



Continuing to #ChoosePsychiatry

RCPsych Recruitment Strategy **2022-2027**

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Dr Maria Atkins, Chair RCPsych in Wales
Dr Richard Wilson, Chair RCPsych in Northern Ireland
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Ella Robinson, Policy and Campaigns Manager, RCPsych
Simon Rose, Lived Experience Educator, Derbyshire Healthcare NHS Foundation Trust and Patient Representative of Council, RCPsych

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Acknowledgements

Prof Subodh Dave, Dean, RCPsych
Dr Adrian James, President, RCPsych
Prof John Crichton, Treasurer, RCPsych
Dr Trudi Seneviratne, Registrar, RCPsych
Dr Ellen Wilkinson, Specialist Advisor for Workforce, RCPsych
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Foreword

The last two years have shown how important it is that we have the psychiatrists needed to meet the present and future demand of our mental health services. We know that more than 1.4 million people are waiting for specialist mental health support, and it is vital that we have the workforce to meet these patients' needs.

Choose Psychiatry has been a powerful and successful campaign that has drawn many into the profession. There are those who wouldn't have considered psychiatry as an option not too long ago, but in 2021, we had yet another year of strong recruitment. National recruitment figures have shown 100% core training fill rates across the UK, which is an absolutely fantastic achievement.

This new strategy is a timely refresh of a successful campaign which is a fundamental part of ensuring parity of esteem. I'm so pleased that we are realising the campaign's ambitions and are on the right track to steadily build a psychiatric workforce of the future.

Psychiatry presents fantastic opportunities to learn and advance medical and scientific knowledge, shape the way you progress throughout your career, and truly see the patient as a whole.

At the College we understand that when people are supported and empowered, they can really deliver for their patients. That is why

this campaign is so focused on ensuring that prospective doctors, and newly qualified doctors alike, are supported throughout their journey to psychiatry.

I would like to thank everyone who has been involved so far, from those who have promoted psychiatry as the great career it is, provided an excellent training experience for medical students and foundation doctors, spoken about their experiences in schools, or been directly involved in the formal programme.

I would like to make a special thank you to Professor Helen Bruce, Associate Dean for Recruitment, 2016-21 and Dr Tom Brown, Associate Registrar for Recruitment, 2012-16, who laid the foundations for this work.

Thank you, of course, to Dr Kate Lovett, our current Presidential Lead for Recruitment, who remains our extraordinary champion.

We would love for as many of you as possible to contribute to this new campaign, building on an already brilliant record of accomplishment and inspire others to make a real difference to patients' lives.

Dr Adrian James
President

Royal College of Psychiatrists
May 2022



Background

Failure to recruit fully into psychiatric training has been recognised as a problem both in the UK and internationally for many years (Refs 1,2,3). This has led to an under recruited consultant workforce with most recent estimates showing that approximately 10% of consultant psychiatrist posts are unfilled in the UK (ref 4).

Concerted efforts by the Royal College of Psychiatrists and others to improve recruitment have led to significant improvement in numbers being appointed to core training programmes throughout the UK with 100% fill rates achieved in 2020 and 2021. This has resulted in additional core training posts being commissioned in England, Wales and Scotland in 2021/22 due to the demonstrated demand. HEE (Health Education England) is also optimistic about securing funding for additional core posts in 2022/23. While extra posts are welcome, longer-term workforce planning with multiyear funding settlements is still absent.

Workforce planning has been notoriously inadequate in the past and the current workforce shortages reflect this historical legacy (ref 5). Without sufficient workforce, plans for reform of mental health services throughout the UK cannot be fully realised. (Ref 6,7,8,9). The workforce plan for the lauded Five Year Forward View for Mental Health in England (Ref 10,11) identified that an additional 570 more consultant posts were needed by April

2021. However, by the end of March 2021 only 209 additional FTE (Full Time Equivalent) consultants had been added to the workforce (ref 12).

The College has more recently identified that an additional 494 full-time psychiatrists will be required by 2033/34 to meet the proposed reforms of the Mental Health Act in England (ref 13,14). Further psychiatrists will also be required to deliver the proposed standards from the Clinically led Review of NHS Standards. Even without much needed reform to services need is likely to increase. The Centre for Mental Health predicts that 10 million people (20% of population) will need new or additional mental health support as a direct consequence of the covid crisis (ref 15). Whilst this additional demand is likely to need the full contributions of communities, employers, and all parts of health, social care and third sector to meet it, psychiatrists will need to be deployed in sufficient numbers to help lead and provide expertise.

