
Supported and valued?

A trainee-led review into morale and training
within psychiatry

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Foreword

The Royal College of Psychiatrists is a charity and membership organisation which exists to improve the lives of people with mental illness. It is also the professional body responsible for setting and raising standards for the education and training of psychiatrists within the UK. The delivery of education and training, however, is the responsibility of local education providers and local education and training boards. Despite this divide, it is vital that we work collaboratively and support each other to ensure that all psychiatric trainees, wherever they may be based, receive the highest quality training possible.

The College strongly believes that the highest standards of patient care are delivered by energetic, motivated and well-rested doctors who have a good work-life balance. Unfortunately, in the context of the recent Junior Doctor Contract dispute in England, which saw unprecedented industrial action, it became clear that there are deep-seated concerns about the lives of modern junior doctors which reach far beyond contractual arrangements.

Although the Royal College of Psychiatrists does not get involved in terms and conditions of employment, we continue to support our talented, committed and dedicated junior doctors, who deliver high-quality care in challenging circumstances, and the education and well-being of psychiatrists are very much our core business.

The College has a proud tradition of involving psychiatrists in training in all of the work of the organisation through the Psychiatric Trainees' Committee (PTC). We have continued to use every means at our disposal to support our psychiatric trainees, working with the PTC throughout this review into morale and training in psychiatry.

Junior doctors have recently started to be referred to as 'canaries in the mine', i.e. as an early warning system in a National Health Service (NHS) under strain. It is therefore with immense gratitude that we would like to thank the PTC for undertaking the painstaking work of gathering feedback from trainees throughout the four nations of the UK.

Many of this report's findings make for hard reading; however, it is of immense importance to policy makers, chief executives, medical directors and educationalists within psychiatry and other medical specialties.

The report paints a positive picture of what can be ameliorated – much of this is simply about being good employers and good educationists. Ensuring that the basic needs of trainees are met, protecting time for educational activities and communicating effectively about expectations: these must not be considered to be controversial.

- We will call on all heads of school to monitor access to supervision, protected teaching, psychotherapy and special interest sessions to inform the quality assurance of training.
- We will work with partners at Health Education England to improve the Annual Review of Competence Progression (ARCP) process and agree national standardisation of ARCP requirements.
- We will recognise and understand the pressures of modern life and deliver greater access to flexibility in training and give trainees more autonomy over their careers.
- We will write to and monitor local educational providers to implement enhanced junior doctor forums, with clear lines of accountability to the Board, addressing key issues surrounding trainee morale.
- We will continue to lobby government for parity of esteem with physical health services and for improved health and social care funding.

Mental health is at the forefront of a revolution. It is starting to receive much needed government commitment to investment and reform through the *Five Year Forward View for Mental Health*. If we are to realise the vision that this sets out, and build a world-class NHS, we will need a fully recruited, well-trained mental health workforce that is clinically led. Tomorrow's consultants are today's trainees. We ignore them at our peril.



The image shows two handwritten signatures. The signature on the left is "Sir Simon Wessely" and the signature on the right is "Kate Lovett". Both signatures are written in black ink on a white background.

Professor Sir Simon Wessely, President, RCPsych
Dr Kate Lovett, Dean, RCPsych

Introduction

It is often said that patients are at the heart of everything we do, and that is true – but, equally, we must support, value and care for our workforce. Given the overwhelming evidence that good staff morale leads to better patient outcomes, we must not forget to be compassionate and respectful towards ourselves and our colleagues. If we take care of each other, then the rest will follow.

However, the NHS is suffering. Staff morale, and particularly that of junior doctors, is far from satisfactory. With declining morale and higher levels of stress, depression and burnout, we should all be concerned. We are experiencing negative organisational cultures in which the good will of staff, on which much of the NHS relies to function effectively, is being eroded. Too often, front-line clinicians feel that they are neither valued nor listened to by hospital management and policy makers.

These concerns cannot go unaddressed. There are increasing problems with retention and rota gaps. If we do not act now, we stand to lose a tranche of dedicated clinicians. We will compromise our profession and contribute to a decline in care that will have a negative impact on not just our patients but on society as a whole.

