% of trainees plan to enter Higher Psychiatry Training**

- **The majority of trainees (63%) want to enter Higher Training directly from Core Training**

**Plan to Enter Higher Training**

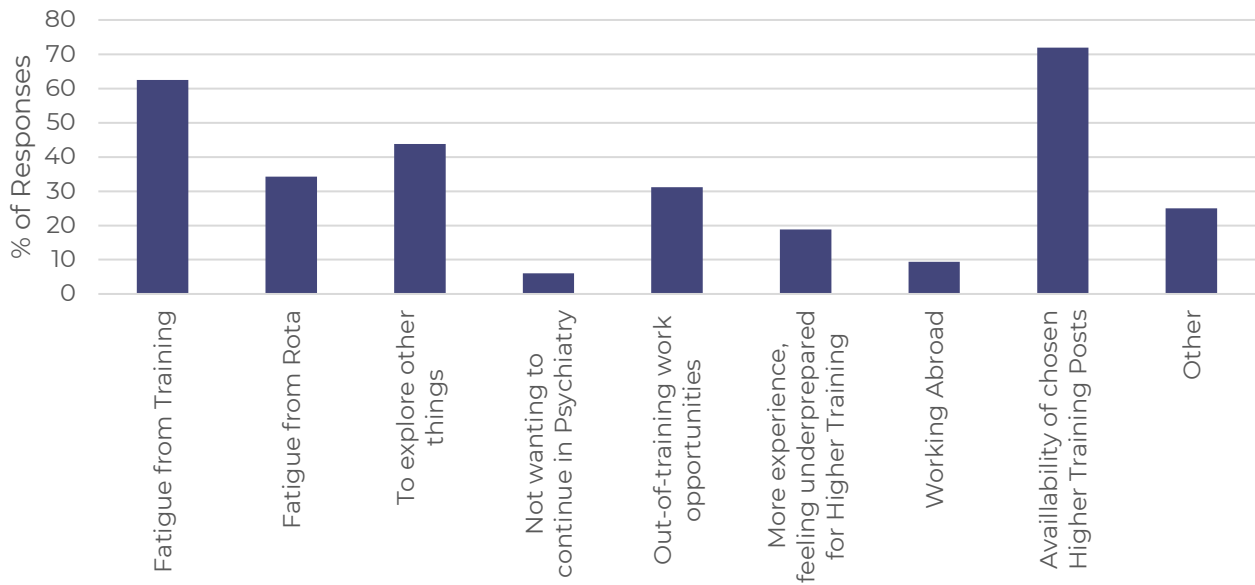


**Plan to Enter Directly into Higher Training**



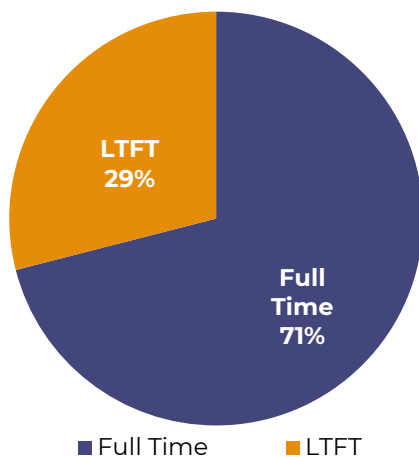
- **The availability of their chosen Higher Training post was the number one reason for not wanting to enter Higher Training directly**
  - Listed by 72% of those not planning to progress directly
- **The second highest reason given was fatigue from training**
  - Listed by 63% of those not planning to progress directly
- **Feeling underprepared for Higher Training was one of the lower ranked reasons for not progressing directly to Higher Training**
  - Listed by 19% of those not planning to progress directly

## Reasons considered if not progressing directly to Higher Training

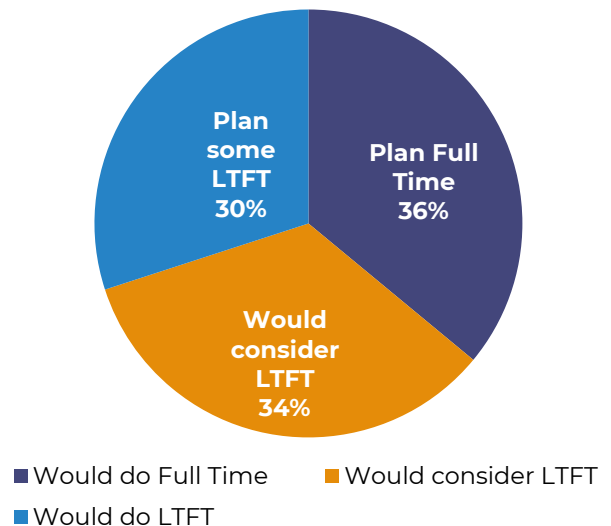


- **Less than full time working is increasing and likely to increase further**
  - Nearly 29% of participants are currently LTFT
  - 30% definitely plan to do some of their Higher Training LTFT and a further 34% are considering it