The NHS people plan was published July 2020 to support current NHS reform in England (ref 16). Whilst it focuses on important themes of supporting staff through cultural change and creating new ways of working and delivering care in the NHS, it lacked specific solutions for recruitment; emphasising instead, culture change and systems working together on the ground to develop local workforce plans. The importance of retention is highlighted in the plan which cites that 56,000 people left the

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NHS between 2011 and 2018 due to perception of poor work-life balance. The RCPsych has developed its own workforce and well-being strategy (ref 17) and has consistently advocated for access to less than full-time training for all who request it regardless of their reasons. From 2022/23, all doctors in training will be able to apply for flexibility in training in their chosen programme (ref 16).

Disparities in career opportunities and progression for those from Black and Minority Ethnic backgrounds are well documented in medicine including psychiatry (ref 17). Tackling this is a key strategic aim of the Royal College of Psychiatrists (ref 17, 18,19,20) with the appointment of two Presidential Leads on Equality to support all members to have equality of access to career opportunities. Ensuring that our college, The Royal College of Psychiatrists, and the medical specialty of psychiatry is welcoming to all, at every career step, is essential not only in living out our values, but also in ensuring that patients have access to the widest pool of talent in supporting their recovery from mental disorder.

The NHS currently relies on the rest of the world to supply its doctors with 55% of UK doctors joining the register having been trained abroad (ref 21). Whilst the benefit to the diversity of the workforce and international scientific community is undoubtable, this reliance on attracting overseas talent to the specialty, has raised ethical questions about meeting world health demands and those of sustainability. The World Health Organisation has developed a global code of practice on international recruitment of Health Personnel (ref 22) the principles of which are supported by the College.

It is evident however, that the UK has never trained enough medical students to meet its medical workforce demand. As a result, the Royal College of Psychiatrists, in collaboration

with the Royal College of Physicians, has advocated for a significant increase in UK medical student places (ref 23,24). Whilst there has been some welcome planned expansion in the number of medical schools and places in existing schools, the call for the further expansion has been echoed by the Medical Schools Council who have recently set out the argument for an increase to 14,500 places per year (ref 25).

There is uncertainty about what factors lead to specific career choices amongst current undergraduate medical students (ref 26). However, perceptions of work-life balance, enthusiasm for specialty and self-appraisal of their own suitability have previously been identified as being important with more recent cohorts of both men and women valuing work-life balance more highly than previous cohorts (ref 27). In a Dutch study, Querido and colleagues identified that student-initiated information about the specialty (including access to enrichment activities), the patient population characteristic of the specialty and characteristics of teams and colleagues were important in specialty choice (ref 28). Both the importance of positive experience of specific teams in influencing career decisions amongst UK foundation doctors and the negative influence of attitudes of colleagues and family towards specific specialties have also been identified as playing a critical role (ref 29, 30).

Strategies to improve recruitment into psychiatry to date have focused on psychiatry to medical students (ref 31) along with increasing exposure to the specialty in the UK foundation programme. It is clear that often the most influential and compelling teachers are patients and families. Their involvement in designing as well as delivering teaching programmes of the highest quality is key (ref 32).

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In 2017, the Royal college of Psychiatrists launched its award-winning social media #ChoosePsychiatryCampaign. Despite the success in increasing fill rates and achieving full recruitment to core training in 2020, improvements to recruitment in higher specialty training programmes have so far been marginal.

Mixed methods research commissioned by the Royal College of Psychiatrists in 2019 (ref 33) looked at factors influencing career choices amongst core trainees in psychiatry in London. The researchers identified that on average only 14.7% of trainees progressed directly through training in the usual anticipated 6-year training programme with men and UK graduates being more likely to progress through training quickly and without breaks. They found that trainees were generally satisfied with the training programme and supervision and identified that support from peers and senior colleagues and a sense of belonging in psychiatry was key in supporting trainees through challenges in training.

