THE CRISIS IN RECRUITMENT INTO PSYCHIATRY TRAINING

SUMMARY

Psychiatry recruitment is in crisis. Each year we require at least 420 Core trainees and 375 Higher Trainees for England alone. Since 2007 we have been unable to meet this requirement. There are some long standing reasons why psychiatry has not been popular - the erroneous view that our patients do not get better, prejudice from other specialists, and remuneration. But since 2007 and MMC it has been very difficult for people to join psychiatry after experiencing other disciplines, as used to be the case, and International medical Graduates have also been discouraged. There is also inadequate provision of Foundation Year experience in psychiatry. Addressing the problem will require more Foundation Posts, creation of career pathways that encourage “late choosers”, greater flexibility in academic training, and restoring closer links with the rest of medicine.

INTRODUCTION

7% of all UK doctors, and 14% of all consultants, are psychiatrists. Nevertheless, it has never been the most popular medical speciality. This is strange, since studies have shown that psychiatrists are among the most satisfied of NHS doctors, and medical students begin their training with a broad interest in the mind and its problems. A large body of research has established however this interest declines during medical training for many reasons:

a) The perception that psychiatric patients “don’t get better”
b) The negative stereotypes of psychiatric patients and psychiatrists in the media and popular culture
c) The relative lack of practical skills/procedures suggests psychiatrists are not “proper” doctors
d) The low opinion of psychiatrists transmitted to medical students by other specialists
e) The isolation of psychiatry from medicine, accelerated by the separation of acute and mental health trusts
f) The linear relationship between income and speciality choice

This has been true for many years, but in the last five years the situation has worsened. Thus last year after the first round only 50% of what are called CT 1 posts were filled (Core Training 1, meaning posts available to medical graduates who have completed their Foundation years (“housejobs”) and now wish to start to train in psychiatry). This rose to 80% after a second round. This year (2011), only 78% of 478 CT 1 posts were filled. And only a minority of these have qualified in UK Medical Schools.

The Maudsley Hospital has traditionally been the most sought after place for psychiatric training, analogous to the position of Queen Square, Great Ormond St or the Brompton in neurology, child health or cardiology respectively. 25 years ago it was intensively competitive, with approximately five applications per place. Although this year the scheme did fill its places, this was with a ratio of one applicant per place, meaning that there was no longer any competition. We also know that
drop out/failure rates are increasing, reflecting a lowering of overall quality. The situation is worse in other parts of the country, with some areas reporting no applications at all.

It is not clear why the situation has deteriorated further, but what is clear is that as the head of the London Speciality School of Psychiatry recently said “psychiatry is a recruiting, not a selecting, speciality”.

Possible explanations include

a) The Foundation Scheme. Under the old one year “house officer” scheme there were no posts in psychiatry, posts were surgery and medicine only. But when this system was discontinued, the new scheme of Foundation Posts was extended to two years. In the second year psychiatry placements are available, but in small numbers. Only 20% of trainees have any opportunity of psychiatry experience in current Foundation programmes (Lowe and Rands, in press)

b) Modernising Medical Careers (MMC). It is widely acknowledged that the introduction of the new MMC system was accompanied by chaos and demoralisation in junior doctors, for many reasons, none of them unique to psychiatry. Some of the original problems have now improved. However, the MMC system forces junior doctors to make a career choice immediately after the end of the Foundation Years. Psychiatry is disadvantaged by this for two reasons. First, psychiatry is often a career choice that comes later, rather than earlier, after doctors have had exposure to other branches of medicine and as their horizons broaden from increasing patient contact – Rands& Stringer(2011) estimate that these “late choosers” used to make up about half of those eventually opting for psychiatry. Second, it has also been accepted within psychiatry that even those who have made an early career choice towards psychiatry would benefit from greater exposure to areas such as general practice, A & E, neurology, or working in developing countries. At the Maudsley for example it was almost impossible to be accepted for training immediately after house jobs, and many, this author included, came having completed their membership of the Royal College of Physicians, giving them broader experience and more confidence in their basic medical skills. Under MMC changing is very difficult, and tends to be more a result of failure than a planned and deliberate choice.

c) The rise in clinical psychology. Many school leavers who wish to become clinicians specialising in mental health can now opt for clinical psychology after a first degree in psychology. Clinical psychology has become established within the NHS in the last two decades, continues to receive increased investment, and admission is now as competitive as medicine overall.

