

What the next generation of doctors want from a career in psychiatry: longitudinal survey of UK trainees and medical students

Nagore Penades,¹  Brooke Marron,²  Darragh Hamilton³ 

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¹Consultant psychiatrist and Senior NHS Research Scotland (NRS) Fellow, NHS Greater Glasgow and Clyde, Glasgow, UK; ²CT3 in psychiatry, NHS Greater Glasgow and Clyde, Glasgow, UK;

³Consultant in rehabilitation psychiatry, Hertfordshire Partnership NHS Foundation Trust (HPFT), Hatfield, UK

Correspondence to Nagore Penades (nagore.penades@nhs.scot)

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Summary Workforce planning aims to model and predict supply and demand in medical specialties. In Scotland it is undertaken jointly by the Scottish Government and the Royal College of Psychiatrists in Scotland to ensure workforce sustainability. The survey described in this paper aimed to ascertain why doctors continue to choose to take a break from/delay training programmes or pursue alternative jobs and career pathways. Career breaks, time out of training, less than full-time working patterns, dual training and non-clinical careers need to be taken into account during workforce planning not only to make psychiatry an attractive specialty to work in, but to ensure robust future sustainability in the psychiatric workforce in Scotland and the UK.

Keywords Education and training; longitudinal data; qualitative research; survey statistics (or survey methods); missing data.

The importance of understanding the career intentions of medical students and trainee doctors to aid recruitment into psychiatry in the UK and beyond has long been acknowledged.^{1–19}

The year 2020 saw the most successful recruitment into core psychiatry training in the UK for many years, with 99.4% recruitment achieved. These recruitment levels have been sustained in Scotland, with a consistent 100% yearly recruitment into psychiatry from 2021 to 2024.²⁰ There will be a multitude of reasons for this, not least the Royal College of Psychiatrists' highly successful Choose Psychiatry campaign and the loss of opportunities to work abroad owing to the COVID-19 pandemic. Despite these efforts and improvements in certain problem areas, such as gender inequalities in the workforce, the overall difficulty in recruitment of senior psychiatrists remains.²¹

We decided to take steps to understand what is drawing people to a career in psychiatry in the first place and explore how the specialty could continue to improve career satisfaction. The main aim of our study was to inform workforce planning to ensure that psychiatry remains a desirable career path

and, in the long term, to improve well-being while developing an experienced, fulfilled and motivated future workforce.

Background

The Royal College of Psychiatrists (RCPsych) in Scotland works closely with the Scottish Government to maximise recruitment and retention, a relationship which is highlighted in its Workforce Strategy for 2020–2023.²² The strategy sets out the College's commitments in several domains of recruitment and retention, including a focus on well-being, leadership, equality and diversity.

Despite the College's commitment to workforce modelling and development, there is no mechanism for trainees to report their career intentions. Encouraging them to do so would achieve multiple aims: it would connect doctors with the College, promote a sense of autonomy over their career (a key factor in preventing burnout, as highlighted by the General Medical Council (GMC) National Training Survey 2023)²³ and, crucially, enable precision in workforce planning.

The GMC Training Survey 2023 highlights that relative to other specialties psychiatry trainees have a lower risk of burnout and lower workloads;²³ however, 45% of consultant psychiatrists are looking to retire in the next 5 years and most cite disillusionment with the job as the reason for this.^{24–31} With the increasing demand for psychiatric care within the population the need to re-evaluate workforce planning and the related training structures has become even more relevant.²¹

With all of these factors in mind, and as part of the Choose Psychiatry Committee of the RCPsych in Scotland, we set out to explore the factors influencing medical students' and trainees' choice of psychiatry as a specialty. This would inform a more robust workforce planning, one that incorporates the creation of attractive posts and working patterns that align with the priorities of doctors, thereby boosting morale, well-being, recruitment and retention.

Method

A ten-point survey, which we designed with input from members of the Choose Psychiatry Committee of the RCPsych in Scotland, was created on Webropol, an online survey and analysis software (<https://www.webropol.com>). The survey was publicised through social media, mainly X (formerly known as Twitter). Additionally, the psychiatry societies of all five Scottish medical schools were contacted to promote the survey to medical students, and a large proportion of core and higher trainee psychiatrists in all Scottish Deaneries received email invites to participate through their local programme directors' offices.

