Understanding career choices in psychiatry

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(Non)progression rates

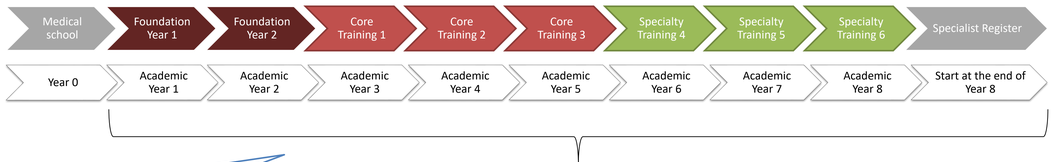
On average, only **14.7% of trainees progressed** through the total duration of training without delays (from CT1 to ST6 in six years):
- 18.4% UK Graduates (UKGs) vs 6.5% non-UKGs;
- 17.8% males vs 12.8% females.

Trainees who did not progress:
- Stayed at least one year at the same trainee level (e.g. 59.3% during the transition through Core training).
- On average 9.9% of trainees not progressing in Core training moved to GP and 2.7% moved to another specialty.

- The **largest drop** was at the transition from CT3 to ST4 (on average 41.6% trainees that made to CT3 in three years progressed directly to ST4).
- Failing the CASC exam did not fully explain trainees' non-progression from CT3 to ST4 .

- **62.7%** progressed through Core training without delays (in 3 years);
- **53.8%** progressed through Specialty training without delays (in 3 years).

Data source: UK Medical Education Database (UKMED) investigating trainees who started their CT1 post 2011-2017.



- More recent UKGs entered the PSpR more quickly.
- It took **longer for female** UKGs to get on the PSpR compared to male UKGs. This difference between male and female doctors has been increasing in recent years.

Data source: List of Registered Medical Practitioners (LRMP) investigating UK medical school graduation (1991-2007) entering the Psychiatry Specialist Register (PSpR)

76.3% of UKGs on the PSpR were registered within **12 years after** medical school qualification (four years of delay). However, some doctors took much longer to get onto the PSpR: up to 27 years.

12.9% UKGs got onto the Register without delays (in the expected eight years).

Staying in training

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)

So the training itself is great, I actually didn't think it was going to be this good… in terms of how much time we get off for things like the [MRCPsych teaching days]… the academic programme at our own sites, supervision with the clinical supervisors, then teaching by registrars and other senior doctors, time off to go to events and conferences – you just have to ask for it and they'll give it to you.

Participant 5, male, UKG, Core trainee

Leaving psychiatry training

Current London trainees (N = 159)	Strongly disagree/ Disagree	Neither agree nor disagree	Agree/ Strongly agree
I think a lot about leaving the profession	66% (105)	11.3% (18)	22% (35)
I will leave psychiatry as soon as possible	83.6% (133)	11.3% (18)	4.4% (7)
I am actively looking for another job outside of psychiatry	83.6% (133)	7.5% (12)	8.2% (13)

- Leaving training between Core and Specialty training was seen as ***more acceptable***: as choosing to leave with the MRCPsych, not being unable or failing to continue.
- The ***final decision to leave*** could be very difficult: some trainees used breaks for reflection and stepping stones to leaving.
- Often leavers ***intended to work*** in staff grade psychiatry positions or related disciplines (e.g. psychotherapy, mental health).

Breaks

- Taking breaks was seen as ***normal and beneficial***.
- Trainees wanted the ***flexibility to pursue other interests***, both through LTFT and in breaks. This desire persisted into consultancy.
- In some cases, trainees who were seriously considering or ultimately intended to leave training initially declared themselves on a ***break multiple times*** or for longer periods before making a final decision to leave.
- ***Returning to training*** could be perceived as logistically difficult due to a lack of information or advice/support.
- 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.

Challenges of training

Trainees felt a ***societal expectation*** that there will be zero deaths from poor mental health is unrealistic, and not placed on physical health doctors:

Every time someone's died you can feel the anxiety within the wards, with the team that you're working for, or you see you know what the consultant has had to deal with… it just seeps into you this kind of thing that you will be blamed if something goes wrong.

Interviewee 15, female, UKG, planning to leave or left training

Trainees experienced ***cumulative stress*** from work with distressing psychiatric conditions in an under-resourced speciality:

Having now read about burnout and how it looks different in different people, I think I really did experience that really horrible kind of cognitive sort of anxiousness about decisions, and like, kind of, everything took longer and I doubted every single thing I'd done.

Interviewee 2, female, non-UKG, Specialty trainee

Expectations of the future were very impactful: if trainees didn't see possibilities for improvement they could be demotivated and disillusioned with psychiatry within the NHS:

I think when you are working long hours and sometimes it is the small things that add up. You know no one is going to leave [training] because they don't get a bed when they want to have a rest, but it's that cumulative effect of not, you know, working endlessly in facilities which are not designed, and offices that are far too hot or cold, windows that don't open, don't shut.

