UNDERSTANDING CAREER CHOICES IN PSYCHIATRY

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Introduction

This factsheet presents research findings about the career choices of trainees in the Royal College of Psychiatry's (RCPsych) Training Programme. This multi-method research study was commissioned by the RCPsych and Health Education England (HEE) and conducted independently by the Research Department of Medical Education (RDME) based at UCL. Findings are drawn from the analysis of two longitudinal national datasets of doctors and trainees in the UK (the List of Registered Medical Practitioners, LRMP; and UK Medical Education Database, UKMED), and primary data collection involving Psychiatry trainees in London via survey (n=163) and interviews (10 core and 10 speciality trainees; and 8 trainees who had left or planned to leave training) in summer/autumn 2019.

Key Findings

Trainees' progression:

- Trainees overwhelmingly did not progress directly through training within 6 years; only 14.7% of trainees did.
- The majority of UK medical graduates on the Psychiatry Specialist Register took >8 years after graduation to become consultants.
- Males and UKGs progressed through training faster than females and non-UKGs.

Trainees' experiences:

- Trainees enjoyed patient interaction, the nature of psychiatry, and training provision.
- Key challenges related to systemic issues and under-resourcing, cultural pressure, stigma, stress and workload, and negative incidents.
- Positive role models, a sense of belonging and a strong identity as a psychiatrist held trainees in the programme.
- Psychiatry was emotionally draining. Effective recovery from burnout or traumatic incidents was essential for trainees to continue.
- Medical and training cultures inhibited some from vocalising their needs or concerns.
- Trainees sought more support and incentives to return to training, especially after a longer break.
- The final decision to leave training could be very difficult.

Key Findings: More Details

Trainees' progression:

Trainees overwhelmingly did not progress directly through training within 6 years

- Only 14.7% of all CT1 psychiatry trainees completed training in 6 years.
  - ~ 62.7% progressed through Core training without delays (in 3 years);
  - ~ 53.8% progressed through Specialty training without delays (in 3 years).
- The largest 'break' in progression was between core and speciality training, where an average of 41.6% of CT3s that had progressed directly through core training go straight into ST4. Non-progression at this stage could not be fully explained by exam failure.
- Trainees who did not progress:
  - Repeated their training year (e.g. in core training this was 59.3% of trainees);
  - About 12.6% of trainees changed specialty. This only happened during core training or in the transition from CT3 to ST4. Most trainees switched to general practice (9.9%).

The majority of UK medical graduates (UKGs) on the Psychiatry Specialist Register (PSpR) took >8 years after graduation to become consultants

- 12.9% UKGs joined the PSpR in 8 years after graduation;
- 76.3% of UKGs joined the PSpR within 12 years after graduation (4 years delay); some doctors took much longer: up to 27 years.
- The time from graduation to entering the PSpR has reduced: more recent UKGs enter the PSpR more quickly (Figure 1).

Males and UKGs progressed through training faster than females and non-UKGs

- On average, a larger percentage of male trainees (17.8%) completed training without delays compared to female (12.8%); and those with a UK primary medical qualification (UKGs: 18.4%) compared to non-UKGs (6.5%).
- Female UKGs have taken longer to get on PSpR (time from graduation to PSpR) than male UKGs and this difference is widening (Figure 1).
- Straightforward explanations may come to mind for gender differences (e.g. maternity leave), but the qualitative and survey analysis suggest that underlying reasons are complex and reasons like maternity leave are not sufficient to explain a high number of non-progressing females trainees.

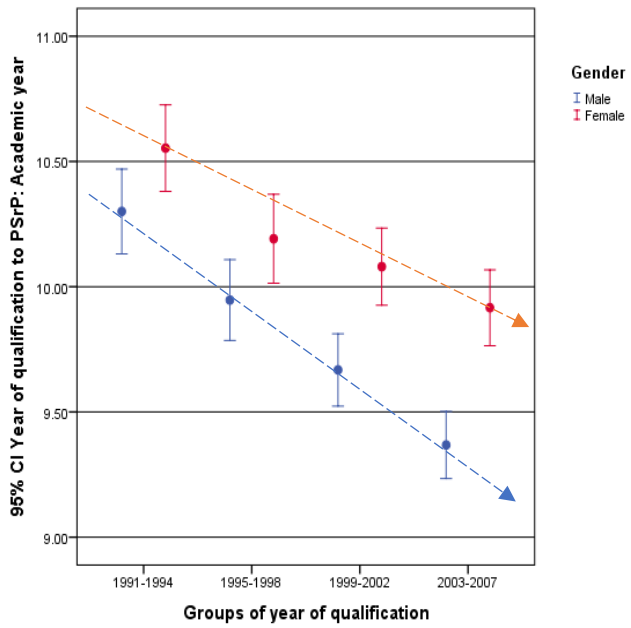

Figure 1: y-axis shows years taken for 95% of the cohort of UKGs in psychiatry training to have joined the specialty register

Trainees' experiences:

Trainees enjoyed patient interaction, the nature of psychiatry, and training provision

Survey data: Current London trainees (N = 159)	
Fascinating patients with complex and interesting conditions	89.3% (142)
More opportunity to spend time and get to know patients than in other specialties	82.4% (131)
Clinical diversity of the work	74.2% (118)
Intellectually comprehensive with sufficient academic challenge	74.2% (118)
Holistic bio-psycho-social, 'whole patient' approach	74.2% (118)
Working as part of a team	70.4% (112)
Good quality of supervision	69.2% (110)
Hours and work-life balance	66.7% (106)
Receiving good training	60.4% (96)

Key challenges related to systemic issues and under-resourcing, cultural pressures and stigma, stress and workload, incidents