A longitudinal approach was taken to capture changes in career attitudes. The survey was run three times for 6-week periods between 2021 and 2024 (in April 2021, October 2022 and April 2024).

Ethics statement

The project undertaken was an evaluation of a training and medical education survey, which is not considered to be research by the National Health Service (NHS). As a result, this project does not require review by an NHS research ethics committee within the Research Ethics Service under the Governance Arrangements for Research Ethics Committees (GAFREC).

Results

In total there were 363 responses to the survey: 184 in 2021, 72 in 2022 and 107 in 2024. The majority of respondents were currently working or studying in Scotland across all three rounds of the survey (65, 96 and 94%). In 2021, 52 out of 184 participants were medical students, whereas in the 2022 and 2024 surveys only 2 medical students participated in each round. The reasons for the minimal student uptake in the second and third rounds are not clear to us.

Internal data from the RCPsych in Scotland shows that as of 2024, there were 234 registered core trainees, showing that throughout the years our survey will have captured a large proportion of these. As the survey was anonymous we could not account for repeated entries; however, they

remained valid for the assessment of potential changes in attitudes and expectations over time.

When comparing responses from medical students with those of trainee psychiatrists, it was noted that a large proportion of the students (57%) reported a wish to pursue a career in academic psychiatry and 43% of them indicated a preference for child and adolescent mental health services (CAMHS) or perinatal psychiatry, whereas the trainee psychiatrists reported a more evenly spread selection of the highlighted options. Responses to other survey questions did not vary significantly between the two groups. Across all three time points, the majority of respondents (>80%) reported that their long-term career intention is to be an NHS consultant. As regards subspecialty choices, general adult psychiatry, psychotherapy, liaison psychiatry and older adult psychiatry consistently entered the top five (Fig. 1).

Consistently over the years, when asked what attracts them to a career in psychiatry the top two answers respondents gave were 'I like working with psychiatric patients' and 'Work-life balance' (Fig. 2). As regards what respondents would like from a career in psychiatry, flexible working came out on top during all three survey rounds (80%, 90%, 83%) (Fig. 3). This was followed by a role in undergraduate/postgraduate education, the option to work across more than one psychiatric specialty and time for research.

Respondents were asked whether they intended to take time out of training, when and with what purpose. Across all three rounds the most common stage for taking time out of training was between core and higher training. In 2021 and 2022 the majority of reasons were related to travel or pursuing other interests, such as research or volunteering. In 2024, although these reasons continued to be given, 21% of respondents reported that they would be pursuing specialty doctors jobs owing to (a) a lack of provision of higher training places ('due to necessity rather than choice') or (b) burnout ('core training has burned me out and I am tired of being a ward monkey').

Discussion

This work adds an important dimension to national psychiatric workforce and training planning – namely, the views and wishes of doctors themselves. The survey captured a large proportion of psychiatry trainees in Scotland and although the majority of respondents were from Scotland the responses received are likely relevant to a career in psychiatry across the four UK nations.

Previous work² has consistently identified contact with patients and work-life balance as two main priorities when choosing careers in medicine. Our survey has once again highlighted this, but has also confirmed that the more traditional 'through training' from postgraduate medical training to a senior clinical post is no longer the norm, with respondents highlighting core trainee progression into higher training as a crucial break point. This phenomenon has also been explored by the RCPsych in Scotland²¹ recently. Our work highlights that the reasons for this are multifaceted and, interestingly, often viewed as 'forced' owing to lack of career progression options or burnout. Given that the path to consultancy is already long, any unnecessary or unwanted breaks should be minimised. While doctors choose to build

