

Recruitment and Retention of Psychiatric Trainees:

How can we ensure our trainees achieve their potential?

Dr Rebecca Jacob
Consultant Psychiatrist
Director of Medical Education, CPFT

Topics for Discussion

The Recruitment Process

The Assessment of a
Psychiatric Trainee

Supporting trainees in
their career progression

Differential Attainment

NATIONAL RECRUITMENT



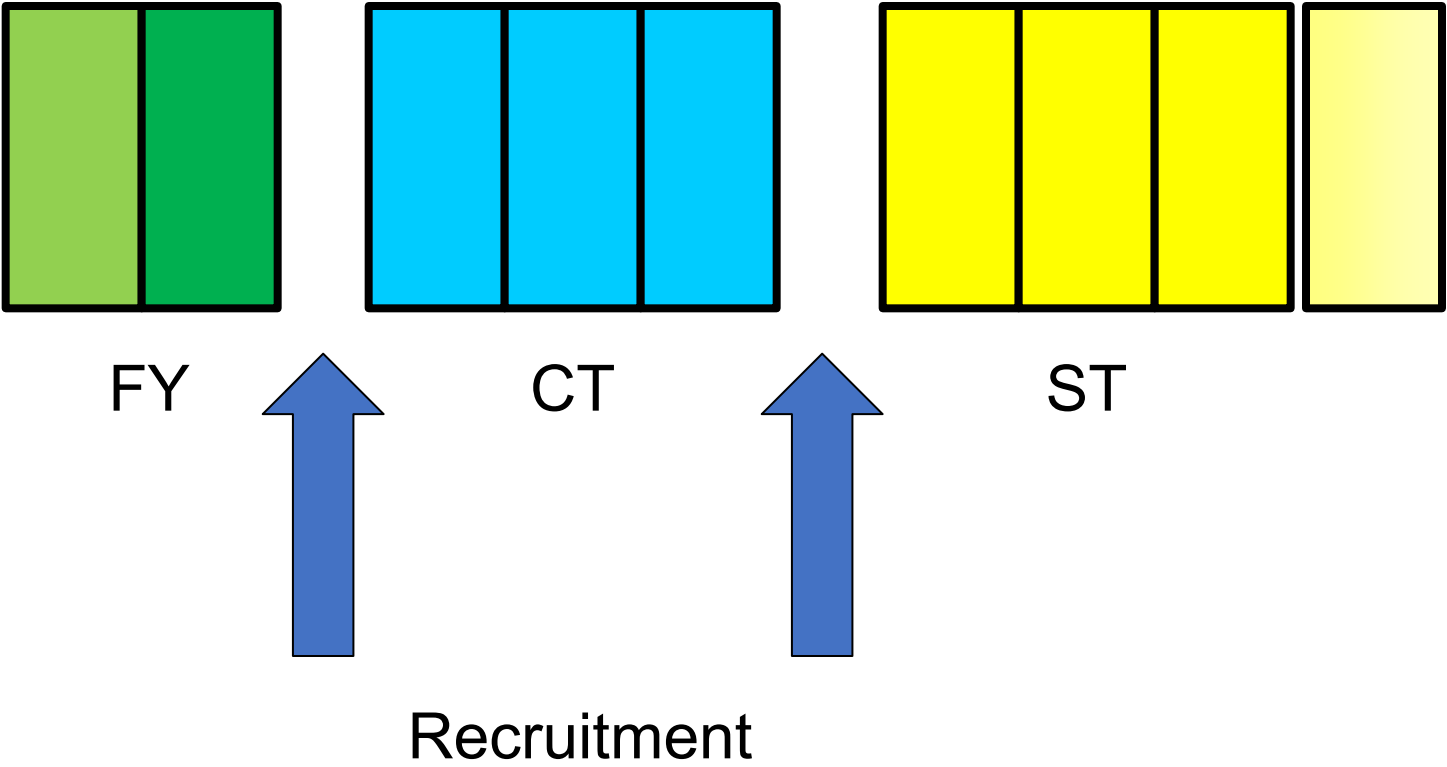
NHS

England

Changes ahead.....

NHS ENGLAND to be
dissolved

Over the next two years
this will likely come
under the aegis of
**Department of Health
and Social Care (DHSC)**



Timescale example



For August 2025



Applications open
October 2024



Interviews window
opens November
2024



Then re-advert, Feb-
12th March 2025 (but
not always...)



Interviews April
2025



Trainees in post
August 2025

Some points...