### Current LTFT Core Training

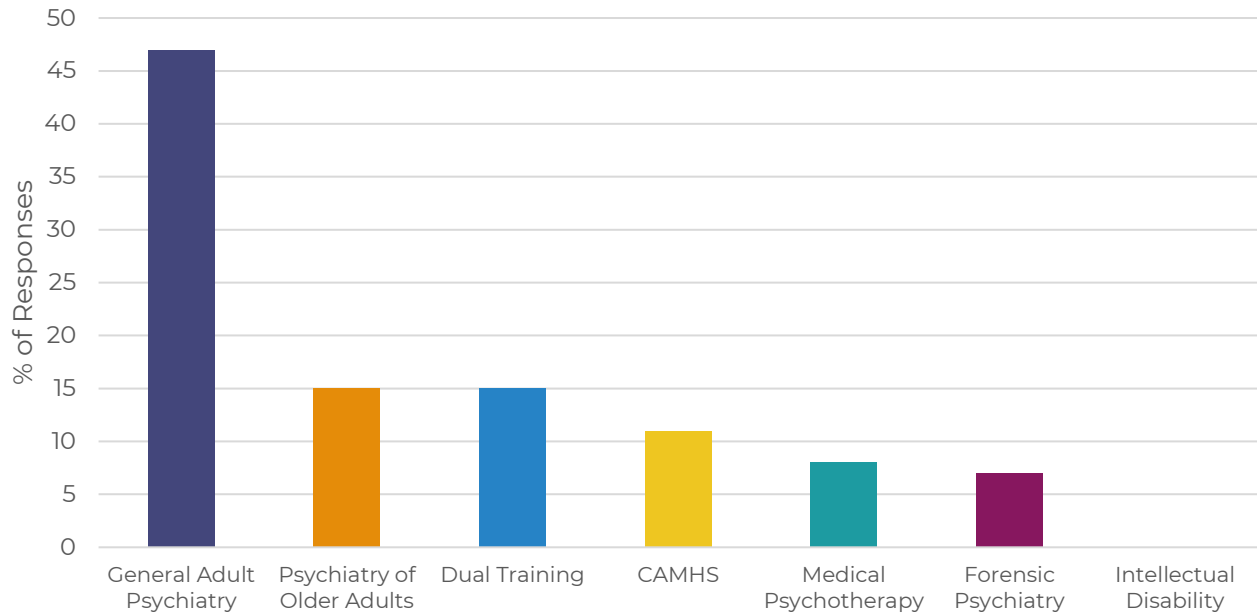


### Plans for any LTFT Higher Training



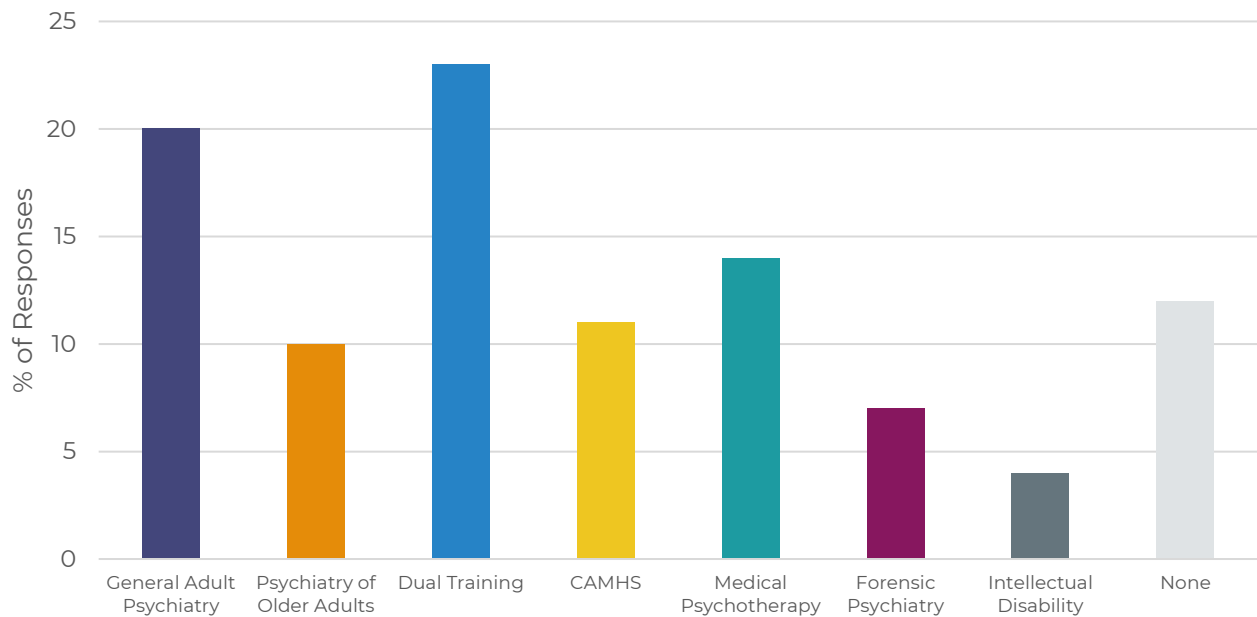
- **General Adult Psychiatry is the most popular Higher specialty**
  - 47% of trainees want to enter General Adult Psychiatry Higher Training

### First Choice Higher Training Specialty



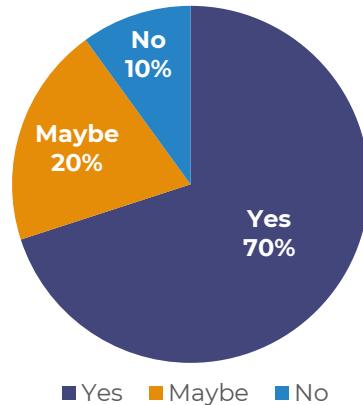
- **Dual Training is the second most popular Higher Training choice. There are, however, few dual training numbers in Scotland**

### Second Choice Higher Training Specialty



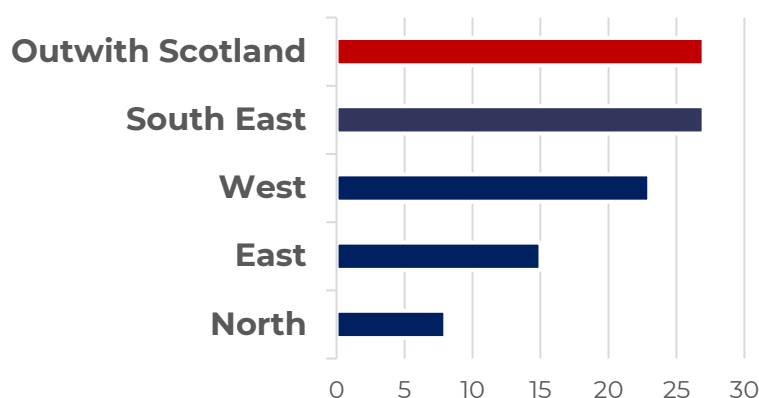
- **The majority of trainees (70%) wish to continue training in their current region**
  - Only 10% do not want to stay in their current region for Higher Training
  - Trainees are settled and have housing and family commitments that make moving difficult (>55% of CTs ranked settled, housing and family as “extremely important” in their motivation to stay in their region)

**Trainees planning to do Higher Training in their current region**



- **Some trainees will be lost from psychiatry if they are unable to secure a training post in their chosen region**
  - 18% of trainees would consider alternative employment outside of psychiatry
- **Trainees will be lost from Scotland if they are unable to secure a training post in their chosen region**
  - 27% of those considering another region would consider leaving Scotland. Those who would consider leaving Scotland came from all regions – of the 27%: 22% were East, 26% North, 26% South East and 26% West.
- **Second choice regions for consideration remain those that have the most filled posts in Scotland**
  - 27% would consider South East Scotland, 22% West, 15% East and 9% North

**If considering an alternative region, where would be considered**



## Free-text thematic analysis

Those surveyed were given the opportunity to provide a free-text answer to the prompt – “Do you have any additional comments”. Given the length of the survey, and the typically low response rates to other surveys which have been circulated – the volume and strength of feeling expressed is noteworthy. A number of themes appeared regularly. Typical examples of these are set out below.