It is with this in mind that the PTC, which represents and supports more than 3500 psychiatric trainees across the UK, has initiated a review into morale and training within psychiatry. Our key priority was to engage with trainees across both core (CT1–CT3) and specialty (ST4–ST8) training. We wanted to provide them with the opportunity to freely express their views and act as a vehicle through which even the quietest voice could be heard at the highest level. We wanted to understand what makes a difference to trainees, and what makes them feel supported and valued.

We hope that this review and our recommendations will provide a stimulus for improvement both locally and nationally, resulting in meaningful change to the lives of psychiatric trainees and a culture within the NHS that supports and values its staff.

Our focus groups and survey

We modelled our review on the Listening into Action approach. Developed as a simple, practical and outcome-oriented vehicle to engage with staff, it would, we felt, provide a realistic picture of what mattered most and enable us to create a meaningful starting point for change.

Through a series of regional focus groups, we engaged with every division of the College across the UK. This approach maximised our ability to interact directly with trainees. Each focus group concentrated on three key lines of enquiry, highlighting what trainees thought was currently working well and what steps we could take to improve in the future.

For each line of enquiry, there was the opportunity to record individual thoughts before breaking into small groups to reach a consensus on the three issues participants felt were most important to them. At the end of the focus groups, individual responses were collected, along with the groups' top three issues for later analysis.

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.

Key lines of enquiry

As a follow-up to our focus groups, we conducted a short survey open to all psychiatric trainees for a 1-week period in March 2017. This was designed to provide quantitative data on key areas highlighted by the focus groups. We received a total of 302 responses, and our findings are incorporated into this report.

Engagement

In total, divisional representatives of the PTC organised, led and analysed more than 2000 views from 268 trainees. Twenty-eight focus groups were held across all 11 regional divisions of the College between June 2016 and January 2017. Locations were chosen to maximise accessibility for as many trainees as possible.

Given the geographical disparity and spread of psychiatric trainees, the limited resources of the PTC and a budget dependent solely on the generosity of local trusts, health boards and schools of psychiatry, this was a remarkable achievement.

The exact number of focus groups ranged from one to four within each region, and groups were open to all psychiatric trainees. They were advertised through various local and national platforms. Attendees represented a mix of both full-time and less-than-full-time (LTFT) trainees, and included all subspecialties and a spread of both core (64%) and specialty (34%) trainees (the same proportional split as for trainees in core and specialty training nationally).



International Congress

- | | |
|----|----------------------------|
| 1 | Northern and Yorkshire (3) |
| 2 | North West (2) |
| 3 | West Midlands (2) |
| 4 | Trent (2) |
| 5 | South West (1) |
| 6 | South Eastern (1) |
| 7 | London (3) |
| 8 | Eastern (4) |
| 9 | Scotland (4) |
| 10 | Wales (1) |
| 11 | Northern Ireland (4) |

Locations of our focus groups

What do psychiatric trainees value most?

Following a thematic analysis of more than 750 responses to our first key line of enquiry, the factors valued most by psychiatric trainees in their work life and training were clearly identified.

We know that what counts most towards our happiness and well-being is our health and relationships; our review cements this finding. Despite the widely perceived loss of a firm structure within medicine and the feeling of isolation sometimes experienced within psychiatry, it is evident that we should be proud of the unique relationships that exist across multidisciplinary teams and throughout the medical hierarchy, which are clearly compensating for this.



Nearly half of all responses indicated that trainees valued their supervision time, the support of their seniors and peers, and the opportunity to work collaboratively as part of a multidisciplinary team. Building further on this, we know that reflective space is essential for processing emotional distress, professional development, resilience and well-being. While many specialties are trying to build this into training, we are fortunate to have this already within psychiatry through Balint groups; the evidence for their importance to trainees shone through in our review.

It is also clear that trainees value flexibility and autonomy within their training, that protected time for teaching and special interest sessions is vital, and that true satisfaction with one's work comes from delivering direct patient care. This is only possible with manageable case-loads allowing individuals to work and care to their full potential.

What changes will improve work life and training?



