



SUPPORTING PSYCHIATRISTS WITH CARING RESPONSIBILITIES

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About me

- Became a Consultant in 1990 in Leeds
- Immediately became involved in postgraduate training, first as College Tutor then various roles
- Head of Yorkshire School of Psychiatry
- Dean of RCPsych 2011-2016
- President of RCPsych 2017-2020
- Now work two days a week clinically as a community consultant in Old Age psychiatry in Leeds and two days as National Mental Health Advisor for Health Education England

My caring responsibilities

- Member of the “Sandwich generation”, at one point caring for children and elderly parents
- First woman consultant in my hospital and first to take maternity leave
- Two children
- Parents lived into 90s and needed support



Supporting trainees with caring responsibilities


- Little awareness when I first became involved with managing trainees in the 1990s
- Few options for support
- Less than full time training (LTFT) was available for a small and limited number of trainees, difficult application process
- Resentment from consultant supervisors and full time colleagues
- Has improved

Less than full time training now available for doctors with:

- Disability
- Ill health
- Responsibility for caring for children (men and women)
- Primary carer for ill/disabled partner, relative or other dependent

PSS information guide

Less Than Full Time Training



Less-than-full-time training (LTFT) is becoming an increasingly popular way of achieving a positive work-life balance. The demand has been steadily increasing from both men and women, despite the reduction in trainees' working hours brought about by the introduction of the European Working Time Directive and new junior doctor contracts.

In response, **NHS Employers, Deaneries and Medical Royal Colleges** have made a commitment to meet this demand, with the underpinning principle that LTFT training will be integrated into mainstream full-time training. The [NHS Long Term Plan](#) has also made a strong commitment to promoting flexible NHS working. This is achieved by all posts being available for a combination of part-time or full-time training and by guaranteeing equality of access to study leave, out-of-hours working and other employment rights and protections.

Psychiatry has an excellent record in relation to LTFT offered LTFT training.

Category 2

If a doctor wishes to work LTFT for other reasons (personal reasons, professional development, religious commitments etc.), the merits of their individual situation will be considered before LTFT training is offered.

Category 3

As of 2021, there are pilot schemes to introduce a third category which would allow trainees to enter LTFT training by personal choice rather than by providing a reason. It is hoped that this will improve wellbeing and reduce attrition rates by providing an alternative to leaving training. As this is still in the pilot stages, there are large variations across the four nations, but it is expected to be implemented across all specialties in all areas.

Psychiatry has an excellent record in relation to LTFT

Supporting doctors with caring responsibilities: things I learnt

- Allow rota requests
- Release rotas early
- Consider caring responsibilities when allocating placements within rotations
- Consider flexibility with hours
- Understand employer rules on carers leave



Case Study 1

- Trainee flagged up as having many short periods of sick leave
- Was supporting her mother who had schizophrenia
- Helped her to access more care for her mother

Case study 2

- Trainee resigned without explanation
- Discovered had been placed in a job where the commute would take over an hour (although not geographically far)
- Was unable to make this work with childcare
- Arranged a swap with another trainee who was happy with this

Case study 3

- Two trainees married to each other
- Had a baby
- Asked to Job share with each of them working alternate 6 month placement
- Difficult as had “never been done before”
- Both successfully completed training

The price of caring

- Training a doctor in the UK costs over half a million pounds
- Many doctors are lost to the workforce as a result of caring responsibilities
- There is a personal cost to doctors who stay



Gender difference in childcare

- Society still expects women to be the main carers of children although this is improving
- Women do more than twice as much cooking, childcare and housework as men (ONS data)



Women and caring roles

- Overall, women are more likely to take on caring roles than men
- 1 in 4 women aged 50-64 has caring responsibilities for older or disabled loved ones



The unequal impact of caring responsibilities on careers

- Women doctors are more likely to take time out or have periods of working or training LTFT to care for others
- This has a disproportionate impact on their pay even after accounting for the reduced hours worked and periods of leave



Gender pay gap in medicine in England (adjusted for working hours)

- Women hospital doctors earn 18.9% less than men
- Women GPs earn 15.3% less than men
- Women Clinical academics earn 11.9% less than men



International Medical Graduates

- Particular problems
- Less likely to have local family networks
- Visas make it difficult for family members to come to the UK to help
- Hard to care for aging parents
- COVID-19 has made this worse