d) The weakening of the medical identity of psychiatry. Various initiatives, policies and documents have progressively undermined the medical identity of psychiatry. It is no longer seen as automatic that doctors will lead for example mental health teams – in most other branches of medicine the leadership role of doctors, be it in surgery, general practice, cardiology or whatever, remains implicit and more often explicit. Not so psychiatry. Medical students progressing through their studies, and whose primary ambition is to be a “doctor”
whatever that means take note of the increasing status differences between modern psychiatrists and their counterparts in other disciplines.

e) The nature of psychiatric institutions. Teaching of medical students in psychiatry continues to be hospital based. The increased emphasis in the last 20 years on “severe mental illness” (SMI) to the exclusion of most other forms of mental disorders, means that students see much less of the depressive, anxiety, somatoform and other disorders, with which they find it easier to relate, and often are only exposed to schizophrenia and bipolar disorder. Many wards, particular in inner city hospitals, can also be off putting and sometimes frightening to the inexperienced young student.

ACADEMIC RECRUITMENT

In addition to these general trends, recruitment into academic psychiatry is also under pressure. There is now a new system of Integrated Academic Training (IAT) across all of medicine, which in theory offers a seamless system moving from Academic Foundation Posts, via Academic Clinical Fellowships (basic clinical and academic training), competitive fellowships leading to the award of a doctorate, and finally Academic Clinical Lecturer posts (ACL), equally divided between clinical and academic time.

However, psychiatry has had problems in recruiting to this career path as well, at least at the ACL level. Academic career training is now longer than straight clinical training, but this is not unique to psychiatry, and perhaps ensures that only those genuinely committed to an academic career, will contemplate this. More of an issue is that traditionally, because psychiatry has recruited significantly later than other branches of medicine, with people making their career choice later, the structure of an academic career in psychiatry is also slightly different, with people taking their doctorates at a later stage. In the past a doctorate has been an “exit exam”, rather than an entry exam, analogous to the MRCPath, and usually started during the lecturer stage. But now under the IAT scheme, a completed doctorate is necessary to gain admission to the ACL grade. A swift survey of the Professors of Psychiatry at the Maudsley showed that all bar three had obtained their doctorates at the end, not beginning, of the lecturer grade, with most, this author included, submitting soon after being appointed to Senior Lecturer. As the sample frame were all successful academic psychiatrists, it is hard to argue that this was a weakness.

DOES THIS MATTER?

It could be argued that the decline in the numbers and quality of recruits into psychiatry represents a problem for the profession of psychiatry, but no one else. Psycho analysts for example are troubled by their gradual eclipse by other forms of psychotherapy in the last few decades, but those outside analysis are probably less concerned. However, this would be an error.

a) Uncoupling psychiatry from medicine would increase, not decrease, the stigma faced by psychiatric patients

b) It would make it increasingly impractical for academic doctors to study mental disorders, at a time when the new neurosciences offers genuine hope of new insights into aetiology and treatment. Psychiatry stands now in the same position as neurology did a century ago, as the
arrival of new techniques in genetics and imaging, for example, suddenly opens new avenues for study of the brain. As the pharmaceutical industry has increasingly withdrawn from both the UK and from psychiatry, it is hard to see where new biological treatments would come from.

c) But most importantly, the losers would be the vast majority of those with mental health problems who are not seen by psychiatrists. At present most of those with diagnosable mental disorders are seen either by general practitioners, or by hospital physicians (with either somatic symptom disorders or medical/psychiatric comorbidities). Most of those with mental disorders do not see a psychiatric specialist, and the mainstay of treatment comes from primary or secondary care outside the mental health system. If psychiatry were to wither on the medical vine, then it is likely that the time devoted to mental health would likewise wither in medical curricula, and mental health would be further marginalised. One can argue that medicine needs psychiatry even more than psychiatry needs medicine.

WAYS FORWARD

There are a number of initiatives and/or proposals currently either underway or being considered to address this problem.