### **Trainees mentioned frustrations at the lack of posts accounting for LTFT training, especially given the growth in those taking this up and considering doing so.**

*“It seems very behind the times that training numbers are not allocated on a FTE basis - e.g. no new numbers generated when current higher trainees are LTFT/OOP/on maternity/sick leave.”*

*“I find it difficult to understand the fact that whole training numbers are used for people less than full time when this then creates gaps in rotas and prolongs release of these numbers for prospective candidates. This creates sentiment whereby those who work LTFT are seen as burdening the system and in fact they do, because other colleagues are then required to absorb their work or health boards are required to overspend on their budgets employing clinical fellows or locums to plug those gaps. This is inevitably leading to trainees feeling burnt out and wanting to redress their work life balance by going LTFT. If training numbers were split for those working LTFT it would lead to greater available flexible numbers and likely greater fulfilment and satisfaction within the work place and with training.”*

### **Finding the limited Higher Training places considerably stressful, frustrating and demoralizing. The difficulties around obtaining a Higher Training number are experienced in the context of an already stressed and pressured system – which has a negative impact on wellbeing and morale. Trainees can see the services lacking consultants and the impact on the service given to patients.**

*“The bottleneck in my area is quite considerable, and it is extremely disheartening after 5 years working in NHS Lothian that I am not considered adequate for the only job I am trained for, which is being a psychiatry trainee. This is especially confusing when seeing the huge gaps in consultant rotas, and that there are people in staff grade/locum posts who would have CCT'd by now if they had been able to get an ST4 post.”*

*“I see a service with a lack of consultants and long waiting lists and enthusiastic trainees who want to be consultants but can't be because there aren't enough training numbers. As well as demoralising trainees, excellent trainee colleagues are leaving and being lost.”*

*“I hope the results in this survey will be taken seriously - to expect us to complete all of this training to then not have enough speciality training posts is extremely disappointing and anxiety inducing in terms of future planning.”*

*“All of this has really led to me becoming disenchanted with training as a concept.”*

**Many trainees don't feel heard, recognized or valued by the system they work within, and see the inability to progress their training as evidence of this.**

*"I'm aware that I may not get a job for several years because of this and the uncertainty scares me for job security, financial stability and professional progression. I love my job it's something I genuinely feel passionate about but I feel unwanted and uncared for by the service, personally and also collectively for my colleagues. I fear the number of doctors and morale will also have a direct impact on patients."*

*"There is a desperate shortage of consultants because there are hugely insufficient Higher Training posts and fewer and fewer people want to work in this setting. This must be costing huge amounts in locums and longer and longer wait lists due to vacancies, which could be filled by Higher Trainees and consultants. The college should be investigating why the Northern health board posts are unfilled rather than attempting to force people to take posts they don't want by restricting those that they do. This approach costs the trainees, the public and the NHS. I may eventually proceed to Higher Training, but without significant, sustained and progressive changes this is becoming less and less likely - a heartbreaking decision to have to make as someone who has worked for this career since their teens but one which may be needed to preserve my own self-worth."*

*"Many of the patients I see are sorely disappointed and angry with the lack of services and long waits. This frustration falls directly on to clinicians who, in my experience, seem only to be supported by each other and not by the college or the NHS. It feels that in spite of placing more and more of my energy into work each year, my governing bodies still do not feel that it is worth it to try to retain their trainees or offer the opportunities to progress into higher training which we have worked for."*

*"I'd rather leave the NHS and work in an area where my experience is respected."*

**The process of applying was itself also felt by some to be insufficient in delineating the best candidates, and can worsen disenfranchisement with the overall process. A number of trainees felt the described issues reduce their motivation to continue with psychiatric training within Scotland.**

*"We work in a hugely understaffed and stretched service, whilst jumping through hoops to get through Core Training, and when finished this (and despite the huge need for consultants and higher grades) we are faced with a system that doesn't want to continue to train us. Instead, it expects us to jump through hugely effortful and time-consuming "extra-curriculars" purely for points to get into the next stage of the training service. Arguably, many of these points do not produce "better" clinicians and psychiatrists and are only there to separate us. There is no real advantage to being a good jobbing psychiatrist, which is what the country needs currently."*

