
Understanding Trainees' Career Choices in Psychiatry

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Contents

- Introduction.....3
- Cultural Change – A Position Statement5
- Cultural Change – Suggested Implementation Strategies.....5
- Managing Transitions..... 8
- Trainee Wellbeing and Welfare9
- In Summary..... 10
- Lessons from COVID-19 10
- Resources and signposting..... 11
- Appendix I 12

Introduction

The Royal College of Psychiatrists (RCPsych), Health Education England (HEE) and the NHS have all raised concerns about the flow and retention of staff within the mental health workforce (for example, the Centre for Workforce Intelligence's [review on the psychiatric workforce](#) and HEE's '[Stepping Forward](#)' [report](#)).

Driven by a desire to understand this further, in 2018-2019 HEE London and the RCPsych commissioned UCL to undertake research to aid our "Understanding [of] Career Choices in Psychiatry".

The full report can be accessed online at the following link: [UCL Trainees' Career Choices Report](#).

The key findings from this study were in relation to two areas, namely progression through training and experiences during it.

Progression through training:

- The minimum time to complete training (to CCT) is 6 years. Psychiatry trainees overwhelmingly took longer than 6 years to reach this point.
- Training programmes have been historically designed to accommodate full time trainees taking the minimum time to complete training. LTFT trainees are often placed into whole time posts and even planned absences can be viewed as unexpected and destabilising for a rotation.
- Progression differed between groups of trainees (direct progression for UK graduates (UKGs): 18.4% vs non-UKGs: 6.5%; males: 17.8% vs females: 12.8%).

Experiences during training:

- Satisfaction with the training programme and supervision was generally high.
- Support from peers and seniors, and a sense of belonging in psychiatry, was of key importance to help trainees through challenges in training.
- Positive expectations for the future were important to be able to endure high service pressure and under-resourcing; role models were very influential in shaping these expectations.
- 23.9% of trainees were experiencing high or very high levels of burnout.
- 22% of trainees had thought about leaving the profession. Strong self-identity as a psychiatrist was key in keeping trainees committed to the specialty and becoming a consultant.
- Being valued on a personal and professional level made a substantial positive difference to trainees. Otherwise, training was perceived as treadmill-like and impersonal.

- Trainees desired training arrangements that would support both their progression and work-life balance, including allowing Out of Programme time and Less Than Full-Time hours.
- Those on longer breaks or working as Specialist and Associate Specialist Doctors are often keen to become consultants but require an adjustment to the standard programme, or more advice and support to return to training.

There is a clear tension between the immediate pressures of workforce supply (i.e. to fill consultant vacancies) and supporting flexibility and choice at the expense of a slower route. Workforce modelling may need to adjust expectations to consider slower training with better long term retention.

All groups highlighted the need for a broad change in approach to careers with a need for long term investment in individuals who may have very different development needs. The RCPsych's approaches to reducing differential attainment and developing a culture of equality, diversity and inclusion should underpin all recommendations from this report.

To have an impact on the workforce, stakeholders need to be engaged from all levels:

- national (HEE, RCPsych);
- regional (Post Graduate Deans, Heads of School, Faculties and Divisions);
- local (Medical Directors (MDs), Directors of Medical Education (DMEs), Training Programme Directors (TPDs), Educational Supervisors (ES), Clinical Supervisors (CS), HR and post-graduate departments).

The RCPsych have convened this task and finish group to develop a response to this report. While trainees should continue to be supported to take the most direct route through training, members of the task and finish group identified and focused on three target response areas:

1. Cultural Change (Prof. Nandini Chakraborty, Dr Ross Runciman, Dr Helen Bruce)
2. Transitions (Dr Ellen Wilkinson, Dr Isabel McMullen, Dr Harriet Greenstone)
3. Trainee Wellbeing and Welfare (Prof. Vivienne Curtis, Dr Mihaela Bucur, Dr Clare Inkster)

This document summarises the recommendations from that work.

Cultural Change – A Position Statement

Many trainees actively choose alternative training routes and these need to be supported. There is a need to shift away from the idea that training takes 6 years and move to normalising and celebrating the different paths chosen by trainees.

