

Editorial

Psychiatry – recruitment crisis
or opportunity for change?

Helen Henfrey

**Summary**

Psychiatry is suffering an enduring crisis in recruitment. In this editorial I discuss the reasons for this that are most pertinent to recruitment from foundation training and also review the Royal College of Psychiatrists' current 5-year plan for recruitment and what else could be done.

Declaration of interest

None.

Copyright and usage

© The Royal College of Psychiatrists 2015.

Helen Henfrey is a foundation year 2 doctor in the West Yorkshire Deanery. She graduated from University College London – MBBS and iBSc (first class honours) in speech sciences and communication.

Introduction

The 'crisis' of recruitment into psychiatry at the level of core training is of both historical and contemporary relevance. In 2012 only 78% of core training year 1 posts in psychiatry were filled and psychiatry continues to be quoted as a 'recruiting, not a selecting, specialty'.¹ In addition, psychiatry core training consistently fails to attract British graduates¹ and much of the deficit is met by graduates from overseas. This is despite a call from the Royal College of Psychiatrists describing the clear benefits of clinical staff who have experience of British culture.² Preceding literature documents the decline in enthusiasm for psychiatry during undergraduate education and the multitudes of reasons for this have also been described. This editorial does not profess to discuss all the reasons for this trend, instead it aims review those most applicable in terms of recruitment from foundation training. At this the midpoint of the Royal College of Psychiatrists' 5-year recruitment policy it is also pertinent to discuss the strategies being employed currently, and what else could be done to reverse this trend.

Community and professional stigma

Psychiatry is unique among other specialties in that it has its own 'nemesis' in the form of the 'antipsychiatry movement'.³ The antipsychiatry debate has been active for over two centuries and continues to vocally criticise psychiatry despite the many advances in treatments now available. The critical arguments are based on now-outdated ideas such as lobectomies and excessive use of electroconvulsive therapy,³ yet the echoes of this continue to permeate popular culture as can be witnessed by the many films and books on the subject. This stealthy infiltration of social and cultural norms cannot be underestimated in its effects on potential clinicians and goes some way to explain the findings of a recent survey. In 2013 St George's University of London researchers found that 47% of the public would be 'uncomfortable sitting next to a psychiatrist at a party'.⁴ In addition 60% of the public believed that 'psychiatrists know what you are thinking' and over half of the public did not realise a psychiatrist had a medical degree.⁴ Potential recruits to psychiatry are not unaided when making their career decisions and are influenced by their friends, families and social norms. All of this suggests an

unfriendly cultural atmosphere in terms of choosing psychiatry as a career, highlighted by evidence from Canada suggesting that negative comments from 'friends and family about choosing psychiatry was a deterrent' when surveying a cohort of psychiatry trainees.⁵

Compounding the unfavourable cultural misconceptions of psychiatry are those that originate from within the medical community. Negative comments from non-psychiatrist colleagues regarding the specialty are especially detrimental and this has become regarded as a source of stigmatisation against psychiatrists.⁶ It is, however, pleasing to see that those same psychiatrists have a high level of satisfaction with their work and there was no evidence of 'self-stigma', despite the apparent discriminatory attitudes towards them.⁶ Extrapolating this to medical students a study of 580 students in Australia found that those interested in pursuing a career in psychiatry were less influenced by prestige within the medical community.⁷ Conversely, therefore, it could be suggested that those influenced by prestige within the medical community are less likely to chose psychiatry as a specialty. This in turn cannot be overlooked when considering barriers to recruitment.

The solution so far

It has been suggested that to attract future psychiatrists the role and perception of psychiatry needs rebranding.⁸ Perhaps with this in mind the Royal College of Psychiatrists is undertaking a major project to increase interest in psychiatry as a career for individuals ranging from sixth-form students to foundation doctors. Over 5 years from 2011 to 2016 the College aims to increase applications to core training by 50%.²

School students

The Royal College of Psychiatrists aims to increase access to work experience placements for senior school pupils with the goal of attracting individuals from the earliest possible time in its 5-year recruitment plan.² Information days have also been demonstrated as opportunities for recruitment into training schemes in Canada.⁵ Perhaps in view of this the Royal College of Psychiatrists proposes to organise lectures, educational workshops and career fairs focusing on psychiatry for school pupils.²

Medical students

A systematic review of attitudes of medical students towards psychiatry as a career suggested that innovative teaching strategies

needed to be developed, in addition to more attention being focused on the psychiatry curriculum.⁹ Echoing this the Royal College of Psychiatrists proposes to increase the number of 'special study components' in psychiatry, in addition to facilitating medical school psychiatry societies.² The College further proposes to increase numbers of student associates, integrate psychiatry further into the curriculum and to develop a database of electives.² The College has also been involved with a number of 'psychiatry summer schools' over recent years.