ACADEMIC PROGRAMMES HAVE
ADDITIONAL PROCESS



NEW 'RUN THROUGH' PROGRAMMES
AVAILABLE (E.G. CAMH/ACADEMIC)

How are we doing ?

Core Training and Specialist Training



August 2024

Programme	Accepted	Fill rate %
Core Psychiatry	402	99 % (100% in England)
Psychiatry all specialities		78%
General Psychiatry	112	91%
Old Age Psychiatry	29	63%
Dual (GA / OPMH)	41	100%
Forensic Psychiatry	19	100%
Learning Disability	11	39%
CAMH	38	86%



Retention of Trainees

A threatened Species: Where have all the Higher Trainees gone?

Only 14.7% of psychiatry trainees complete training within six years. There is an attrition between CT and ST training.

Reasons for this include:

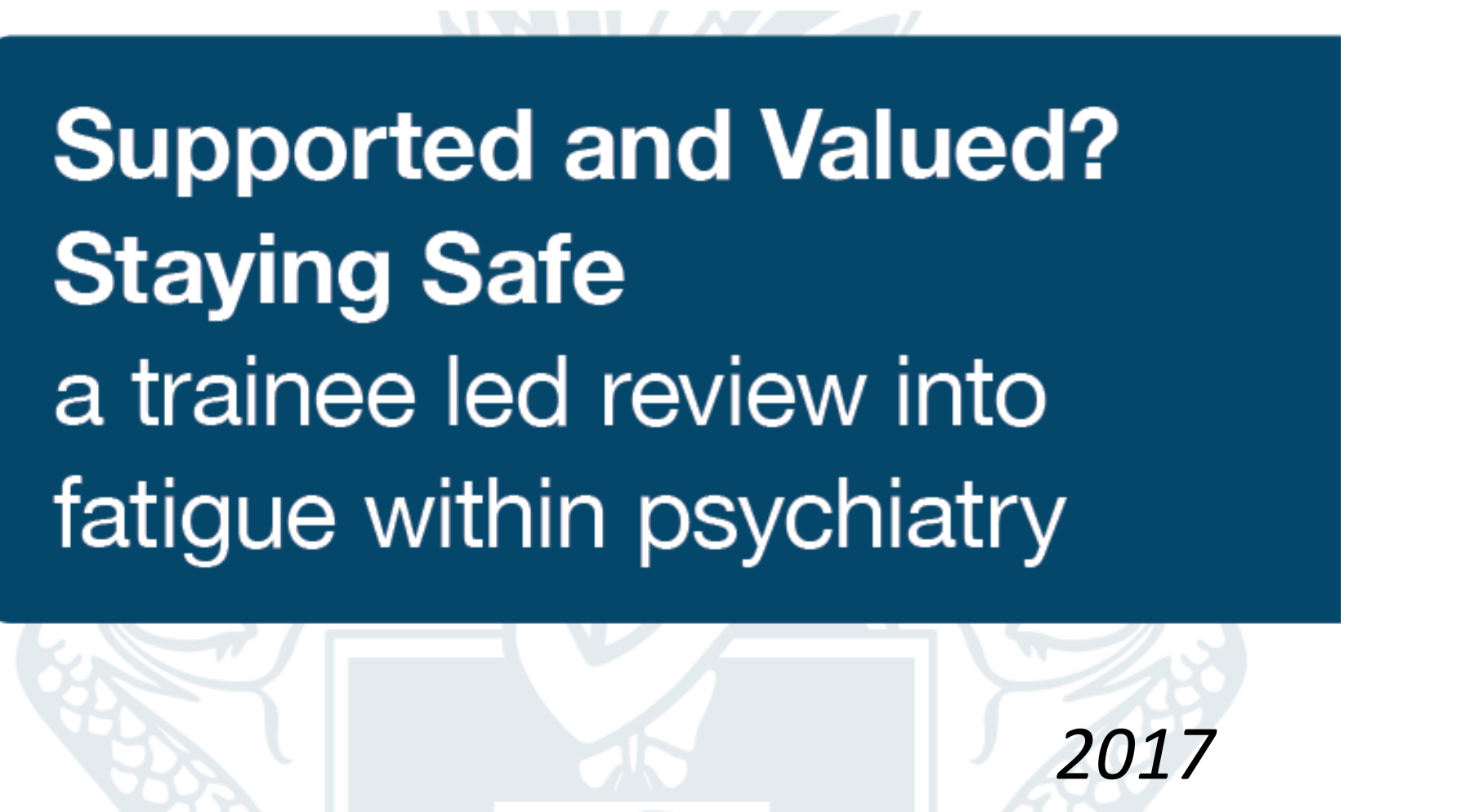
i) taking time out to gain further

ii) working less than full-time (LTFT)

iii) needing a break

iv) needing to extend core training because they lack MRCPsych or psychotherapy competencies.