Facilities

24-hour appropriate provision of working and rest facilities, including hot food and drink



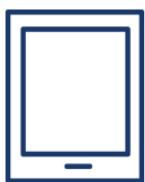
Clinical support

Appropriate provision and access to phlebotomy, electrocardiography, pharmacy and physical healthcare support



Career autonomy

Greater equity and access to flexibility in training, study leave and considerate placement allocation, providing trainees greater autonomy over their careers



Information technology

Appropriate support, access and availability of IT, including mobile working and pathology services



Non-clinical support

Integrated secretarial support and timely remuneration of salaries, expenses, study leave and locum fees



RCPsych and PTC support

Increased engagement, transparency and communications



Rota management

Ergonomic rotas co-designed with trainees that are issued in a timely fashion (minimum 12 weeks notice) and accommodate pre-existing leave arrangements



Training requirements

Access to and availability of all training requirements, including clear ARCP support



Investment

Parity of esteem and improved investment in health and social care

Recommendations and desired commitments

Psychiatric trainees must feel supported and valued. Based on the views collected through this review, our evidence has led us to propose specific core recommendations and desired commitments that we feel will have the biggest impact on improving psychiatric trainees' work-life balance, morale and quality of training.

Many of our recommendations build on pre-existing College guidance but are re-emphasised to strengthen their importance, as trainees are experiencing variation in how the guidance is implemented locally.

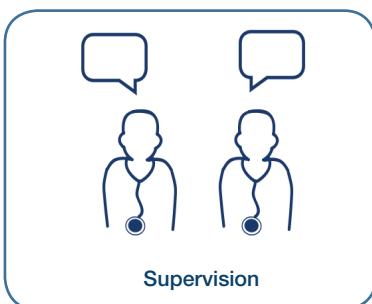
We believe that:

- core recommendations *must* be met in all situations
- desired commitments *should* be aimed for wherever possible.

It is the joint responsibility of the College, schools of psychiatry, local education providers and trainees themselves to pro-actively ensure that these requirements are met and maintained.

Core recommendations

“ With regular, meaningful and protected supervision where my consultant is interested in me as an individual, I function better professionally and personally; he knows me and he values me



Supervision



Protected teaching



Psychotherapy

23% of trainees do not receive regular weekly supervision

All trainees must receive their minimum of 1 h supervision per week with their psychiatric supervisor as stipulated in the curriculum

Only 80% of trainees receive weekly protected educational time

All trainees must receive a minimum of one teaching session per week provided through a local programme or on a recognised MRCPsych course

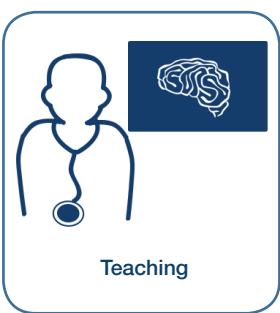
24% of trainees do not receive protected time for psychotherapy, and only 53% feel they receive timely allocation of a psychotherapy case

All trainees, where applicable, must receive timely allocation of psychotherapy cases with protected time for clinical sessions and supervision

“ Dedicated support and protected time for special interest sessions encourages me to advance my professional development and fulfil my potential



Clinical



Teaching



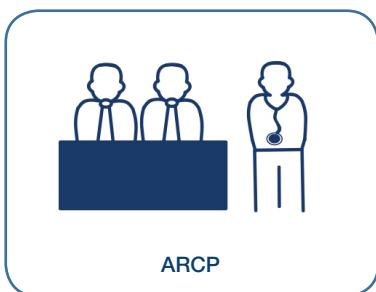
Research



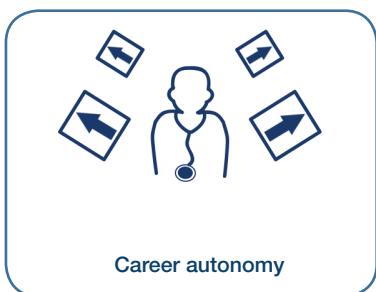
Leadership and management

All higher specialty trainees must receive a minimum of two sessions per week (pro rata for LTFT), agreed with their educational supervisor or training programme director, to pursue their special interests. This may include clinical, educational, research or leadership and management activities