*"[the current system] prioritises some inane academic tick-boxing over professional experience and human qualities. The 'interviews' are pathetic, and highly subjective. To be honest the application process has demoralised me to the point of currently not looking to apply for Higher Training."*

*"It causes significant distress and concern when I hear of excellent candidates who did not manage to get Higher Training posts last year and are planning on applying this year, the year I am also hoping to apply. It feels like a lottery as to how many training posts are going to become available each year and that there will inevitably be a bottleneck for certain specialties due to lack of training numbers."*



**A number voiced serious consideration of leaving Scotland or even the NHS, due to the current issues around Higher Training numbers.**

*"I'd love to stay in Scotland for my Higher Training, but unfortunately it seems that there are very limited slots in the subspecialty that I want (CAMHS). I've already been told that there won't be any available training numbers in CAMHS for my current region in the near future, so I'm already sure that I'll have to move. Ideally I'd want to stay in Scotland, but if there are no available posts, I would just have to move to England."*

*"Considering the difficulties Scotland has filling up regular consultant posts in Psychiatry, I think it's a shame that the bottleneck in Higher Training may lead to Scotland losing some trainees who are already invested to stay in Scotland. I think the best way for you to improve recruitment of Psych consultants in Scotland, is to ensure that people have the opportunity to stay in the same region/nation throughout their psychiatry training."*

*"Cost of living, especially house prices and commuting costs is really affecting my choices as to which location I will pursue for Higher Training. I will definitely consider leaving to Australia or South of Ireland if I do not get into Higher Training straight from core training."*

*"I have seriously considered alternative training options out with the NHS"*

*"I believe the lack of ST training posts within the locality is making colleagues, including myself, despondent and seriously consider alternative careers. I know junior colleagues are also aware of this and at times are too questioning their career path."*

*"This situation will push many people away. It feels unfair to do this amount of training... to not even get a job at the end of it."*

*"The scarcity of Higher Training numbers means if I am unsuccessful in getting a post in either SE or E Scotland I will move to England in order to get on a training program."*

**Many trainees would have difficulty or be unable to move to another area for Higher Training due to having families, mortgages and the lives they have established in their current training area.**

*"If I want to go straight into Higher Training it seems I have to base my decision on the posts that are available rather than what I am actually genuinely interested in if I want to remain in the geographical area where I have made well established roots that include social and family networks as well as property."*

*"As a current CTI I have already incurred a lot of financial stress making the move to the SE region. I made this move because it has been my dream to work and settle here however, it was not financially easy to do so. I have a small family and we are all making our lives here as well as it takes a couple of years to feel comfortable in the place that you are in. It would be very disheartening to feel that I might have to move in a couple of years when I am a dedicated member of the service."*

*"I am in my mid-30s, have a mortgage, and all of my family live in SE Scotland - moving is just not feasible for me so I am really keen for there to be an increase in the number of central belt ST4 posts!"*

*"I will not move location just to follow where Higher Training jobs are. If there are areas which are under filled then incentives are needed to promote these areas including financial incentives."*

## Discussion and synthesis with the Attrition Report

- 1.** The primary obstacle preventing core trainees from progressing to Higher Training, as identified by them, is the scarcity of available Higher Training posts across regions, relative to the number of Core Trainees finishing their Core Training. This key factor, highlighted in both the Attrition Report and our survey, remains consistent across all regions.
- 2.** Trainee responses further highlighted the ongoing increase in less than full time working, with two-thirds of trainees considering pursuing some of their Higher Training on a less than full time basis. This trend will further delay the release of training numbers and therefore growth of consultant numbers.
- 3.** Feeling under-prepared to enter Higher Training was raised as an important issue in the Attrition Report. Although this is important to investigate and address – our data showed that in terms of reasons to not apply for Higher Training – only 19% chose this as a contributing factor. This can be contrasted against the 72%, who felt the lack of availability of their favoured job.
- 4.** The majority of trainees settle in their Core Training region and there are several reasons that moving may be difficult. Trainee responses list housing and family commitments as the largest contributing factor for feeling settled and wanting to stay in their region. Results also highlight that 75% of trainees would stay in their region in a specialty post and 72% would reapply for Higher Training. Of those who would contemplate relocation, 27% would consider leaving Scotland and the main regions in Scotland that would be considered as alternatives already have the highest fill rates.
- 5.** Dual training was highlighted in the Attrition Report to encourage progression to Higher Training and to encourage General Adult Psychiatrists. The trainee survey finds that 15% of trainees would apply for dual training as their first choice and if considering a second-choice specialty dual training was ranked highest (27%).
- 6.** Our data show that General Adult Psychiatry is the popular specialty (47%), with a further 20% having this as their second choice. This does suggest that the availability of training numbers is a barrier to recruitment.
- 7.** The issue of Higher Training application criteria was flagged by the Attrition Report. Although this was not directly covered in the survey, and therefore data cannot be added, it has been noted as a recurring theme in the free text responses. Issues raised included the heavy reliance on CASC scores and an inability to show further clinical experience and interpersonal skills in the interview process.
- 8.** Fatigue from training came second to availability of posts, in terms of reasons why trainees would not apply for Higher Training. Burnout was also highlighted as an important factor in the Attrition Report. The causes of this fatigue, the impact on trainees, and potential solutions – require specific investigation and exploration.