Positive expectations for the future were key in enduring high service pressure and under-resourcing. Role models were identified as being very influential in shaping these expectations. Just under a quarter of trainees in the study described themselves as experiencing high levels of burnout which were influenced by work demands and resources. 22% of participants had considered leaving the profession. Having a strong sense of identity as a psychiatrist was important to trainees committed to the specialty and being valued on a personal and professional level made a significant difference to ongoing specialty commitment. Trainees described a desire to have training arrangements that supported their career progression and work-life balance through flexibility.

This research has demonstrated that there needs to be a cultural shift away from the

concept that training takes place over 6 consecutive years. Additionally, a focus on well-being and welfare of trainees is critical in retention (ref 34). Some of these findings echo what trainees have previously told us (ref 35). The importance of environmental factors beyond the curriculum content cannot be stressed highly enough. What trainees experience in the workplace has a profound influence not only on their sense of well-being but on their decisions to pursue training. This is palpably impacted by service resourcing and consultant morale.

To date, there is no published research that helps us understand in detail the push/pull factors for core trainees to the various specialties in psychiatry. Wolstenholme and colleagues undertook telephone interviews with higher trainees in the North East of England. They identified that good supervisory experiences during core training, perception of lifestyle factors, interest in the specialty and perceived employment prospects all played a role (ref 36).

There are clear gender differences between the subspecialties which may be related to stereotyping and identity fit, but to date this is an area which has not been explored. Despite successes in improving fill rates for core training, fill rates for higher training remain less than a 100% with an overall fill rate across the specialties of 75% in 2021. For Intellectual Disability this was only 34% (ref 37).

Whilst it is too early to see recent successes in recruitment to core training bear fruit in improving recruitment to higher training, it is nevertheless important to consider strategies to maximise recruitment to specifically address fill rates for the 6 psychiatric CCT (Certificate of Completion of Training) training programmes (child and adolescent psychiatry, old age psychiatry, general adult psychiatry, forensic psychiatry, medical psychotherapy

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and psychiatry of intellectual disability) and existing dual training programmes. A key part of this will be to investigate factors that may influence career choices at this stage of training e.g., perceptions in life-work balance, commissioning arrangements and perceptions of manageability of consultant workload at the end of training, status of specialism versus generalism, opportunities for sub-specialisation, stigma, level of service investment, financial rewards, personal interest, stereotyping, experience of and exposure to the specialty, perceived identity fit and opportunity, including important geographical factors. Understanding these will be key to addressing some of the current problems and finding effective solutions to addressing low fill rates.

In focusing on the challenge of producing more consultant psychiatrists to deliver current national workforce strategies there is also an opportunity to recruit, and to support and develop the significant number of experienced psychiatrists who are not consultants but whose contribution to patient care, education, research and clinical leadership within modern mental health services is equally important. These colleagues, who are often Specialty, Associate Specialist or Specialist (SAS) doctors would benefit from a much more focused national strategy on their recruitment and retention. Specialty and Associate Specialist posts can afford career flexibility and should be seen as a positive choice. However, given that International Medical Graduates and BME doctors are over-represented in this group we must not fail to critically examine structural barriers in career, progression in psychiatry and the equity and inclusion aspects of their working lives (ref 38) Career support and development opportunities must be individualised and sufficiently resourced for all psychiatrists whatever their role. (ref 39).

In addition, we need to understand and influence progression from completion of training (whether through traditional routes that lead to CCT or more flexible workplace-based routes via CESR) to substantive consultant posts. Approximately 380 psychiatrists are added to the specialist register each year with just over 5% of these coming via the CESR route (ref 40). Whilst some psychiatrists currently in SAS (Speciality and Associate Specialist) posts in psychiatry will not wish to develop a portfolio leading to specialist registration there are many others who are keen to pursue specialist registration. It is clear therefore that this route has potential for significant expansion, which should receive concerted effort and resource. For the rest, supported opportunities for progression and recognition via specialist post expansion is needed. Opportunities to develop into wider roles should be inclusive of every psychiatrist.

25% of recently qualified consultant psychiatrists obtaining CCT do not go on to be employed substantively by the NHS in England (ref 11). Whilst recent CCT holders may be working in the private sector and NHS as locums as well as being lost to the psychiatric workforce, we need to understand the rationale for these decisions, to reduce vacancy rates and close the mismatch between numbers registered as specialists on GMC register and actually in the workplace.