Key actions:

- Promote and embed widespread acceptance of different pathways;
- Target and reduce all aspects of differential attainment;
- Engage in conversations in core training which consider options beyond going straight into higher training;
- Support NHS employers, trusts and health boards to develop non-training posts for time between rotations;
- Support choices such as working less than full time to maintain a work-life balance, Out Of Programme time in experience, research or Out Of Programme Pause (OOP-P);
- Encourage conversations within higher training of gaining experience beyond ST;
- Create an atmosphere where trainees are not made to 'feel guilty' or 'less than' for taking breaks from their career.

Cultural Change – Suggested Implementation Strategies

The following are recommendations relating to key actions in the previous section. None of these strategies are exclusively national, regional or local but all require partnership working between stakeholders. The aim is to promote the benefits of different pathways to CCT or CESR through a heterogeneous and psychologically flexible workforce.

- Use national RCPsych structures to support the widespread change in culture. Ensure the UCL research report and outcomes are widely disseminated and referenced across Divisional, Faculty and Devolved Nation events.
- Use Heads of School to share resources and enhance educational training to reflect this new position.
- Hold welcome events for trainees and SAS doctors through Divisions and Devolved Nations highlighting progression options.
- Revisit and reformulate the supervisor training given to CS/ES with reflection on the UCL research outcomes. There is an opportunity to do

this in parallel with changes to the training package for the new curricula. This will be vital to ensure supervisors can support trainees in finding the best routes for them personally through training.

- Create a programme of conferences, webinars and other events to promote this cultural shift. These could include:
 - Exploration of pathway options and training choices to doctors from foundation years through core and specialty training.
 - Celebration of stories of diversity and flexibility in change, through narratives from a range of trainees (including mature trainees) who have taken the 'non-conventional' route to specialty registration, shared on the College website and beyond.
 - Highlighting opportunities available within training and promote examples of combining training with varied career options.
 - Developing, facilitating and promoting "Keeping connected activities" for trainees who have career breaks.
- Develop an online campaign, including:
 - Using the successful platform of Choose Psychiatry, developing "Keep Choosing Psychiatry" to follow on from this work;
 - Reaching out and working with Choose Psychiatry representatives and medical schools;
 - Working on a Twitter hashtag with the Psychiatric Trainees' Committee to help spearhead a campaign on the same.
- Engage with NHS employers, trusts and health boards, who are key stakeholders.
- Incorporate the culture change into existing training programmes.
- Promote awareness and esteem around trainees' journeys and training choices.
- Work with MDs and DMEs to reduce dependence on locums by providing opportunities for trainees on training breaks.
- Consider the impact of working environment on trainees including violence reduction and role of sustainability in promoting retention. This could include reducing miles travelled for meetings, cost cutting through use of technology and online courses and teaching. NHS Trusts and Education Departments should reference College sustainability initiatives.
- Share best practice through regular regional meetings to be held by all MDs, DMEs and SAS tutors with all training doctors and SAS doctors to strategize their careers and provide information about employment opportunities.

- Consider that SAS Tutors may benefit from regional or RCPsych networks to support focus on career progression and advice.
- Develop new roles such as programme-based “Champions of Choice” providing career advice and promoting opportunities.

Managing Transitions

Transitions are common and unavoidable as individuals progress in their medical careers. Some transitions may be planned, such as career progression, but some may be unexpected, such as sickness or need to relocate. All transitions are likely to involve some challenges, yet it should be acknowledged that each transition is different, and the context for individuals will vary. As clinical leaders, doctors all have to learn to manage uncertainty. Fostering the skills and attributes of psychological flexibility enables trainees to negotiate varied careers throughout their working lives while reflecting the uncertainty and difficulties their patients often face. By enabling inevitable transitions there are opportunities to draw conscious parallels with changes in teams and services which are expected throughout the NHS and develop leadership skills.

We feel there should be an emphasis on normalising and valuing flexibility – both for the trainee and for the institutions that employ them. Communication between organisations (e.g. trusts and health boards, HEE, GMC, RCPsych) can always be improved, and trainees may benefit from clarity about which organisation can help with which aspects of a challenge.