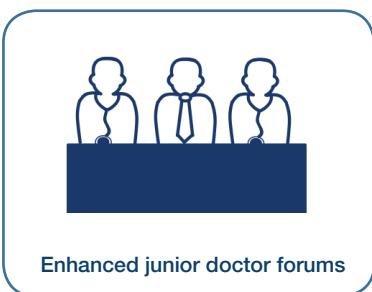
Desired commitments



ARCP



Career autonomy



Enhanced junior doctor forums

All trainees should receive clear ARCP guidance at the start of each training year which is standardised across the UK

All trainees should be supported to have autonomy over their careers through consideration of their personal circumstances and career intentions

All trainees should have access to an enhanced junior doctor forum with senior management that expands beyond contractual issues and feeds into continual improvement of training, working life and patient care

ARCP

The PTC has recently surveyed members on their thoughts and feelings about the ARCP process. This highlighted concerns that the ARCP process and the standards required to achieve a satisfactory outcome are inconsistent across the UK. Alongside supporting the national review currently being conducted by Health Education England, we urgently recommend national ARCP guidance be agreed and implemented by heads of school to ensure equity in psychiatric training standards across the UK.

Career autonomy

Supported by plans from Health Education England, we recommend that trainees should have greater access to flexibility in training and autonomy over their careers, including:

- placement allocations
- study leave
- in-programme developmental opportunities
- out-of-programme activities and
- LTFT working.

We believe that we can be at the forefront of valuing trainees by extending this recommendation beyond consideration of health issues and caring responsibilities to embrace the personal circumstances (including travel time from home) and/or career intentions of all trainees. This approach has the potential to reduce burnout and develop well-rounded psychiatrists with a high level of job satisfaction, an improved work-life balance and the ability to deliver better patient care.

Enhanced junior doctor forums

Dominating our review were a range of issues that were perpetuated by poor communication between trainees, senior doctors and management.

These included, but were not limited to:

- rota designs
- available facilities and clinical support
- non-clinical support
- better integration of physical and mental healthcare.

In England, it is now a requirement of the junior doctors' 2016 contract that junior doctor forums are established at every local education provider.

We recommend, in line with British Medical Association guidance, that it is essential to expand beyond the remit set out within the new contract, and that enhanced junior doctor forums should be established across all local education providers within the four nations.

They should be overseen at director level (which in England must be the relevant director with responsibility for managing the 'guardian of safe working hours') and sponsored by a senior independent director providing accountability to the board. There should also be an established mechanism for feeding back to the local school of psychiatry.

The facilitation of enhanced junior doctor forums provides a unique opportunity to improve communication with senior management. We firmly believe that if implemented and engaged with effectively, this will lead to the resolution of many concerns and, as we have seen through engagement with our review, allow trainees to officially voice their concerns, feel empowered and feel that their seniors care about their development.



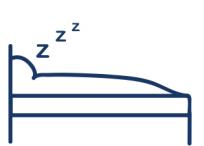
Two-thirds (66%) of trainees do not receive their rota within the current target of 6 weeks notice prior to commencing their placements



25% of trainees do not have access to a hot drink 24/7



Only 53% of trainees have access to a quiet reflective space with IT access 24/7



Only 32% of trainees have access to a private and comfortable area to nap 24/7



77% of trainees do not have access to a hot healthy meal 24/7

The NHS and parity of esteem

Evidence of the pressures currently facing the NHS was unmistakably palpable within our review. Similar to concerns highlighted by many other specialties, psychiatric trainees are concerned about recruitment and retention of not just psychiatrists, but the entire mental health workforce. Combined with rising demand for healthcare, trainees are clearly experiencing a system felt to be underfunded and overstretched.

Specifically, within mental healthcare, we find that there is still much to achieve if we are to approach parity of esteem with physical health services in the UK. There was a clear call for better physical and mental health integration, in terms of both training and service delivery. We cannot continue with a system where a choice must be made between two doors. We must create a single point of access for patients where both their physical and mental health needs can be addressed.

Although recent attention from the government on mental health services is welcomed, we continue to support our College, partners and patients in lobbying for greater funding, equality and access to the highest quality mental healthcare possible for all our patients.

Conclusions

We believe that psychiatric training is a privilege, and that the quality of training and opportunities we receive exceeds that in many other specialties. To maintain this advantage, we must learn from the evidence gathered within this review by acting on the issues raised.