Finally, we need to overcome barriers to re-recruiting experienced consultants to the workforce once they are in receipt of pension. Psychiatry has an untapped resource of highly experienced colleagues who have retired early due to historic pension arrangements because of Mental

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Health Officer status (MHO). This scheme, which was perversely introduced as a recruitment strategy in the past, allows eligible members to take their full pension at age 55. Although they can subsequently retire and return to work in the NHS, they are not allowed to exceed their NHS income prior to retirement (which includes their pension income). This means that this group are forced to greatly reduce the number of hours they work to avoid heavy financial penalties. In practice this cohort are in danger of being lost from the NHS workforce entirely. Although abatement rules cease to apply beyond the age of sixty it is unlikely that many consultants who have reduced their hours of work to part-time, taken up private work or ceased working altogether will be in a position to easily return to NHS full-time work.

In March 2020, the Coronavirus Act introduced provisions to temporarily suspend abatement for special class holders in the 1995 NHS pensions section to enable staff to return to work full-time for the NHS and to support the UK through the Covid-19 pandemic. A sunset clause in the Act meant that these positive measures were due to be rescinded in March 2022. This has now been extended to 31st October 2022.

The following strategy is designed to build on the previous RCPsych internal Choose Psychiatry work plan (ref 41) to incorporate the wider workforce context but also to provide a more nuanced strategy to specifically promote recruitment to higher training and the consultant workforce.

It has been designed to align to key college policy documents – Excellent Patient Care in a Changing World - Strategic Plan 2020-23, (ref 19) International Strategy (ref 42), RCPsych Workforce Strategy 2020-23 (ref 18), Workforce

Well-being and Retention Strategy 2020 (ref 17), Training in Addiction Psychiatry: Current Status and Future Prospects (RCPsych 2020) (ref 43), Dean's Strategy (ref 44) and Equality Action Plan (ref 18).

It has been developed in collaboration with many stakeholders including RCPsych Faculties, Chairs of the Devolved Nations and Divisions, Honorary Officers and staff.

The strategy sets out 4 key tasks to be undertaken to 1) lay the foundations for early careers in psychiatry 2) support recently qualified doctors embark on psychiatric training 3) train specialists 4) retain talent and harness expertise. This document sets out key objectives, strategies and tactics for each of these tasks.

Every psychiatrist at every grade has a critical role to play in inspiring the next generation to #ChoosePsychiatry and in supporting colleagues to continue to choose psychiatry. This successful campaign must reflect the diversity of the psychiatric workforce, including career path choices and career stage.

I hope that this document will not only direct the work of the Royal College of Psychiatrists but will also be useful to individual psychiatrists and organisations who train and employ psychiatrists as a template for informing and developing local strategy.

Dr Kate Lovett
Presidential Lead for Recruitment

Royal College of Psychiatrists
May 2022

TASK 1:

Laying the Foundations for Early Careers Opportunities in Psychiatry

OBJECTIVE 1

Increase interest and awareness of opportunities for careers in medicine and psychiatry.

STRATEGY

Deliver consistent responsive messages and engaging resources to promote interest in medicine and psychiatry in students.

TARGET AUDIENCE

School students /Non-medical Graduate students/ People wishing to change career.

TACTICS

- 1) Maintain and update high quality #ChoosePsychiatry webpage and printed careers resources.
- 2) Maintain vibrant careers promotion via college social media platforms.
- 3) Maintain High profile RCPsych presence at careers fayres – BMJ/ RSM (Royal Society of Medicine) etc.
- 4) Promote Summer Schools aimed at school students, using the College's website and social media accounts.
- 5) Provide dedicated careers enquiries service via dedicated college careers e-mail account.
- 6) Promote work experience opportunities in Psychiatry for Highers and A-Level Students.
- 7) Re-establish College's annual debates for school students across the UK.
- 8) Introduce new clause into all regional advisor approved job descriptions in England, Wales and Northern Ireland to emphasise role and responsibilities for all consultants in promoting careers in psychiatry, role modelling and providing training opportunities and enrichment activities to school and medical students.

Employers to acknowledge their responsibility to provide time and resources to support these roles in wider interests of NHS.

- 9) To support development and piloting of RCPsych kitemarking of job descriptions and include standard clauses as above.
- 10) To encourage the Academy of Medical Royal Colleges and Faculties in Scotland to approve job descriptions that include standard clauses as above and support development and piloting of RCPsych in Scotland kitemark.

