

PROMOTING RECRUITMENT IN PSYCHIATRY COMMITTEE-ANNUAL REPORT 2014

The Promoting Recruitment in Psychiatry Committee (PRIP) has continued to be very active throughout 2014 and this report summarises its activities. As before the Committee comprises of the Divisional Recruitment Leads, Leads from Scotland, N. Ireland and Wales, Specialty and Foundation Trainees and Medical Student representatives, as well as patient and carer representatives. The President is also a member and has actively supported the work of the group. We meet three times per year and attendance is excellent, reflecting the enthusiasm of those who choose to do this work.

Divisional Recruitment Groups

We have recruitment leads in every College Division (and in RCPsych Scotland, N Ireland and Wales). All have a recruitment group which meets either face to face or as a virtual group. All of these groups have been very active and space precludes listing the activities of each group. All have submitted an annual report and these are available from Nikki Cochrane, Head of Training & Workforce Operations.

Most groups have been involved in running either a Summer School or an Autumn School (or both). Summer Schools usually focus on medical students and Autumn Schools on Foundation doctors. This year we are aware of 8 Summer Schools and at least 4 Autumn Schools being run around the country. This represents a significant improvement on the situation at the start of the recruitment campaign when there were only a couple of Summer Schools in existence.

Nearly all Divisional groups have been involved actively in Careers Fairs and a number of new Buddying Schemes have started, bringing the number of schemes to at least 10.

Feedback from Divisional groups also indicates a number of very active workplace based experience schemes for senior school students.

University Psychiatry Societies

The situation with regard to University Psychiatry societies has improved considerably. We are now aware of societies in 30/32 medical schools (nb. not every school labels them as “psychiatry societies”, some have other names). The President and I have spoken at a number of societies and the impression is that these are in a more healthy state than a few years ago. All would benefit from involvement and support from senior psychiatrists but not all have this. This is an area in which you can help (see below).

This year we had the third annual National Psychiatry Societies’ Conference in Liverpool attended by close to 200 students over the two days. Again both myself and the President spoke and at the beginning of my talk I asked for a “show of hands” indicating the career plans of the delegates. A significant majority were “undecided” about career choice, which in our view is good news as this is the principle target audience for our recruitment activities. This also partly addresses the criticism that our recruitment activities principally target those who have already chosen psychiatry. I have carried out a similar “show of hands” poll at the Psychiatry Societies at which I have spoken and it is clear that once again most attendees are people who would consider a career in psychiatry but have not yet made a definite career choice. The importance of supporting these societies should be clear to us.

Student Associates

We continue to support the Student Associate scheme and now have around 4200 members. This is not an entirely accurate figure due to students not always updating their records when they move on, and we estimate approximately 400 Associates are no longer medical students or Foundation doctors. Data cleansing will be taking place to improve accuracy of the records. The numbers at the start of the campaign were 2500 and so a clear increase can still be seen. As I have said in previous reports there is significant variation in numbers from medical school to medical school, as demonstrated in the table below (Appendix 1). Again as I have noted before, there is considerable ignorance of the existence of this scheme amongst the consultant body which needs to be addressed if we are to increase numbers even more. The Student Associate scheme is currently open to both medical students and Foundation doctors. In 2015 it is hoped a specific grade for Foundation doctors will be launched, with specifically targeted benefits.

We have an excellent online magazine for our student associates called [FuturePsych](#) and I would recommend you both read it and recommend it to medical students with whom you have contact.

NHS Careers survey

In the middle of 2014, we carried out a survey of senior schools students with the aid of NHS Careers. We received over 800 responses; over half of whom said they may be interested in a career in psychiatry (i.e. this was a biased sample, which should be borne in mind in interpreting the results). Some of the results were very encouraging. For example, they had more enlightened attitudes to psychiatry and were more positive about the treatability of mental illness than their parent's generation would have been. Other results confirmed things we already knew, but importantly confirmed this in a very biased sample. For example, many were exceedingly vague about the route into psychiatry with a significant number not realising that psychiatrists were doctors. This is likely to inform future initiatives with schools.