The following are recommendations for what can be done as trainers and as a College to support trainees learning around transitions:

- A case study of a “healthy” transition can be found in Appendix I. This is an example of material that could be developed and used in teaching.
- Specifically teaching achieving healthy change as a desirable learning goal through CPD/TRON modules.
- Developing a framework and training to support trainees and trainers in discussions around transitions to:
 - Provide a degree of familiarisation of the discussion and anxieties around change.
 - Share good practice about making career choices.
- Peer-to-peer mentoring. This could begin with a specific focus on SAS, research opportunities, LTFT and career breaks.
- Encouraging engagement with a SuppoRTT Champion as routine before starting any time away from training.
- Normalising and promoting the use of PSU services and wellbeing services for all trainees (not just those in difficulty).

Trainee Wellbeing and Welfare

“Wellbeing” is becoming ubiquitous in almost all aspects of modern life. It contributes to both objective and subjective perceptions of roles and may vary in relation to personal and professional situations and esteem.

The UCL report highlights specific challenges in training which mirror concerns of patients and carers in relation to under-resourcing, stigma, violence and patient suicide. The trainees in this study were at a stage where they participated in regular Balint groups, and many were from Trusts with established Schwartz rounds, however they still identified these areas of concern. Any approach which is going to improve the recruitment and retention of psychiatrists (and by implication the clinical service) needs to acknowledge the reality of clinical practice and the impact it has on staff.

This study should serve as a wake up call with its description of the grassroots experience of working in mental health. All stakeholders have a role in improving the experience of practising psychiatry at all levels from undergraduate to consultant.

RCPsych, HEE and the NHS have all developed key priorities and strategies relating to wellbeing. These all have a strong focus on supporting trainees identified as being in difficulty or with specific health or support needs. The NHS Staff and Learners' Mental Wellbeing Commission report highlights 33 recommendations including the importance of preparing for transitions, rapid access to local support, mentorship and supervision, organizational support and culture.

The recommendations below follow the RCPsych's Wellbeing strategy and develop earlier themes from the Supported and Valued report. These should be implemented alongside the actions around culture change and managing transitions.

Trainee voice

- Strengthen trainees' representation at national forums and committees that address matters related to trainees' wellbeing.
- Education providers to provide enhanced junior doctors' forums at local level to enable effective and timely communication between trainees, senior doctors and management.

Transforming culture

- Capture and share examples of good practice at all levels which have improved wellbeing and morale.
- Enable trainees to feel valued as part of a large organisation. Offer peer support, mentoring and reciprocal mentoring.
- Support all training environments to develop an inclusive culture which enables all trainees' wellbeing and support needs to be met.

- Define specific outcomes to monitor the impact of different strategic interventions (currently extrapolated from wider NHS data sets). This may include recruitment rates, numbers of consultant vacancies and follow up studies of doctors in the years post-CCT.

Influencing and promoting awareness of impacts on wellbeing

- Raise awareness and knowledge of the specific individual and system factors that affect wellbeing that contribute to recruitment and retention, at Divisional and Devolved Nation level, as well as SAC level.
- Encourage employers to implement evidence-based recommendations that will support organizations and trainees in staying safe.
- Develop a resource platform on the RCPsych website for sharing Wellbeing materials and promoting good practice/case examples from members/trusts in the UK and internationally.

Supporting the workforce

- Develop an understanding of the differential impact of violence on staff and mitigations.
- Working towards zero suicide, increasing understanding of the impact of suicide on medical staff.
- Reduce stigma associated with asking for help and support around careers and normalize seeking help when necessary.

In Summary

The goal is to produce and retain a well-trained, highly skilled and sustainable workforce. This requires action in a number of areas: Cultural Change, Transitions and Trainee Wellbeing and Welfare. Enabling all of the flexibilities we need to introduce to train and retain this generation of staff requires more sophisticated national and local workforce planning.