OBJECTIVE 2

Increase numbers of medical students interested in psychiatry as a career.

STRATEGY

- 1) Increase number of medical students at UK universities.
- 2) Raise profile of Psychiatry as a medical specialty throughout undergraduate medical training.

TARGET AUDIENCE

Medical undergraduate students at UK universities.

TACTICS

To increase number of medical students at UK universities.

- 1) Continue to advocate for increase in medical student places to 15000 per year by 2028/29 using College influencing networks and for extra places to be allocated to schools with a clear plan to encourage more students to choose psychiatry.

To raise profile of Psychiatry across the lifespan as a medical specialty throughout undergraduate medical training.

- 1) Support work of Undergraduate Education Forum as sub-committee of Education and Training Committee, led by newly established Associate Dean for Undergraduate Education.
- 2) Promote enrichment activities at undergraduate level through undergraduate forum and Choose Psychiatry network.
- 3) Promote involvement of experts by experience in designing and delivering undergraduate psychiatric teaching programmes.
- 4) Increase uptake and membership of Student Associate Grade of RCPsych.
- 5) Support development of Psychiatry Societies at all UK medical schools.
- 6) Provide support to Psychiatry society presidents through regular meetings chaired by presidential lead for recruitment and via psychsoc toolkit providing information and resources for committees.
- 7) Support annual national Psychiatry Societies' conference through college financial and administrative support.
- 8) Deliver Psych Star scheme to support student educational bursaries to encourage interested students to explore career opportunities.
- 9) Explore funding opportunities to expand current bursary scheme to widen participation and promote psychiatric specialties.
- 10) Promote Psych Star applications from all medical schools via #ChoosePsychiatry Network and Undergraduate Education Forum and collect and publish data on applications.
- 11) Consider developing database for UK electives in psychiatry.

12) Support and publicise enrichment activities run by partner organisations such as summer schools, talks etc.

13) Encourage funding for and promote medical student attendance at college conferences and events.

14) Introduce new clause into all regional advisor approved consultant job descriptions in England, Wales and Northern Ireland to emphasise role and responsibilities for all consultants in promoting careers in psychiatry, role modelling and providing training opportunities and enrichment activities to school and medical students. Employers to acknowledge their responsibility to provide time and resources to support these roles in wider interests of NHS.

15) Support development and piloting of RCPsych kitemarking of job descriptions and include standard clauses as above.

16) To encourage the Academy of Medical Royal Colleges and Faculties in Scotland to approve job descriptions that include standard clauses as above and support development and piloting of RCPsych in Scotland kitemark.

17) Consider expansion of medical student associate membership internationally as described in RCPsych International Strategy.

18) Collate data on opportunities for intercalated degrees across UK medical schools for subjects relevant to psychiatry to promote early academic careers.

19) Promote development of special study units at undergraduate levels in specialties sometimes not represented in curriculum e.g., academic psychiatry/eating disorders/addictions etc.

20) Promote student psychotherapy schemes and Balint groups for medical students at all medical schools in UK.

TASK 2:

Supporting Recently Qualified Doctors Embark on Psychiatric Training

OBJECTIVE

To increase numbers of doctors applying for and being appointed to core training.

STRATEGY

- 1) Increase engagement, training and support for foundation trainees during the UK foundation programme in psychiatry.
- 2) Promote applications to core training from foundation doctors.
- 3) Increase core training places.
- 4) Promote applications to core training from outside UK foundation programme.

TARGET AUDIENCE

UK Foundation doctors.
UK Post foundation doctors.
International medical graduates/those on career breaks/other specialty training programmes.

TACTICS

Increase engagement, training and support for foundation trainees during the foundation programme in psychiatry.

- 1) Continue to host foundation network at RCPsych led by specialist advisor for psychiatry in the foundation programme.
- 2) Increase uptake of free foundation associate membership.
- 3) Promote, support and evaluate the Foundation Fellowship scheme.
- 4) Promote and publicise opportunities for foundation doctors to take Paper A of MRCPsych exams.
- 5) Host and promote the bi-annual Foundation Trainee Conference.

- 6) Promote foundation doctor attendance at the College events and training.
- 7) Continue to assess push/pull factors for current cohorts of foundation doctors applying to psychiatric training via focus groups.
- 8) Promote best practice in hosting foundation trainees in psychiatry through college best practice guides.
- 9) Promote expansion of psychiatry in the foundation programme in areas of UK where not yet well-established.
- 10) Promote student psychotherapy schemes and Balint groups for medical students at all medical schools in UK.