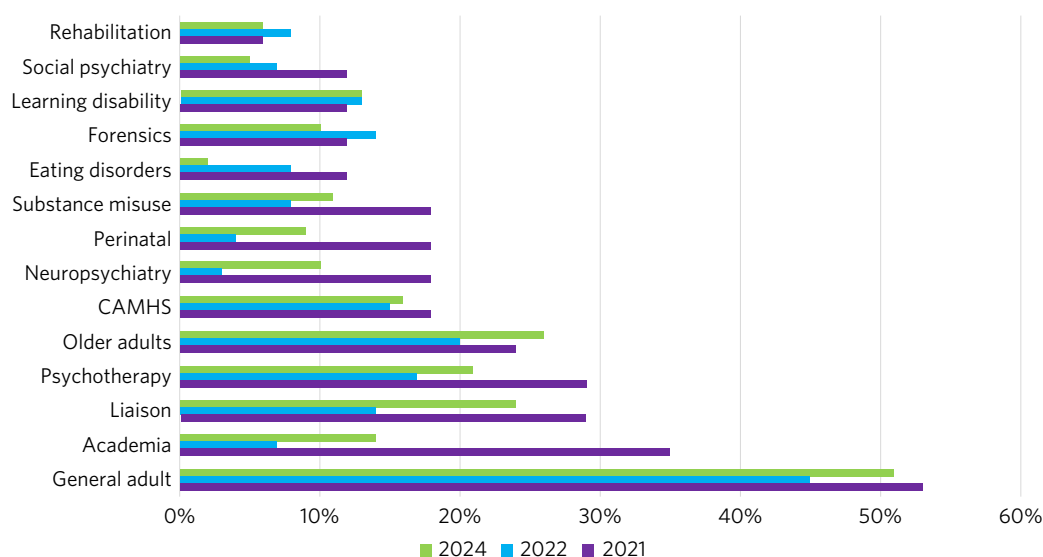


Fig. 1 Responses to 'What subspecialty do you ultimately intend to pursue?'. CAMHS, child and adolescent mental health services.

their own bespoke paths through medicine, how can they be supported to do so in a way that ensures continuation of service provision while accommodating their needs? What role can the College play in advising doctors on short- and long-term alternatives to training, or on building portfolio careers? How can health boards and trusts rise to meet the demand for high-quality non-training clinical and non-clinical posts?

The majority of respondents to our survey stated that their long-term career aim is to be working for the NHS, despite the current climate they have been exposed to: pandemic-era pressures, junior doctors' strikes and the strained position of the NHS.

Respondents expressed a significant interest in dual specialties, which is in direct odds with current training pathways; there were only two dual-training posts for the whole of Scotland in 2023–2024.³² Addressing this disparity could not only increase retention of doctors, but would

ensure the development of a well-rounded workforce with a breadth of skills, more able to meet the demands of an ageing population with multimorbidity and complex psychiatric needs.

Limitations

There were clear limitations to this work, including limited demographic information and minimal qualitative data. We acknowledge that the survey was able to reach only a small proportion of foundation year trainees and medical students and further efforts are required to gather more insight into the views of future psychiatrists. Distinct projects looking at medical students and trainee doctors that collect more detailed demographic information as well as further reasoning behind some of their future choices and preferences would offer a better insight to help plan next steps towards a successful workforce and recruitment strategy.