School Students

Following the survey with NHS Careers we had a productive meeting with a group of school teachers who were very helpful in indicating what they felt would raise our profile with their students. Broadly, they suggested a "two tier" approach with some activities targeting the younger students and more focussed activities with students likely to have a chance of doing medicine. They were clear of the need to continue to promote and expand access to workplace based experience schemes. They also felt visits to the College with "hands on" experiential type activities and a chance to talk to and question psychiatrists would be preferred to didactic teaching. Other initiatives were also mooted and we plan to take forward some of these ideas in the next year.

Pathfinder Fellows

We now have 29 Pathfinder Fellows in place and many of the first cohort presented their work at the Annual Congress in London in 2014. Once again, we had over 70 applicants of an exceptionally high standard for the 3rd cohort appointed for 2015.

We have written to all Divisions telling them not only the names of the successful applicants in their Division but also the names and contacts for the unsuccessful applicants. We believe Divisions could do a lot to support these medical students to ensure their continued interest in psychiatry.

Foundation doctors

Dr Ann Boyle leads the College work on Foundation doctors and has promoted a range of initiatives to support these doctors and their supervisors. Most Schools are moving towards the target of 7.5% of posts in both F1 and F2 being in psychiatry, with the aim still being that by 2017 45% of Foundation doctors will experience psychiatry. This is an opportunity to make improved parity a reality. The target also brings with it risks and high quality control must be maintained in regards to both the posts and the trainers.

72% of Foundation doctors express satisfaction with their psychiatry placement, which is lower than many other specialities (satisfaction with liaison psychiatry placements is extremely high but these are few in number). We surely need to do better on this, and considerations of which posts are both suitable and sustainable, as well as the needs of trainers and trainees, are a priority. It may be desirable for posts to enable Foundation doctors to obtain both mental and physical health competencies.

The number of trainees progressing into a Core Training post in psychiatry has modestly increased from 4.7% in 2012 to 5.7% in 2014. This needs to be seen in the context of the increasing number of trainees who are not progressing into any core training post at the end of Foundation training (in 2014, 41.5% of F2 doctors did not go into a core training post).

Other initiatives

In the next year we are planning to produce more promotional films and also to develop an elective information bank. As these projects progress we will keep you informed of what we are doing.

I recently had a lengthy teleconference with my opposite numbers in the RCANZCPsych. They have a state funded recruitment campaign running at present. They have similar problems to us and reassuringly are pursuing a very similar programme to ourselves. We plan to keep in touch and learn from each other. Similarly, the European Federation of Psychiatric Trainees (EFPT) is planning a survey of recruitment initiatives throughout Europe which we await with interest.

Outcomes

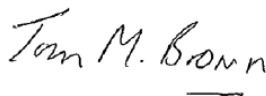
The target for the Recruitment Campaign was to fill 90% of our CT1 posts by 2016. Our own figures suggested we exceeded this in 2013 but these were disputed by the HEE. In 2014 we filled 87% of our CT1 posts (it was 83% at the start of the campaign). There is a view from the National Recruitment Board which I share that a more meaningful figure would be to report on absolute numbers appointed. By that token we did better in 2013 but less well in 2014. It is clear that much work remains to be done, and improving recruitment needs to be a long-term, multi-factorial strategy.

What can I do?

It has always been my view that every single member of the College needs to take responsibility for recruitment. We need to regard every contact we have with school students, medical students and young doctors as important. In each such contact we are in effect an “advert for psychiatry” either for good or for ill. Specifically, consider doing one or even all of the following:

1. Make yourself aware of the Student Associate grade and promote it amongst your students.
2. Support your local Psychiatry Society - offer to speak or help them find speakers.
3. Consider supporting your PTC reps to start a buddying scheme in your area if none exist. The PTC has guidance on the setting up and running of buddy schemes and will be able to identify trainees happy to take part.
4. Consider providing workplace based experience for school students. The College position statement on providing work experience placements can be found on the [College website](#).
5. Consider running a Psychiatry Student Selected Module.
6. Support the development of Summer and Autumn Schools.
7. Be a Foundation trainer or even provide a Taster.
8. Encourage Foundation doctors to continue to engage with the College and promote the forthcoming FD membership grade.
9. Remember that “every moment counts” in nurturing future psychiatrists, whether they are school students, medical students or Foundation doctors.