Choose Psychiatry Scotland, RCPsych 2023



Supported and Valued? Staying Safe

a trainee led review into
fatigue within psychiatry

2017

Question 1

In your area, what do you **value most** about your training and how does this have a positive impact on your morale?

Question 2

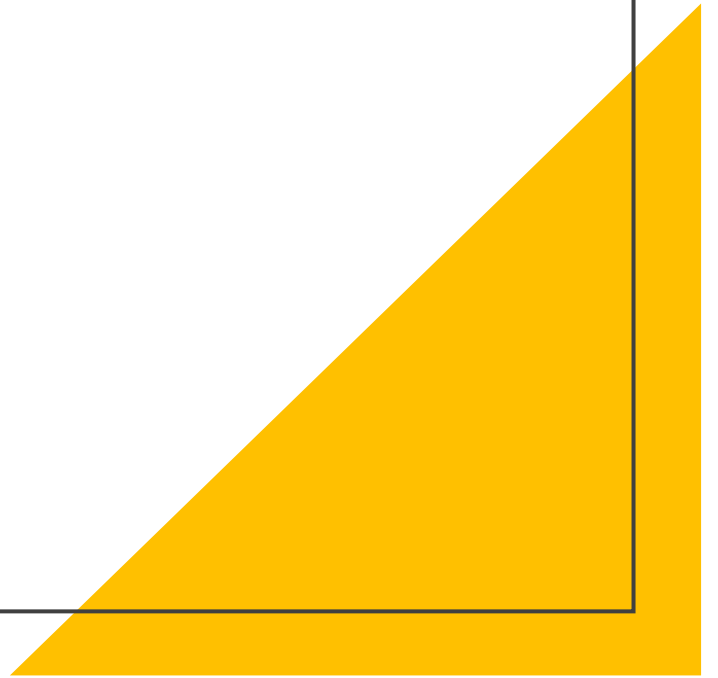
Please explain what **immediate changes** you think would improve your work–life balance and training and help you feel more supported and valued.

Question 3

Please explain what **long-term changes** you think would improve your work–life balance and training and help you feel more supported and valued.

What factor do you think trainees valued the most?

Assessment of Psychiatric Trainees



Formative

Assessment

- Occurs during the learning process.
- Allows teachers and students to pivot their strategies.
- Identifies areas for improvement.
- Gives opportunities for students to implement feedback.

VS

Summative

Assessment

- Occurs at the end of the learning process.
- Provides a final evaluation of concept knowledge.
- High-stakes testing that often involves ranking of students.