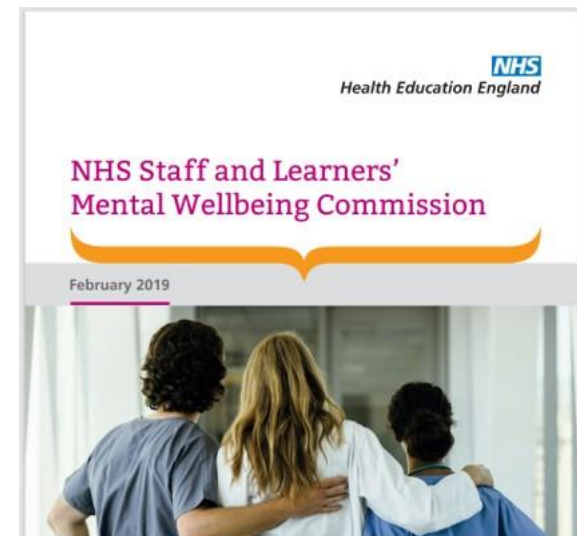
Wellbeing initiatives

- Health Education England (HEE): “Staff and learners Mental Wellbeing Commission” 2019
- GMC: “Caring for doctors, caring for patients” 2019



HEE NHS Staff and Learners' Mental Wellbeing Commission

- I sat on this commission
- Focused on wellbeing of learners and staff
- Looked at what we are doing currently, where there is excellence and where we could aspire to excellence



HEE NHS Staff and Learners' Mental Wellbeing Commission

- We heard about the everyday pressures arising from caring responsibilities outside of work
- Key theme: Looking after loved ones - healthcare practitioners do not work in isolation in the world - we need to consider how their wellbeing at work is affected by and affects family and friends/colleagues



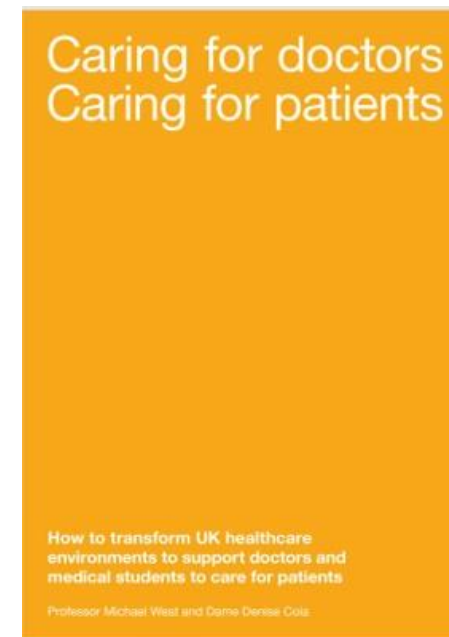
HEE NHS Staff and Learners' Mental Wellbeing Commission

- Made 33 recommendations
- Many of these will improve the support given to doctors who are also carers



General Medical Council (GMC) review

- UK-wide review into the factors which impact on the mental health and wellbeing of medical students and doctors



GMC review: Caring for doctors, caring for patients

- Heard that doctors who wish to work flexibly are often treated as an inconvenience
- Conflict between work and home life is a widespread problem in healthcare, which impacts on wellbeing
- Those experiencing such conflict are up to 30 times more likely to suffer depression or anxiety
- Employees who experience depression or anxiety also experience lower job satisfaction, high emotional exhaustion and are also more likely to quit their jobs

GMC review: recommendation

Training, learning and development – to ensure the systems and frameworks for learning, training and development:

- Promote fair outcomes
- Are sufficiently flexible to enable doctors and medical students to grow and develop throughout their careers and to better manage their wider life circumstances



Sources of support

- Employer
- Postgraduate medical education bodies
- RCPsych Psychiatrists' support service
- Other carer support services eg Alzheimer's Society



RCPsych Psychiatrists' Support Service

- [Psychiatrists Support Service \(PSS\) | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/psychiatrists-support-service)
- Phone service, volunteer members
- Gateway to specialist advice and peer support, doesn't offer counselling or treatment but may point you in the direction of services that do



How can we improve things for psychiatrists who are carers?



Actions for medical managers

- Recognise caring responsibilities, look for hidden carers including men
- Practical support from employers
- Personalised support
- Flexibility
- Remote working is an opportunity



Actions for Education bodies

- Consider the factors discussed today
- Take action to improve how this impact on carers
- RCPsych can assist with this



Actions for all of us

- Be aware that colleagues may have caring responsibilities
- Informal support
- Practical support



- Thank you for your attention
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