Promote applications to core training from foundation doctors.

- 1) Secure funding to continue to run #ChoosePsychiatry media campaign to promote applications to core training.

Increase core training places.

- 1) Use College influencing networks to expand core training numbers throughout UK including Northern Ireland with sufficient provision also made for an expansion in higher training capacity.

Promote applications to core training from outside UK Foundation Programme.

- 1) Support initiatives such as clinical attachments and observerships that widen participation from overseas candidates, returners from career breaks and other specialties.
- 2) Provide responsive and accurate careers advice and signposting.

Task 3:

Training Specialists

OBJECTIVES

- 1) To achieve 100% fill rate across all higher specialty training programmes.
- 2) To develop training opportunities where currently no recognised training route for subspecialties exists.
- 3) To support development of specialists in non-training/non-consultant posts.

TARGET AUDIENCE

UK Core Trainees with MRCPsych/ International Medical Graduates with MRCPsych/SAS doctors.

STRATEGIES TO SUPPORT OBJECTIVE 1 –

To achieve 100% fill rate across all higher specialty training programmes.

- 1) Support trainees to obtain MRCPsych during core training to be eligible to apply for higher training.
- 2) Promote access to MRCPsych internationally to increase numbers of potential eligible applicants.
- 3) Continue to support all psychiatric specialties and grades on Home Office shortage occupation list.
- 4) Promote knowledge of and exposure to specialties to inform decision-making re. career pathways.
- 5) Increase attractiveness of all specialties to potential applicants.
- 6) Increase attractiveness of geographical choice to potential applicants.
- 7) Improve training opportunities.

TACTICS

To support trainees in obtaining MRCPsych during core training to be eligible to apply for higher training.

- 1) Support all efforts to reduce differential attainment in MRCPsych exams via local training initiatives via Heads of School.
- 2) Promote locally run mock CASCs (Clinical Assessment of Skills and Competencies) within Deaneries.
- 3) Promote mentoring.
- 4) Promote delivery of high quality MRCPsych courses.
- 5) Seek funding to develop centralised resources for digitised MRCPsych courses for components which are difficult to teach outside large centres.
- 6) Develop College based MRCPsych masterclasses.
- 7) Promote college resources to facilitate learning of basic sciences such as TRON (Trainees Online).
- 8) Review the College's wider assessment strategy in alignment with the new curricula, changes in clinical practice and the recent digital developments in exam delivery to secure improved learning outcomes, explore innovative assessment methods, reduce differential attainment, improve WPBAs (Workplace Based Assessments) and ensure all assessment methods are fair, reliable and valid.

To promote access to MRCPsych internationally to increase numbers of potential eligible applicants.

- 1) Consider access to MRCPsych exam internationally and overall capacity as key factor in review of RCPsych examinations.
- 2) Increase the number of CASC (Clinical Assessment of Skills and Competencies) examiners and ensure they are trained to the highest standards.

Task 3: Training Specialists

- 3) Provide responsive and accurate careers information including signposting to potential international applicants.
- 4) Highlight benefit of MRCPsych as mechanism of direct entry to UK medical register.
- 5) Promote initiatives to support needs of International Medical Graduates coming to train and work in UK via strong engagement with Psychiatric Trainees Committee and SAS committee promoting mentoring and education of trainers via college run IMG (International Medical Graduates) conference and strong connections with Diaspora groups.

To continue to support all psychiatric specialties and grades on Home Office shortage occupation list.

- 1) To use college's influencing network to ensure that access to training remains open to widest pool of international talent via least restrictive visa regulations.

To promote knowledge of and exposure to specialties to inform decision-making re career pathways.