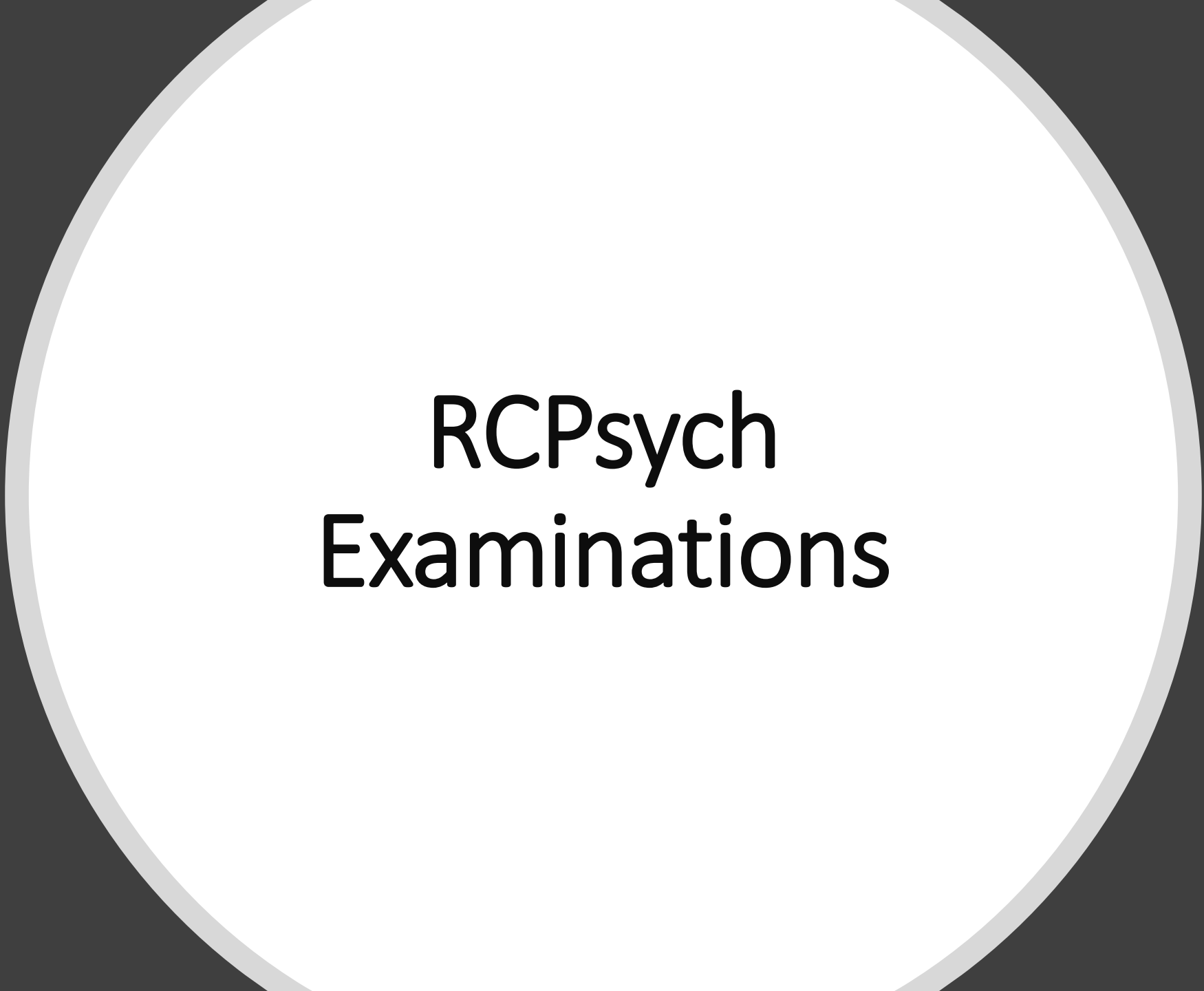
LEARNING METHODS FOR PSYCHIATRIC TRAINEES

FORMATIVE

- **Assessment *FOR* learning**, aims to provide trainees and trainers with the appropriate information to facilitate and enhance further development.
- **Graded+/-**
- **Also called Supervised Learning Events**
- **Example: WPBA**

SUMMATIVE

- **Assessment *OF* learning**, makes a judgement on a trainee's level of performance at a given time against a set of standards
- **Graded**
- **Also called Assessment of Learning**
- **Example: MRCPsych Examinations**



RCPsych Examinations

```
graph TD; A[Paper A] --> CASC[CASC]; B[Paper B] --> CASC; CASC --> Arrow[Downward Arrow];
```

Paper A

Paper B

CASC

Paper A *NB. Can
be taken pre-CT*

Paper B

CASC

Paper A

- Any fully registered doctor
- 150 questions, 3 hours
- 2/3rds MCQs
- 1/3 EMIs

Behavioural Science and Sociocultural Psychiatry
Human Development
Basic Neurosciences
Clinical Psychopharmacology
Classification and Assessment in Psychiatry

Paper B

- On an approved training programme (12 months)
- 150 questions, 3 hours
- 1/3 Critical Review
- 2/3 Clinical

Organisation of Psych Services, General Adult Psychiatry
Old Age Psychiatry, Psychotherapy
Child and Adolescent Psychiatry, Substance Misuse/Addictions
Forensic Psychiatry, Psychiatry of Learning Disability
Critical Review