Lessons from COVID-19

The UCL project was undertaken pre-COVID. During 2020-2021, we have all experienced unpredictable changes to the way we work and have all worked differently, often at distance. The lessons learnt from this regarding wellbeing and coping with uncertainty should inform our future management of the workforce.

Resources and signposting

[RCPsych Psychiatric Trainees' Committee Supported and Valued](#)

[RCPsych Psychiatric Trainees' Committee Supported and Valued: Staying Safe - a trainee led review into fatigue within psychiatry](#)

[RCPsych Psychiatrists' Support Service](#)

[RCPsych Mentoring and Coaching](#)

[RCPsych Guide to mentoring for psychiatric trainees](#)

[RCPsych Enhanced junior doctor forums: an implementation guide](#)

[NHS Staff and Learners' Mental Wellbeing Commission](#) – NHS Staff and Learners' Mental Wellbeing Commission report highlights 33 recommendations including the importance of preparing for transitions, rapid access to local support, mentorship and supervision, organizational support and culture.

[Delivering greater flexibility](#) – HEE information on flexibility in training, including LTFT and OOP-P.

[HEE Professional Support \(links for each region\)](#)

[Scotland Deanery Professional Support](#)

[NIMDTA Professional Support](#)

[HEIW Professional Support](#)

[NHS England People Plan \(2020-2021\)](#)

[NHS England Long Term Plan \(Jan 2019\)](#)

[NHS Scotland An Integrated Health and Social Care Workforce Plan for Scotland \(Dec 2019\)](#)

[HSCNI Health and Social Care Workforce Strategy 2026: Delivering for our People](#)

Appendix I

A case study of a positive transition (example of material that could be used for teaching)

Dr B was feeling apprehensive about moving from a CT to an ST training post. Despite positive CS and ES reports throughout her Foundation and Core training, she had always struggled to settle into new posts. In the past, she had found it hard to establish herself within teams, and she worried about navigating new systems, ways of working and technology. She had previously had a few difficult transitions which were worsening her anxiety about the impending transition from CT to ST. For example, she had not completed her Foundation training in the region where she had been at medical school. She found it hard work, trying to settle into a new area and make new friends, alongside the challenges of being a doctor in an unfamiliar hospital, where she knew nobody and didn't know the building layout or the clinical notes software. Her CS had not been particularly present during the first placement, and she had struggled to get regular supervision in a busy ward job. However with time, she settled in and became familiar with the hospital and the area. Her CS and ES reports were great.

In the run up to her transition between Core Training and Advanced Training, Dr B spoke to her CT CS in supervision, and they discussed it together. She was able to reflect on her past experience and think about what had helped (and hindered) her transition. With her CS's support she came up with a plan to approach this transition. She made an appointment to see her ES and he had some suggestions too. She approached the Postgrad Centre and TPD at her new trust and found out what would be covered in the induction. She checked with HR at the new trust to make sure she had attended all the relevant courses (e.g. Section 12) in preparation. She also reached out to colleagues already on the rotation and found out details about how it worked (e.g. where the placements were, when the training days were, on-call info). She was especially nervous about covering the senior on-call rota, and arranged to speak to one of the trainees already on the rota, who gave her some tips. Dr B also discovered that there was a peer mentoring scheme for new trainees at her new trust. When she found out about her placement, she made contact with her new CS and asked them about the role, and she asked for suggestions about any preparatory reading. She also made plans to take a few day's leave at the end of her current role to move flat, and set herself up in her new home. With all this information and preparation she already felt less anxious about moving.

She made sure she attended all the inductions and asked questions when she wasn't clear about something. She met with her CS and ES in the first week and month of starting and they also answered her questions. She put herself forward to get a peer mentor, as well as attending the training days to meet other trainees. At the training day, she suggested setting up a WhatsApp group so they had each others' details and could keep in contact. She also made an effort

to explore her new area and found a club to join where she could pursue kickboxing, a favourite hobby of hers.

She reflected on how this transition had been different to previous ones. She thought that careful planning and preparation had been really helpful, as had reaching out to people in her new trust and rotation for advice and support. She felt much more confident about further transitions in the future, and in time became a peer mentor for new starters on her rotation.