Interviewee 20, female, UKG, Core trainee

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)

I'm pretty tepid about being a consultant actually… I kind of want my clinical work to only take up probably, you know, in a working week sort of two or three days, and devote the rest of it to something else.. I worry much more about clinical competence than I do anything else, and I wonder whether my training has been the best preparation for consultant work.

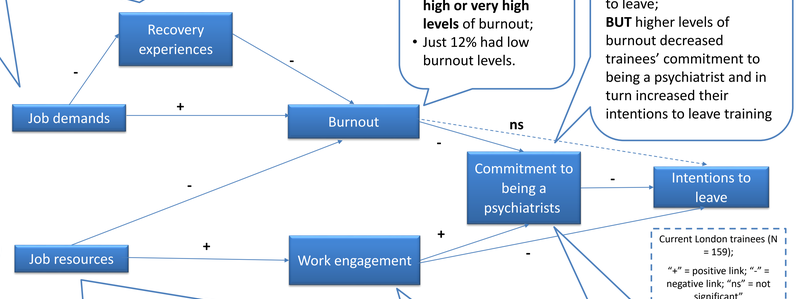
Participant 11, male, UKG, Specialty trainee

- Trainees could experience ***acute emotional stress*** following specific traumatic incidents. Patient aggression and irritability was accepted as 'part of the job' and 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.
- ***On-calls*** were higher-stress situations that particularly challenged trainees in a vulnerable state.

Intentions to leave: Role of job characteristics and wellbeing

A combination of job demands increased trainees burnout levels. The following job demands were investigated:
- **Emotional demands**: The extent to which one deals with emotional demands; eg. emotionally draining work, high emotional labour (displaying emotions that are inconsistent with current feelings), dealing with people whose problems touch one emotionally or people who has unrealistic expectations.
- **Job efforts**: The extent to which one puts efforts in everyday work; eg. high workload, interruptions or disruptions while working.
- **Aggression from patients:** The frequency of being confronted with aggression at work; eg. violence, suicide, sexual intimidation.

Job demands had less of a negative effect on trainees' burnout levels if they were **able to apply recovery experiences** (eg. mental disengagement from work, not thinking about work or work problems after work hours).



- 23.9% of trainees were experiencing **high or very high levels** of burnout;
- Just 12% had low burnout levels.

Burnout did not have a direct impact on intentions to leave;
BUT higher levels of burnout decreased trainees' commitment to being a psychiatrist and in turn increased their intentions to leave training

A combination of job resources protected against burnout and improved work engagement. The following job resources were investigated:
- **Support from the supervisor:** The extent to which one receives support from the supervisor, such as advice, feedback, and sympathy.
- **Autonomy:** The extent to which one can choose how work is carried out; eg. what work to carry out and in what way, decide when to take a break, plan one's own work.
- **Task significance:** The degree to which one's work influences the lives of others; e.g. job itself is important in the broader scheme of things, work is likely to significantly affect the lives of other people.

Higher work **engagement** increased trainees' commitment to the profession **AND** decreased their intentions to leave training.

The study showed the importance of trainees **self-identity as a psychiatrist** (eg. being a psychiatrist is important to one's image): more committed trainees were less likely to intend to leave training.

Vocalising needs

Who do you discuss challenges with?	Current London trainees (n=159)
Friends outside work	61.6% (98)
Colleague at your level	61% (97)
Consultant	60.4% (96)
Family	59.7% (95)
Educational Supervisor	47.2% (75)
Senior colleague	31.4% (50)
Did not share concerns	11.9% (19)

Trainees 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… so I thought I'll just do it for another 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 trainee

Key conclusions

Progression through training:
- A small percentage (14.7%) of trainees completed their psychiatry training within six years.
- Only about half of the trainees (41.6%) who were progressing through Core training in three years progressed to Specialty training the next year.
- Progression differed between groups of trainees with males and UKGs progressing faster than females and non-UKGs. Straightforward explanations may help explain some differences (e.g. maternity leave) but the qualitative and survey analysis suggest that underlying reasons are complex and factors like maternity leave are not sufficient to fully explain the identified differences.

Key factors keeping trainees in training:
- Satisfaction with training and supervision.
- Support from peers and seniors, and a sense of belonging and identity in psychiatry.
- Effective recovery from traumatic incidents or burnout.
- Role models to support positive expectations for the future.
- More flexible training arrangements allowing time out and LTFT hours.
- Adjustments to the standardized programme and support/advice to return from breaks;
- Being valued on a personal and professional level.

September, 2020