CASC



24 months and passed Paper A and B



2 Circuits of 8 stations each

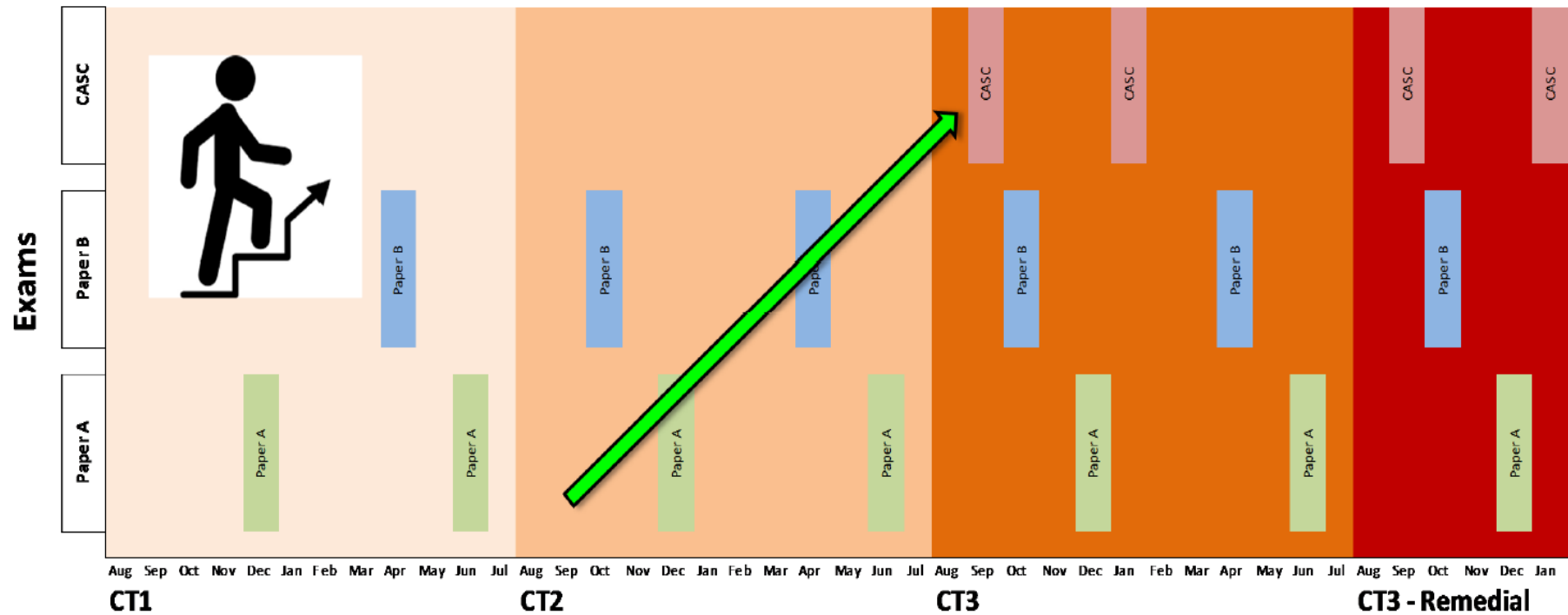


Circuit 1 – 4 minutes reading, 7
minute task



Circuit 2 – 90 seconds reading, 7
minute task

Psychiatry Core Trainee Exams – with optimum progress route



How are UK postgraduate
trainees doing in
examinations?

Some Statistics...

The average postgraduate exam pass rate for **all UK** medical graduates is 71%

This rises to 75.8% for those who are **White**

This falls to 63.2% for **UK Minority Ethnic** medical graduates

This falls to 41.4% for **International Medical Graduates** (*GMC 2015*)

Psychiatry still has the highest proportion of international doctors in training

The specialty with the highest proportion of IMG doctors in training is psychiatry, though this has dropped from 48% in 2012 to 31% in 2017.

Table 16: CASC Pass Rates by Country with Attempts and Gender

Medical School	Candidates n	Pass attempt 1 n	%	Pass attempt 2 +	%	Male Pass	%	Female Pass	%	Total Pass	%
Australia & New Zealand	8	5	83.3	0	0.0	2	40.0	3	100.0	5	62.5
Central Africa	428	40	20.7	46	19.6	67	18.2	19	32.2	86	20.1
Central America	16	2	28.6	2	22.2	2	20.0	2	33.3	4	25.0
Europe (Non EU)	80	17	40.5	12	31.6	16	34.0	13	39.4	29	36.3
European Union	126	40	50.6	20	42.6	23	41.1	37	52.9	60	47.6
Middle East	100	16	34.0	8	15.1	15	20.5	9	33.3	24	24.0
North Africa	48	16	53.3	5	27.8	16	47.1	5	35.7	21	43.8
North America	3	0	0.0	1	100.0	-	-	1	33.3	1	33.3
South America	6	4	80.0	1	100.0	3	100.0	2	66.7	5	83.3
South East Asia	107	15	30.6	7	12.1	8	13.8	14	28.6	22	20.6
Southern Africa	46	30	83.3	4	40.0	17	65.4	17	85.0	34	73.9
Subtotal (Other)	968	185	37.3	106	22.5	169	24.8	122	42.5	291	30.1
Indian Borders	291	36	27.9	42	25.9	50	21.8	28	45.2	78	26.8
Indian Sub-Continent	1267	172	30.1	180	25.9	214	23.3	138	39.4	352	27.8
Republic of Ireland	101	52	68.4	13	52.0	25	56.8	40	70.2	65	64.4
United Kingdom	544	413	86.2	48	73.8	210	81.4	251	87.8	461	84.7
Total	3171	858	49.0	389	27.4	668	31.4	579	55.6	1247	39.3