We must expand on areas of good practice, and at the same time ensure that we provide equitable training opportunities throughout the UK. If these efforts are focused effectively, making use of the genuine desire to collaboratively improve the quality of psychiatric training that we believe exists, the future of psychiatry can be strengthened.

We were touched by the expressions of gratitude from trainees towards their seniors and their multidisciplinary colleagues throughout the focus groups. We would like to thank all those who work every day towards an environment where trainees feel supported and valued. We believe that, through these close supportive relationships that are valued so highly, we can continue to provide the personalised approach that makes psychiatric training so unique and, in many cases, exceptional.

The PTC will continue to drive improvements in the quality of training and in supporting and valuing each other. However, the real power of this review is in you. We all have autonomy over our behaviour and, on the basis of our findings, we implore you to make a difference. Through the power of marginal gains, even the smallest of changes can make a big difference.

It is up to all of us to reflect on this and be ambassadors for the profession. We must be a visible and credible presence where every contact counts, where effective role modelling and compassionate leadership allow us to work collaboratively, and where we can improve training so that we all feel supported and valued.

 There are lots of great things about psychiatric training, but improvements can be made. I hope this will inspire real change

Response from the College

We welcome this crucial piece of work by the PTC and are wholeheartedly committed, as ever, to engaging with trainees, directly improving training where we can, and strongly influencing others when direct change is outside our control.

We are delighted that the support of seniors and the training opportunities provided within psychiatry – such as supervision, protected teaching and special interest time – are valued so highly. However, it is clear that this is implemented with varying success across our four nations, and that there are a whole range of other factors raised in this review affecting the morale of our trainees.

We are saddened, although not surprised, to hear that for some of you the management of your rota and the on-call situation is decreasing your morale to the point of making you want to resign. We know that we have a high attrition rate between core and higher training, and that there is much to improve upon.

Your voices have been heard. We thank you for all that you do, and we commit to engaging with you in an ongoing conversation about how we can make your lives better. We will be monitoring for improvements, and will not stop until you all feel supported and valued.

You said: Our core recommendations *must* be met in all situations.

We will: Call on all heads of school to monitor access to supervision, protected teaching, psychotherapy and special interest sessions to inform the quality assurance of training.

You said: National ARCP guidance should be agreed and implemented by heads of school to ensure equity in psychiatric training standards across the UK.

We will: Work with partners at Health Education England to improve the ARCP process and agree national standardisation of ARCP requirements.

You said: Trainees should have greater access to flexibility in training and autonomy over their careers.

We will: Recognise and understand the pressures of modern life, and deliver greater access to flexibility in training and autonomy over your careers.

You said: Enhanced junior doctor forums should be established, across all local education providers within the four nations, which expand beyond the remit set out within the new contract.

We will: Write to and monitor local education providers to implement enhanced junior doctor forums, with clear lines of accountability to the provider Board, addressing key issues surrounding trainee morale.

You said: The system is underfunded and overstretched and we must approach parity of esteem with physical health services.

We will: Continue to lobby government for parity of esteem with physical health services and improved health and social care funding to improve the lives of people with mental illness.



The image shows two handwritten signatures. The signature on the left is "Sir Simon Wessely" and the signature on the right is "Kate Lovett". Both signatures are written in black ink on a white background.

Professor Sir Simon Wessely, President, RCPsych
Dr Kate Lovett, Dean, RCPsych

Acknowledgements

We would like to thank all trainees who attended our focus groups throughout the UK and took part in our survey as part of this review, Nikki Cochrane and the wonderful support staff at the Royal College of Psychiatrists, our College Officers, and all those who have shown generosity throughout the consultation period to help facilitate our focus groups.

In particular, we would like to acknowledge the following members and colleagues of the PTC, who were instrumental in the success of this project and helped facilitate local focus groups.

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Kathryn Milward

Matt Tovey

Tara Walker

Trent

Charlotte Blewett

Christina Kelly

Beth Masterson

South West

Andy Brannac

Susan Howson

Karl Scheeres

Vicky Thom

South Eastern

Tarek Zghoul

Eastern

Meda Apetroae

Suzy Bassim

Felix Clay

Shevonne Mattheiken

Rhianon Newman

Prasanna Rajbhandari

Baljit Upadhyay

Scotland

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Maggie Kelly

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