AT SIXTH FORM LEVEL: The Royal College has now prepared material to assist sixth form careers tutors and Careers Fairs

AT UNDERGRADUATE LEVEL

a) Undergraduate psychiatry needs to be more meaningful and attractive and less aversive. Pushing teaching away from the medical setting, unless this takes place alongside similar developments in all the other specialties, is likely to increase, not decrease, the problem. On the other hand, increased use of settings in which students can relate to psychiatry and see it as part of, and not distinct from, the rest of their medical training, is advantageous. The Maudsley for example, as part of the King’s School of Medicine, is strategically moving as much teaching as possible away from inpatient wards and back to general hospital liaison settings, where students will also see patients with problems that are relevant to all medical practice, such as deliberate self harm, alcohol, confusional states, psychological problems of physical illness, neuropsychiatry and somatisation problems.

b) Summer schools: 3 years ago we started a Summer School for medical students potentially interested in psychiatry, which has proven very popular indeed, and is already been replicated elsewhere.

c) Medical School Psychiatry Societies: Numerous medical schools now have Psychiatry Societies, supported by the Royal College. Whether or not these attract those who are already “converted” or instead are genuine assets in recruitment remains to be seen, but they can at least maintain students interests in Psychiatry whilst they weather the evident biases from other Specialties during their training.
d) The RCPsych has a Student Associate grade which offers free journals and online information to students and Foundation Trainees interested in Psychiatry. There is also a Facebook group and Twitter.

e) The UCL student psychotherapy scheme has been one reason why UCL has traditionally recruited above the national average to psychiatry. Other schools should be encouraged to follow suit.

FOUNDATION YEARS

Research has shown that those who do foundation posts in psychiatry are more likely to opt for a subsequent career, yet the Foundation Programmes in England can only provide Psychiatry training to a fifth of their trainees. The Medical Programme Board has accepted a recommendation that 7.5% of F1 posts and 7.5% of F2 posts be in psychiatry, which if implemented would mean 45% of trainees would be exposed to psychiatry, with a likely beneficial impact on attitudes and career choices. At the same time, it is important to review each post, to see that there is adequate supervision, but also that barriers are not being inadvertently created – ensuring that the post holders continue with general on call for example.

LATE CHOOSERS

We should encourage, not discourage, “late choosers”. Person Specifications for CT1 national recruitment should welcome those for example with Membership of other Colleges. There are plans to further develop the “Acute Care Common Stem” core training posts to include Psychiatry, alongside paediatrics, general practice and A & E, a welcome development.

INTERNATIONAL GRADUATES;

UK Psychiatry has benefitted enormously from the international recruits who have trained here. We are still an international gold standard for psychiatry training and encourage international training experiences. If vacancies in Core Training programmes persist, this option should be reviewed.

FLEXIBLE WORKING OPPORTUNITIES

We need to emphasise suitability of Psychiatry careers to part-time and flexible working.

EDUCATION OF SENIOR MEDICAL COLLEAGUES IN OTHER SPECIALTIES.

All Psychiatrists have training experience in medicine, surgery and general practice. The converse is not true…Including some mental health awareness within revalidation or the curriculae of other Royal Colleges could help redress this imbalance, and counteract the currently negative stereotypes perpetuated by other specialists

ACADEMIC
a) Competition for Academic Foundation Posts in psychiatry is fierce, but the numbers are tiny. The numbers should be increased alongside the proposed overall increase in non academic Foundation posts.

b) Psychiatry is not alone in the craft specialities in experiencing problems in recruitment, especially at higher grades. Consideration should be given to greater flexibility in academic training pathways, without any relaxing of standards. A pathway that is well suited to integration of training in molecular biology and clinical medicine may not be as suited for one in clinical epidemiology and psychiatry for example. Perhaps agreeing as to what are the essential competencies for an academic career, whilst being more flexible about the order in which these are achieved, might be one possibility. In particular, having the doctorate as an essential exit requirement (but not entry requirement) before one can obtain a “career” academic post or fellowship, should be explored.

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FURTHER READING


Curtis Barton & Eagles. Factors that discourage medical students from pursuing a career in psychiatry The Psychiatrist November 1, 2011 35:425–429

Who wants to be a psychiatrist? http://frontierpsychiatrist.co.uk/who-wants-to-be-a-psychiatrist-london-division-academic-day-may-20-2010/

Rands& Stringer. It’s never too late to become a psychiatrist. BMJ April 22nd 2011

ROYAL COLLEGE OF PSYCHIATRISTS RESOURCES:

http://www.rcpsych.ac.uk/specialtytraining/careersinpsychiatry/careersinfoforugs.aspx

http://www.rcpsych.ac.uk/training/studentassociates/resources.aspx

http://www.rcpsych.ac.uk/training/studentassociates/resources/psychiatristsstudentsocieties/settingupastudentsociety.aspx

OTHERS

“Beards and Bowties” http://www.youtube.com/watch?v=70loMclqd9Q