What is causing this
Differential Attainment (DA)

(and what is differential attainment?!)

What is Differential Attainment

Unexplained variation in attainment between groups, who share a protected characteristic, and those who do not share the same characteristic

In broad terms, across ARCP, Recruitment and Exams you are *less* likely to perform well if you are:

- ***Male***
- ***Older***
- ***Black, Asian and Minority Ethnic***
- ***International medical graduates***

Some more data

Minority Ethnic candidates are less likely to be accepted onto specialty training programmes (72% vs 81%) GMC 2015

(Mountford- Zimdars 2015)

Large systematic review 2011 (Woolf) - 23,742 medics: difference in performance in UG and PG assessments - 2.5x higher odds of failure

NB Differential attainment is a difference in average group performance, not individual performance.

Causes of Differential Attainment?

Studies
conclude DA
NOT related
to ..

Examiner bias: Computer marked MCQ ruled that out

Socioeconomic difference

Language (but consider sociocultural difference)

Pre-university attainment- people coming into medicine are bright and able

(Woolf 2013)

Learning Experience more than an Academic Process?

- The Learning Experience is Social: *relationships between students, teachers and peers crucial*
- GMC – simple linear interventions unlikely to work.
- Review across HEE's (Mountford-Zimdars 2015):
 - Curricula and learning*
 - Relationships between staff and students*
 - Psychosocial and identity factors*
 - Students social, cultural and economic capital**



Social Capital

['sō-shəl 'kɑ-pə-təl]

The potential to obtain resources, favors, or information through personal connections.