Foundation doctors

The development of the foundation training scheme for new graduates in the UK aimed to provide more experience of different specialties.¹⁰ The scheme involves rotating through six different specialties over the course of 2 years after graduation. In relation to this it has been shown that experience of a specialty increases the likelihood of a future career within that field.⁵ Yet, only 16% of foundation trainees in 2012 had the experience of a psychiatry post, regardless of the larger potential for possible positions.¹¹ Foundation trainees also have the opportunity to undertake 'taster days' in those specialties in which they may be interested in pursuing a future career. In 2012, 3% of foundation year 1 (FY1) tasters were undertaken in psychiatry and 6.3% of FY2 tasters. In comparison 22.7% of FY1 and 23.4% of FY2 tasters were taken in medical specialties.¹¹ This indicates a vastly underused resource in terms of providing experience to foundation trainees that may increase the likelihood of them choosing psychiatry as core trainees. However, the reasons behind the low take-up of taster days may lie in the community and professional stigmas associated with psychiatry, as discussed above. Both an increase in foundation posts in psychiatry and the promotion of more taster days are supported by the Royal College of Psychiatrists' 5-year recruitment strategy.² In addition the College recommends the development of e-learning tools for foundation doctors unable to undertake a placement in psychiatry and supports 'broad-based training schemes' that integrate time spent in psychiatry.²

Stigmas

As outlined above, negative comments from other clinicians can have a detrimental effect on potential candidates for recruitment. The College supports 'a 'zero tolerance policy' towards stigmatising attitudes from other doctors' and is planning on liaising with other professional bodies to address this.²

Solutions – the future?

It is my view that the College's 5-year recruitment strategy addresses many of the barriers to recruitment that face psychiatry today. There is, however, still work to be done to alter fundamental attitudes based mainly on community stigma. Campaigns running currently, such as 'Time to Change', are making steps to address and challenge the stigma and discrimination experienced by people with mental health problems.¹² In terms of altering community opinion great work has been done by well-known individuals promoting their own difficulties with mental illness. Such 'celebrity endorsement' of mental health services may go some way to address the social stigma against both psychiatric patients and the people who work with them. An advertising campaign in New Zealand showed that the involvement of

celebrity experiences of mental illness increased public awareness and improved attitudes.¹³ In terms of discrimination against psychiatrists originating from within the medical community more could be done to promote the reality of evidence-based psychiatric practice. This could be achieved by integrating psychiatric research into work done in other specialties (for example dementia and geriatric medicine) with the aim of creating stronger bonds between psychiatry and other specialties. Clear evidence exists of the high levels of satisfaction with their work that many psychiatrists report;⁶ this should also be more clearly emphasised to potential recruits.

The future

Only time will reveal the results of the 5-year recruitment strategy instigated by the Royal College of Psychiatrists. The aim, however, is clear – to encourage high-quality applicants to join a dynamic and evolving specialty. This can only be achieved by a united psychiatric community working to promote the specialty in both the public perception and within the medical community.

Helen Henfrey, MBBS, iBSc. West Yorkshire Deanery, UK. Email: helen.henfrey@nhs.net

First received 2 Oct 2014, final revision 18 Dec 2014, accepted 21 Dec 2014

References

- Mukherjee K, Maier M, Wessely S. UK crisis in recruitment into psychiatric training. *Psychiatrist* 2013; **37**: 210–4.
- Brown T. *Recruitment Strategy 2011–2016*. Royal College Psychiatrists, 2012 (<http://www.rcpsych.ac.uk/pdf/Recruitment%20Strategy%20-%2010092013.pdf>).
- Nasrallah H. The antipsychiatry movement: who and why. *Curr Psychiatry* 2011; **10**: December ([http://www.currentpsychiatry.com/index.php?id=22661&tx_ttnews\[tt_news\]=176468](http://www.currentpsychiatry.com/index.php?id=22661&tx_ttnews[tt_news]=176468)).
- Royal College Psychiatrists. *Misconceptions about Psychiatrists 'Common' among Public and Medical Students*. Royal College Psychiatrists, 2013 (<http://www.rcpsych.ac.uk/mediacentre/pressreleases2013/psychiatristsrole.aspx>).
- Wiesenfeld L, Abbey S, Takahashi SG, Abrahams C. Choosing psychiatry as a career: motivators and deterrents at a critical decision-making juncture. *Can J Psychiatry* 2014; **59**: 450–4.
- Bassiri M, Lyons Z, Hood S. Stigmatisation of psychiatrists: experiences of psychiatrists and psychiatric registrars in Western Australia. *Educ Res Perspect* 2011; **38**: 35–44.
- Malhi GS, Coulston CM, Parker GB, Cashman E, Walter G, Lampe LA, et al. Who picks psychiatry? Perceptions, preferences and personality of medical students. *Aust N Z J Psychiatry* 2011; **45**: 861–70.
- Volpe T, Boydell KM, Pignatiello A. Choosing child and adolescent psychiatry: factors influencing medical students. *J Can Acad Child Adolesc Psychiatry* 2013; **22**: 260–7.
- Lyons Z. Attitudes of medical students toward psychiatry and psychiatry as a career: a systematic review. *Acad Psychiatry* 2013; **37**: 150–7.
- Department of Health. *Modernising Medical Careers: The Next Steps*. Department of Health, 2004 (http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079532.pdf).
- The UK Foundation Programme Office. *Foundation Programme Annual Report 2012*. UK Foundation Programme Office, 2013 (<http://www.foundationprogramme.nhs.uk/pages/home/keydocs>).
- Time to Change. *About*. Time to Change, no date (<http://www.time-to-change.org.uk/about>).
- Vaughan G, Hansen C. 'Like Minds, Like Mine': a New Zealand project to counter the stigma and discrimination associated with mental illness. *Australas Psychiatry* 2004; **12**: 113–7.