As ever we welcome input and suggestions from the membership on what we can do differently. Please feel free to contact me.



Tom Brown

Associate Registrar (Recruitment into Psychiatry)

Appendix 1

| Medical School | Student Associates |
|--|---------------------------|
| BRIGHTON AND SUSSEX MEDICAL SCHOOL | 2 |
| LANCASTER UNIVERSITY | 4 |
| UNKNOWN | 4 |
| SWANSEA UNIVERSITY COLLEGE OF MEDICINE | 18 |
| UNIVERSITY OF ST. ANDREWS MEDICAL SCHOOL | 18 |
| OTHER | 21 |
| KEELE UNIVERSITY SCHOOL OF MEDICINE | 40 |
| HULL YORK MEDICAL SCHOOL THE UNIVERSITY OF YORK | 55 |
| UNIVERSITY OF SUSSEX | 61 |
| UNIVERSITY OF EAST ANGLIA SCHOOL OF MEDICINE | 80 |
| UNIVERSITY OF SOUTHAMPTON SCHOOL OF MEDICINE | 85 |
| UNIVERSITY OF WARWICK MEDICAL SCHOOL | 86 |
| UNIVERSITY OF CAMBRIDGE SCHOOL OF CLINICAL MEDICINE | 90 |
| UNIVERSITY OF LEEDS MEDICAL SCHOOL | 93 |
| QUEENS UNIVERSITY OF BELFAST MEDICAL SCHOOL | 111 |
| UNIVERSITY OF OXFORD MEDICAL SCHOOL | 99 |
| UNIVERSITY OF BRISTOL FACULTY OF MEDICINE AND DENTISTRY | 107 |
| IMPERIAL COLLEGE LONDON FACULTY OF MEDICINE | 106 |
| UNIVERSITY OF NEWCASTLE UPON TYNE MEDICAL SCHOOL | 116 |
| DURHAM UNIVERSITY SCHOOL OF MEDICINE AND HEALTH | 110 |
| UNIVERSITY OF LEICESTER MEDICAL SCHOOL | 115 |
| BARTS HEALTH SCHOOL OF MEDICINE & DENTISTRY UNIVERSITY OF LONDON | 128 |
| UNIVERSITY OF NOTTINGHAM MEDICAL SCHOOL | 130 |
| UNIVERSITY OF LIVERPOOL MEDICAL SCHOOL | 136 |
| ST GEORGES HOSPITAL MEDICAL SCHOOL | 159 |
| UNIVERSITY OF SHEFFIELD MEDICAL SCHOOL | 164 |
| PENINSULA MEDICAL SCHOOL | 170 |
| CARDIFF UNIVERSITY SCHOOL OF MEDICINE | 173 |
| UNIVERSITY OF MANCHESTER SCHOOL OF MEDICINE | 178 |
| UNIVERSITY OF EDINBURGH MEDICAL SCHOOL | 175 |
| UNIVERSITY COLLEGE LONDON MEDICAL SCHOOL | 189 |
| UNIVERSITY OF BIRMINGHAM MEDICAL SCHOOL | 192 |
| UNIVERSITY OF DUNDEE MEDICAL SCHOOL | 211 |
| UNIVERSITY OF ABERDEEN MEDICAL SCHOOL | 220 |
| UNIVERSITY OF GLASGOW FACULTY OF MEDICINE | 228 |
| KINGS COLLEGE LONDON SCHOOL OF MEDICINE | 338 |