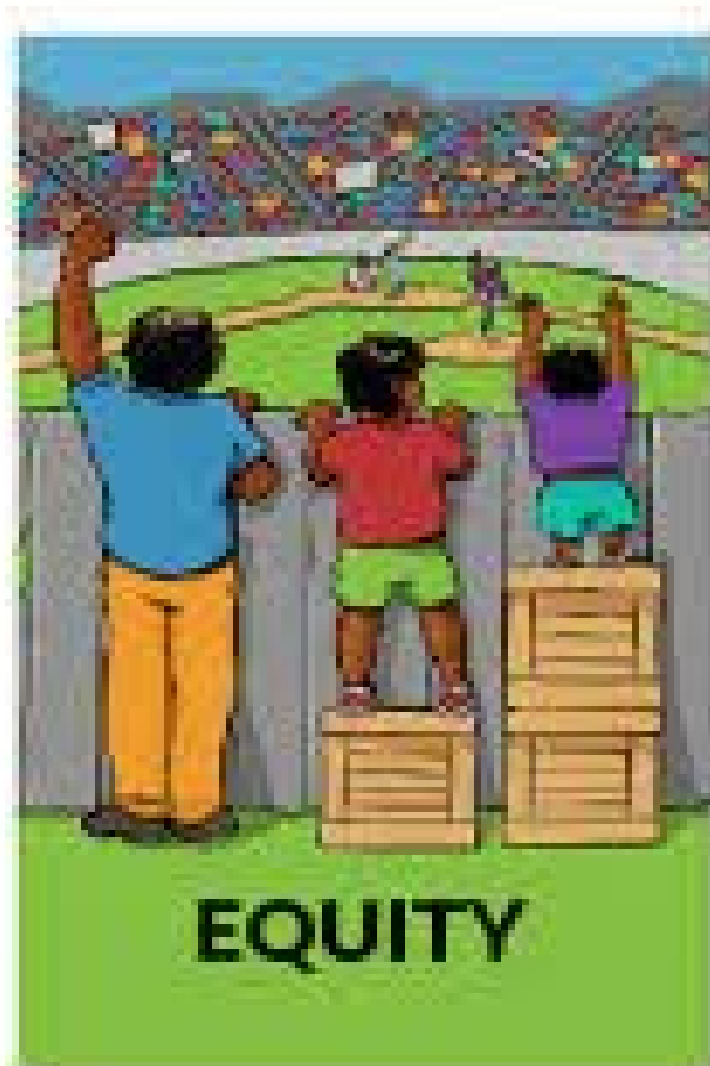
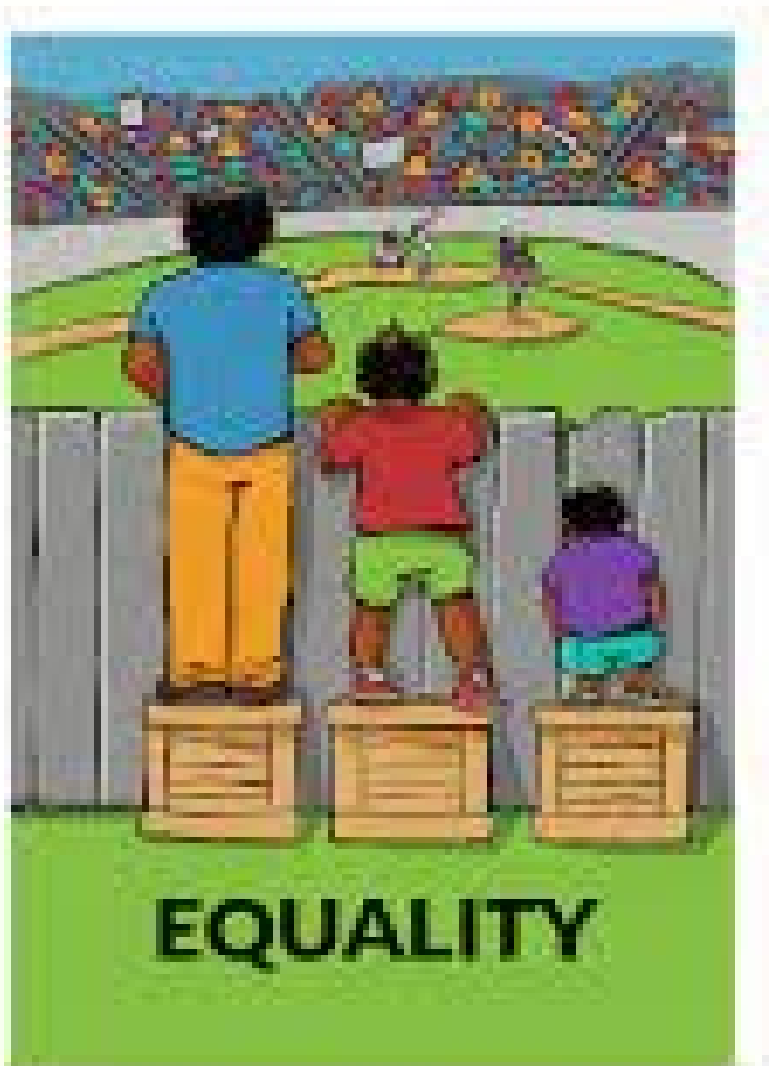
Self fulfilling
prophecy?

An IMG's view

I'm expecting to get a lower mark because I'm- I know it's a stupid way of thinking but actually it got to the point where I was thinking "What is it? Am I...?" I wasn't sure if it was my knowledge anymore, I wasn't sure if it was my confidence, I wasn't sure if it was my skin colour.

So, you start-I think it creates almost like a nasty way of thinking and how you perceive yourself to be

..... And if that someone's expectation of you is low subconsciously, your performance will be low'.



SOLUTIONS?

GMC studied positive factors leading to a successful postgraduate training experience


What supported your success in training?

10 Success Factors
GMC 2019

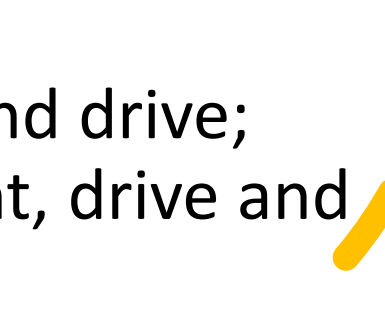
Working and Learning Environment

- Factor 1: An **inclusive workplace** that values a working environment where diversity in all senses (background, culture, experience) is visible and valued
- Factor 2: **Treating learners as individuals;** recognition that individuals' background and experiences in/ outside of work will meaningfully impact progression through training, providing support where necessary

WHO Supports Learning?