Survey data: Current London trainees (N = 159)	
Under-resourced in relation to other branches of medicine	66% (105)
Systemic changes and constraints within the NHS (e.g. reforms, target culture, long waiting lists)	66% (105)
Problems and gaps within rotas	50.9% (81)
Psychiatrists held accountable for adverse patient outcomes more than in other specialities	46.5% (74)
Stigma or lack of respect for psychiatrists within medicine	35.8% (57)
High stress and workload, feeling burnt-out	37.7% (60)
I can't see myself coping with or enjoying becoming a consultant psychiatrist	29.6% (47)
Verbal or physical abuse from patients	28.3% (45)
Involvement in a difficult case or event (e.g. patient suicide)	25.8% (41)

Positive role models, a sense of belonging and a strong identity as a psychiatrist held trainees in the programme

- A sense of belonging in psychiatry was key to supporting trainees. Relationships to seniors were very influential on enjoyment, learning and confidence. The majority reported good supervision and that seniors were more approachable than in other specialities.

> *the fact that somebody, in my mind very high up and very removed, actually was that approachable and that open was very helpful.*
>
> **Participant 14, male, UKG, Speciality**

- Seniors who were burnout, disillusioned or did not provide positive feedback had a negative impact.

Psychiatry was emotionally draining. Effective recovery from burnout or traumatic incidents was essential for trainees to continue

- Trainees reported anxiety about their ability to address patients' physical health needs in relation to their own skills and the preparedness of the team and wards.
- Trainees experienced cumulative stress from work with distressing psychiatric conditions in an under-resourced speciality.
- 23.9% were currently experiencing burnout. This was particularly problematic for trainees if it affected their personal or family lives.

> *[the work] does take a toll on you, you do think about it later. You do worry when you get home, and everyone has different defence mechanisms of how to suppress that or how to debrief that later you know with their family or during supervision or whatnot.*
>
> **Participant 6, male, non-UKG, Core trainee**

- Trainees reported that peer support, supervision and Balint groups helped manage

emotional stress; others benefitted from personal therapy.

- Trainees could experience acute emotional stress following specific traumatic incidents. Patient aggression and irritability was accepted as 'part of the job'. This was generally not found to be distressing, unless the trainee felt vulnerable (e.g. experiencing burnout, unsafe conditions, pregnancy). Incidents could then deeply affect vulnerable trainees.

	% of trainees often or frequently experiencing…
…verbal or behavioural aggression	35.2%
…physical violence	11.3%
…suicide attempts	35.2%

- On-calls were higher-stress situations that particularly challenged trainees in a vulnerable state.
- Some trainees reported a desire for less than full time hours as a consultant to help them manage the clinical work.
- Trainees suffering cumulative or acute emotional burden often took breaks to try to recover. These factors caused trainees to question their ability to return to, and cope in, the specialty.
- Effective recovery strategies reduced the impact of trainees' work demands and therefore decreased their risk of burnout.
- Trainees that were more burnout and less engaged in training were more likely to be less committed to training and therefore more likely to intend to leave.

Medical and training culture inhibited some from vocalising their needs or concerns

- Although trainees felt psychiatry was less hierarchical than other specialities, they felt dependent on their seniors' good opinion to access opportunities, were reluctant to 'make a fuss' and keen to appear competent. These attitudes made them less willing to voice their needs or highlight difficulties.

> *I felt bad for saying: 'oh actually that last placement really was knocking my confidence big time, and really can we sort of…' So I thought I'll just do it for another sort of few months, I'm not going to make a fuss. So I went back and it was, it was almost damaging actually, I definitely was thinking about giving up at that stage.*
>
> **Participant 23, female, UKG, Core**

- Others reported a culture of turning a blind eye to others who were struggling because of service pressures.

> *that's also to do with how stressed everyone is and how busy they are, that actually you don't really want to find out that someone's not coping cos you're probably just going to have to cover them when they go off on sick leave.*
>
> **Participant 26, female, non-UKG, Specialty**

- Trainees were often very distressed or considering leaving before they approached seniors. It was thus important that even the first conversation was seen as serious and legitimate. 11.9% of trainees reported not talking to anyone about the challenges of training.

Trainees sought more support and incentives to return to training, especially after a longer break

- Trainees felt that taking breaks in training was completely normal and beneficial, and sometimes necessary to allow them to complete training.
- Breaks were used to gain new experiences; for personal or family reasons; to recover from burnout; to escape a distressing placement; or to gain relief from the

pressures and structure of training and exams.

- Some trainees on breaks felt unsupported in returning to the programme:
    - Returning to training could be perceived as logistically difficult due to a lack of information or advice, particularly after an extended break. For those taking time out to recover from a bad experience, dread of returning could grow, inhibiting their return or urging them back to training before they were ready.
    - Some working in SAS posts were keen to become consultants but could not face completing one aspect of specialty training after a bad experience (e.g. adult care, on-calls) or manage the reduction in pay.

The final decision to leave training could be very difficult

- 22% agreed/strongly agreed that they "thought a lot about leaving the profession"; however only 5% would leave asap; and just 8% were actively searching for another job.
- Leaving training between Core and Specialty training was seen as more acceptable than other points: perceived as a conscious choice to leave with the MRCPsych, rather than of being unable to continue or failing training.
- The final decision to leave could be very difficult: some trainees used breaks for reflection and stepping stones to leaving.
- For those considering leaving, alternative careers included: healthcare leadership; other professions (e.g. law, accountancy); biomedical/pharma industries; medical education.
- Leavers often intended to work in staff grade psychiatry positions or related disciplines (psychotherapy, mental health).

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About the authors

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Ethics

The project received ethical permission from the UCL Research Ethics Committee (REF: 10121/001) and Data Protection approval (REF: Z6364106/2019/06/28).