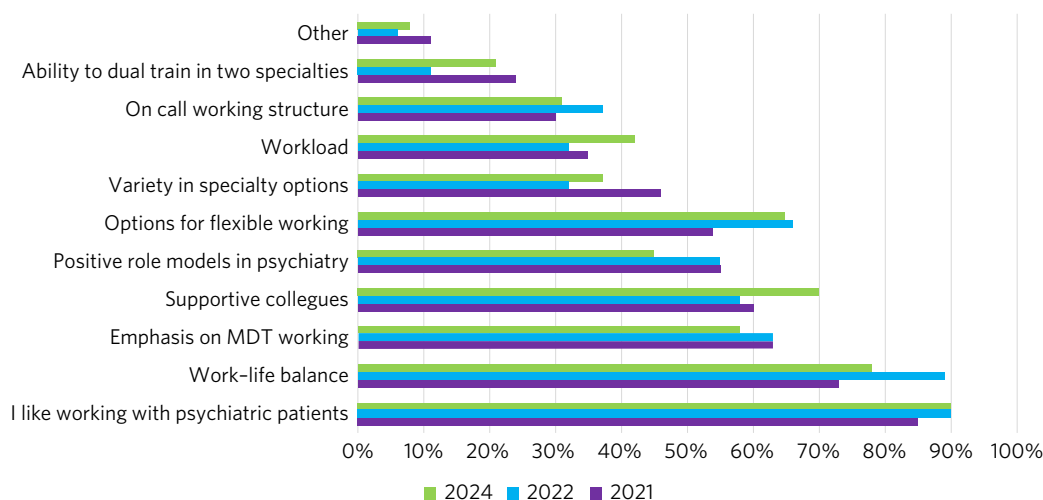


Fig. 2 Responses to 'What attracts you to a career in psychiatry?'. MDT, multidisciplinary team.

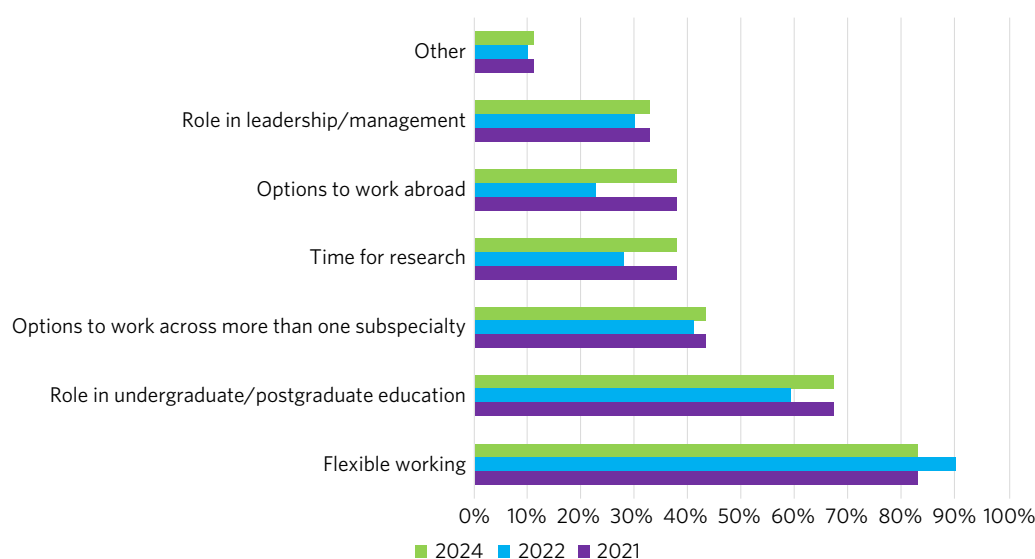


Fig. 3 Responses to 'Which of these would you like from your career in psychiatry?'.

Recommendations

Given the mismatch that our survey identified between what doctors want from their career, what they are being offered and the long-term workforce planning, we suggest the following three points for consideration:

- recognition of the break in training between foundation years and core training, as well as between core training and higher training, and its consequent impact on time to completion of training when workforce planning – there is a need to:
 - create posts that would facilitate and support people to pursue their interests in research or teaching, as well as overseas experience and travelling;
 - accept that this break in training is not always through choice, but may be driven by lack of higher training posts and/or burnout: these should be combated by an expansion in higher training posts and further work exploring how to reduce burnout in core trainees;
- acknowledgment of the expressed interest in dual training and its contrast with offered options, by creation of further dual-training posts;
- re-evaluation of offered training posts to match whole-time equivalent workforce needs, owing to a clear indication by the future psychiatric workforce of prioritisation of work–life balance and a strong preference for flexible and less than full-time working patterns.

Data availability

The data that support the findings of this study are available from the corresponding author on reasonable request.

Author contributions

N.P. and D.H. co-produced the questionnaire and coordinated the distribution for the first round of the survey. N.P. and B.M. coordinated distribution

of the second and third rounds and co-wrote the final paper, which was reviewed and agreed by all authors.

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Declaration of interest

None.

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