## Recommendations

- 1.** Trainees advocate for an immediate shift to Full Time Equivalent training numbers within psychiatry.
- 2.** The concern around higher training availability is Scotland-wide, and not confined to the central belt. Further review is required locally to understand and address any unfilled Higher Training posts.
- 3.** A closer ratio of Core Trainee places released to Higher Training posts offered is suggested, given that availability is identified as the primary barrier to progression. Trainees would advocate for the funding to expand training numbers to be concentrated on addressing this matter rather than focused on expanding core training numbers.
- 4.** Increased Higher Training numbers to reflect the number of Core Trainees within each region. It has been demonstrated that restricting Higher Training numbers in areas with higher fill rates will not result in improved fill rates in areas with lower fill rates. The current availability of Higher Training posts negatively impacts trainees across Scotland and will result in a loss of trainees from both psychiatry in Scotland and psychiatry as a specialty.
- 5.** Dual training opportunities would be popular and welcomed.
- 6.** To address trainees' low morale and motivation due to the accessibility of Higher Training, a planned strategy to improve accessibility should be clearly communicated to trainees. Transparency around decision-making, and following up the impact of the planned changes on those affected, would be a positive step in order for trainees to feel further supported and valued.
- 7.** Regarding any unfilled training numbers, it may be pragmatic to consider how these numbers could be utilised and filled. A potential option could include offering the training number to another region, understanding that this number would always include one or more placements in the original region of the borrowed training number.
- 8.** Specific investigation into the factors which are leading to fatigue from training and burnout, should be conducted. This could be explored against the general backdrop of current morale among trainees.

## Limitations:

1. Run-through training has been considered in Scotland but trainee opinions about this were not sampled by this survey, therefore no recommendations can be made. However, obtaining trainee opinions would be a valuable addition to this consideration.
2. Due to the popularity of dual training being an unexpected result, the further detail of this in terms of combination and region have not been captured in this survey.
3. The response rate was 44% of Core Trainees. However, the average response for an email survey is 20-30%.
4. The data does not forecast the upcoming recruitment picture year by year but rather provides an overall picture of the next 3-6 years.

## Next steps

These results supplement the causal factors examined in the Attrition Report, as well as the recommendations provided. We are keen for the recommendations of both the report, and data from this survey, to contribute to positive change. The impact of the current system on those who are eligible to apply for Higher Training has been recognised, and we will reflect this back to all trainees in Scotland through email and local presentations. Next steps will require wider awareness of the consensus data through dissemination and publication of results alongside advocating for the recommendations via discussions with NHS Education for Scotland.

It would be useful to further investigate:

- Trainee opinions around the process of applying for Higher Training
- What dual training combinations and locations would be desirable
- The factors which are leading to training fatigue and burnout

## Contributors

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## **Input and Endorsement**

We were very grateful to be able to present and discuss our survey data and the wider document with the Royal College of Psychiatrists in Scotland Workforce and Careers Committee. Their support has been invaluable in producing the best representation of trainee views. They have kindly endorsed and have helped publish this work with editing support from Dr Rosemary Gordon and Dr Ihsan Kader.

We would also like to thank the Royal College of Psychiatrists in Scotland Devolved Council, who have also kindly offered their advice, thoughts and endorsement.

## **References:**

1. [Psychiatry Training Attrition Report \(Scotland\) \(rcpsych.ac.uk\)](https://rcpsych.ac.uk)