- Factor 3: Working with inspirational senior colleagues
 - Factor 4: The supportive trainer or supervisor
 - Factor 5: Having the support and validation of peers
 - Factor 6: Working arrangements that facilitate learning.
- 

WHAT Supports Learning ?

- Factor 7: Maximizing the value of learning;
 - Factor 8: Gaining clarity, certainty and support for career choices or next steps
 - Factor 9: Support to pass exams **or deal with exam failure**
 - Factor 10: Personal motivation and drive; drawing on personal commitment, drive and motivation to succeed in training
- 

What does that look like in practice- collective approach?

- Encourage discussion on the value of diversity and inclusion at work; **supporting majority groups to act as allies or advocates for minority groups**
- **Sharing more information** on differential attainment with learners to explain the data and research **indicating a deficit model does not explain the ethnic attainment gap**
- **Sharing more information on individual trainee circumstances with trainers, such as information on relocation**(trainee consultation and permission is likely to be required).

Evidence for interventions less clear for UK trained Minority Ethnic medics

RCPsych suggested resources

- [Clinical attachment: a guide for doctors](#) (PDF)
- [Good Medical Practice Learning Materials](#) (GMC)
- [CPD eLearning](#)
- [Trainees Online](#) (online learning resource to support trainee psychiatrists in preparing for MRCPsych exams)
- [Toolkit for doctors new to the UK](#) (BMA)
- [Advice for IMG GPs](#) (Health Education Yorkshire and Humber)
- [Working and training in the NHS – a guide for IMGs](#) (NHS Employers)
- [Health Education England- Professional Support and Wellbeing Units](#)

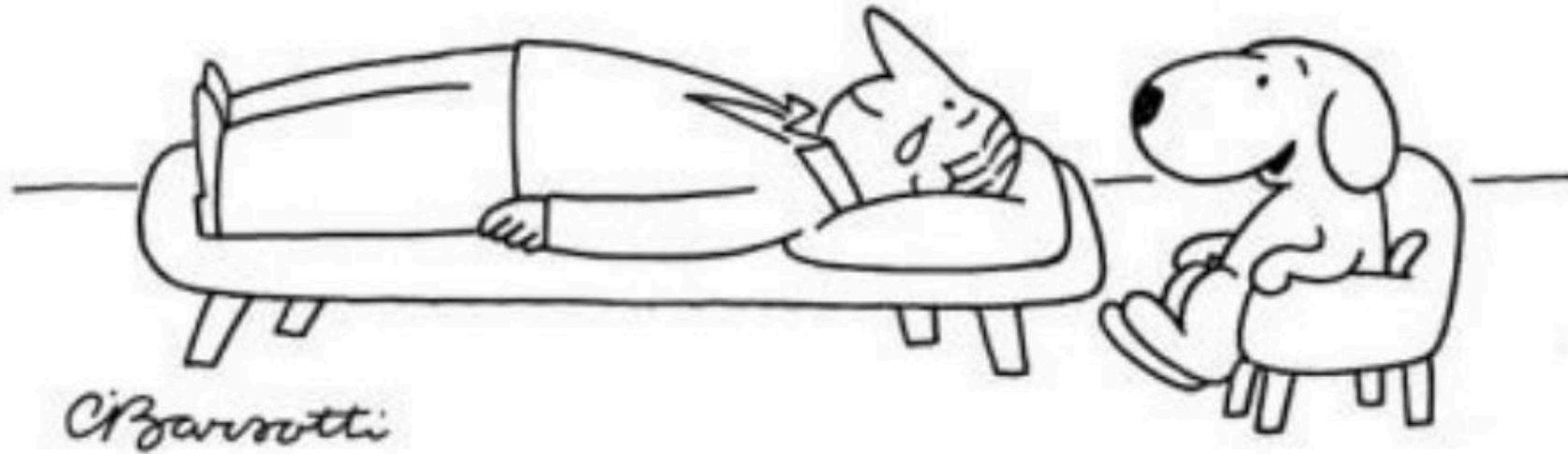


**“Diversity is
the mix.**

**Inclusion is
making the mix
work,” Andrés
Tapia**

www.RedShoeMovement.com

In summary, let's aim to follow Rogerian principles and view each other with 'unconditional positive regard'



"Well, I think you're wonderful."

Questions, comments,
suggestions?