- 1) Explore funding opportunities to commission research to understand factors that influence career decision amongst core trainees re choice of psychiatric specialty.
- 2) Develop and deliver college training on careers advice for educational supervisors, college tutors and training programme directors in collaboration with recognised market experts.
- 3) Identify and promote network of independent career advisors within deaneries and training schemes including psychiatrists who have undergone careers training within each Choose Psychiatry network.
- 4) Develop and promote college webinars targeted at core trainees in collaboration with faculties re. 6 current CCTs (Certificate

- of Completion of Training) and promote subspecialties within the parent specialty.
- 5) Develop opportunities for core trainees to have taster sessions in specialties not exposed to in training placements such as addiction psychiatry, eating disorders, perinatal, ID, Child and Adolescent Psychiatry, Forensic, neuropsychiatry, liaison psychiatry. In areas where these are not provided, arrangements should be permitted to gain exposure out of area.
- 6) Consider expanding existing mandatory placements during core training to include Child and Adolescent Psychiatry and Psychiatry of Intellectual Disability.
- 7) To develop network of addiction training leads throughout UK to support delivery of workplace-based assessments and supervised cases in appropriate settings.
- 8) Promote expansion of academic clinical fellow posts in all specialties to support early academic career development.

To increase attractiveness of specialties to potential applicants.

- 1) Develop dual training programmes for intellectual disability with forensic psychiatry and general adult psychiatry to promote flexibility and therefore attractiveness of ID to applicants.
- 2) Influence adoption of recognised dual training programmes throughout the 4 nations.
- 3) Pilot run-through training programme in Psychiatry of intellectual disability.
- 4) Consider developing case with funding bodies to develop a pilot run-through programme in old age psychiatry.
- 5) Obtain professional branding expertise to generalist specialties with endorsable subspecialties – i.e., General Adult and Old Age Psychiatry to define unique selling points of generalist careers and opportunities for career development.
- 6) Influence development of run-through training in Child and Adolescent Psychiatry in Scotland.
- 7) Pilot engagement events in line with

Task 3: Training Specialists

- faculty strategy and share best practice across faculties via Choose Psychiatry Committee – e.g., 24 hours in a life of an old age psychiatrist, social media campaign.
- 8) Work with regional advisors and where appropriate External Advisors (Scotland) to support inclusion of endorsement as desirable criteria (aiming towards essential criteria) for all consultant job descriptions in rehabilitation psychiatry.
- 9) Engage with private providers to adopt recommended training standards for recruitment to consultant workforce.
- 10) Promote new specialty curricula content to core and prospective trainees effectively.
- 11) Consider developing faculty webinar series targeted at broad audiences including trainees such as the webinar series developed by addictions faculty.
- 12) Promote investment in mental health services (including education and training), clear commissioning arrangements and strong clinical leadership to ensure delivery of excellent patient care and valued and do-able consultant jobs.

To increase attractiveness of geographical choice to potential applicants.

- 1) Seek to understand and address barriers to applying to higher training e.g., geographical challenges of some higher training rotations and impact on quality of life.
- 2) Scope opportunities to influence levelling up agenda and promote training and career opportunities outside traditionally well-filled urban centres.

To improve training opportunities.

- 1) Consider expansion of training places in areas with 100% fill rate in poorly filled specialties such as Intellectual Disability, Child and Adolescent and Old Age Psychiatry.
- 2) Aim to double numbers of run through training in Child and Adolescent Psychiatry in England.

- 3) Consider opportunities to over-recruit to specialties with higher numbers of part-time trainees.
- 4) Support piloted credentials in liaison, perinatal, eating disorders and military psychiatry through GMC processes to enable recognition on medical register.
- 5) Secure funding to develop training to support piloted credentials.
- 6) Secure funding streams to embed opportunities for participation in credentialing across UK.
- 7) Scope credentials in neuropsychiatry and youth mental health.
- 8) Influence expansion of consultant posts in specialties in areas of UK where training opportunities are limited e.g., liaison, neuropsychiatry, psychotherapy, eating disorders.
- 9) Ensure enough consultant medical psychotherapy posts throughout UK to ensure the specialty remains attractive to trainees as a career.
- 10) Ensure enough medical psychotherapy posts across UK to be able to deliver mandatory core and higher training in psychotherapy for all trainees and support development of a culture of psychotherapeutically informed services and management of people with complex needs across service boundaries.
- 11) Work with Heads of Schools and educational leads and education commissioning bodies to ensure full suite of sub-specialties available as training posts throughout UK.
- 12) Work with Heads of Schools and educational leads to ensure shortage sub-specialty posts are supported by training programme directors in allocating trainees.
- 13) Where sub-specialties are unavailable as training posts within region, education leads to work with other areas to develop opportunities for cross-regional/national placements.

Task 3: Training Specialists

- 14) Work with education commissioning bodies to consider centralised 100% funding for training posts where opportunities are scarce or non-existent within traditional NHS providers of training.
- 15) Continue to advocate for maintenance of special interest/research day in higher training programmes to develop academic and specialist interests.
- 16) Explore providing links for adverts for academic clinical fellows in psychiatry and other relevant areas (e.g., multimorbidity) on college and national recruitment websites.
- 17) Promote research networks with research and development departments, mental health trusts, schools of psychiatry.
- 18) Increase visibility of academic training pathways through engagement activities such as careers evenings, induction events and via academic trainee conference.
- 19) Ensure all faculties have an academic lead who can not only lead on research and training within the faculty but also contribute to wider promotion of academic expansion and training strategies through representation on the academic faculty.
- 20) Support Academic faculty to work with Heads of Schools and education leads to scope ways of measuring and improving research outputs of training schemes.
- 21) Support Academic faculty to work with other faculties to promote vision for all psychiatrists to see themselves as academics appraising and implementing evidence, teaching students and harnessing research capabilities.

STRATEGIES TO SUPPORT OBJECTIVE 2 –

To develop training opportunities where currently no recognised training route for subspecialties exists.

- 1) Develop credentialling opportunities.

TACTICS

- 1) Support piloted credentials in perinatal, eating disorders and military psychiatry through GMC processes to enable recognition on medical register.
- 2) Scope credentials in youth mental health and neuropsychiatry.

STRATEGIES TO SUPPORT OBJECTIVE 3 –

To support development of specialists in non-training/non-consultant posts.

- 1) Support development of national workforce planning for SAS psychiatrists.
- 2) Support career development opportunities for SAS psychiatrists.

TACTICS

Support development of national workforce planning for SAS psychiatrists.

- 1) To use college influencing networks to ensure SAS psychiatrists are explicitly included in all 4 nations governmental workforce strategies.
- 2) To use college influencing networks to obtain more granular data regarding initial and later career choices by SAS psychiatrists.
- 3) To use college influencing networks to support recognition and expansion of specialist posts.

Support career development opportunities for SAS psychiatrists.

- 1) To expand training opportunities for SAS doctors to support portfolio development leading to CESR.
- 2) To advocate for training opportunities for all psychiatrists including SAS doctors to develop capabilities for wider roles including leadership, management, research and education.

Task 4: Retaining Talent and Harnessing Consultant Expertise

OBJECTIVE

To increase recruitment to Substantive Consultant Posts.

STRATEGY

- 1) To increase numbers of eligible trainees with CCT taking up substantive consultant posts at end of training.
- 2) To increase take up of CESR (Certificate of Eligibility for Specialist Registration) route as method of entry to specialist register for SAS (Speciality and Associate Specialist) doctors.
- 3) To increase numbers of post-pensionable retired consultants returning to substantive and flexible consultant NHS posts.

TARGET AUDIENCE

UK trainees with or approaching CCT.
SAS doctors eligible for CESR.
Returning CCT/CESR holders post pensionable age.

TACTICS

To increase numbers of eligible trainees with CCT taking up substantive consultant posts at end of training.

- 1) Work with partner organisations across 4 nations to monitor data of uptake of substantive posts from higher training.
- 2) Understand barriers to uptake of substantive consultant posts through scoping potential qualitative research in specialties e.g., forensic, child and adolescent and old age psychiatry where this has been identified as an issue.

- 3) To consider extension of Startwell programme for newly appointed consultants to those in higher training from ST5 onwards.

To increase take up of CESR route as method of entry to specialist register for SAS doctors.

- 1) Work with Associate Dean for Equivalence to deliver training to education leads including SAS tutors re CESR process.
- 2) Work with Associate Dean for Equivalence to deliver webinars/training/mentoring to SAS doctors who wish to progress to consultant roles.

To increase numbers of post-pensionable retired consultants returning to substantive consultant NHS posts.

- 1) Influence government to reform pension arrangements causing financial disincentives to retire and return e.g., pension tax rules re. annual and lifetime allowance and abatement.
- 2) Develop best practice guidance in collaboration with NHS bodies re employing psychiatrists who have retired and wish to return to NHS practice.
- 3) Work with key stakeholders to understand and influence barriers to employing doctors' post-retirement.

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