

The Choice of Career of Consultant Psychiatrists

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Summary: All consultants in general psychiatry appointed in Britain between 1 October 1975 and 30 September 1978 were sent a questionnaire asking about their training and adequacy of experience before making a final decision. Over a quarter of the respondents were women, of whom a third had trained part-time. Family circumstances and availability of part-time posts were important determinants. Overseas graduates formed another quarter. For many psychiatry was not their first love but availability of posts and status were important factors in choice of career. Many consultants felt they lacked experience in the sub-specialties within psychiatry.

How do consultant psychiatrists come to their specialty, when and how do they make their decision to enter it, and how well informed do they feel they are about their choice? These were some of the questions asked in the most recent of a series of surveys conducted by the author; the first covered consultants appointed between 1963 and 1966, (RMPA, 1969), the second 1966 to 1969 (Brook, 1972), the third 1969 to 1972 (Brook, 1974a; 1974b) and the fourth 1972 to 1975 (Brook, 1977; 1978). These surveys are referred to below by their starting dates (1963, 1966, etc: the present survey therefore being called 1975).

Methods

A postal questionnaire was circulated to all those consultants, NHS and academic, who were thought to have been appointed to a post in general psychiatry for the first time between 1 October 1975 and 30 September 1978; names were obtained from the Department of Health (DHSS), the Scottish Home and Health Department and the Northern Ireland Health Authority. The questionnaire asked these doctors about their training experiences, some personal details such as sex and age on qualifying, on entering psychiatry and on obtaining their consultant post, the timing of their career choice, their reasons for making the decision and how adequate their experience in the psychiatric specialties had been before they made their final choice. The first topic—training—has been dealt with separately (Brook, 1980).

Results

Two hundred and sixty-five questionnaires were sent but 75 of those approached indicated that they did not fall within the scope of the survey. Completed

questionnaires were received from 162 consultants in general psychiatry—including those with some special interest in one sub-specialty, but not those engaged mainly in child psychiatry or psychotherapy, and from psychogeriatricians, constituting an 85% response of those eligible, as in the previous survey (1975 group). Forty-three (26.5%) of the replies were from women, compared with 22.5% for the 1972 group and 7.5% for the 1969 group. Sixteen—that is over a third of the women—had done some of their training part-time in supernumerary posts.

Forty-two (26%) had qualified abroad (1963 = 4%; 1966 = 10%; 1969 = 12%; 1972 = 27%). This rise is to be expected as the proportion of senior registrars from overseas had gone up from 14% in 1965 to 30% in 1975 (DHSS, 1966; DHSS, 1976). Twenty-nine (two-thirds) of the overseas group had qualified in the Indian sub-continent.

Of the total, 101 had been appointed from the grade of senior registrar, 35 from a research or university post, 12 had been clinical or medical assistants, 12 came from a locum consultant post and two did not complete this question. Twenty of those appointed received a university or research appointment with an honorary contract in the Health Service. Over the three-year period there was therefore a net inflow of 15 psychiatrists (35–20) moving from a university or research post to a NHS one. The proportion of those appointed from non-training grades was 8% (1963 = 32%; 1966 = 18%; 1969 = 10%; 1972 = 21%).

Respondents were asked to indicate when they had made their decision to enter psychiatry. Overall 56 (a third) had made this decision before entering, or while in medical school. There was a marked difference between the 40 overseas graduates who had followed a

conventional training pattern (that is, had been promoted from a senior registrar post after full-time training), of whom only a fifth had made this decision at this stage, and their 90 home graduate counterparts of whom nearly half decided early. Confirmation that overseas graduates do in fact make their decision to enter psychiatry later was shown by the fact that there was a mean interval for this group between qualifying and entering psychiatry of 5.3 years (range 1-17) as compared with the mean interval for home graduates of 3.0 years (range 1-15). Asked whether psychiatry was their first choice three-quarters of home graduates but only half of overseas graduates answered in the affirmative. This is much the same as the reply by overseas trainees in 1971 (Brook, 1973).

The consultants were asked whether they had had enough experience in psychiatry and its sub-specialties while in medical school or during training to make an informed decision about their choice of sub-specialty; the results are summarized in Table I.

The table indicates that a substantial proportion felt that they had not had enough experience in the fields of mental handicap, child psychiatry and forensic psychiatry.

They were then asked what factors had influenced their career decision in a question identical to the one used by Rosemary Hutt and her colleagues in a nationwide survey of general practice and the specialties (Hutt, 1979). The results are given in Table II. The figures in brackets are the responses of the

TABLE I
Adequacy of experience in psychiatric sub-specialties
(Percentages of 153 replies)

	Enough %	Barely enough %	Not enough %	None %
Psychogeriatrics	42	15	24	19
Mental handicap	25	13	39	23
Child psychiatry	39	18	22	20
General psychiatry	82	6	10	2
Forensic	33	12	29	40
Psychotherapy	48	20	16	16

TABLE II
Factors in career decision
All figures percentages. Present sample $n = 152$ (in brackets, sample of psychiatrists in Hutt et al (1979) $n = 110$)

	Of great importance		Of some importance		Of no importance	
	%	%	%	%	%	%
Geographical location	22	(33)	30	(29)	48	(31)
Remuneration	5	(18)	41	(41)	53	(41)
Good equipment	5	(8)	27	(36)	68	(56)
Good buildings	3	(7)	32	(43)	64	(50)
Job security	16	(33)	40	(37)	44	(30)
Frequency of merit awards	1	(3)	11	(11)	89	(86)
Regular working hours	17	(18)	43	(46)	40	(36)
A positive interest in the work	89	(92)	11	(8)	0	(0)
Fitting in with family circumstances	23	(35)	32	(28)	45	(37)
Status of specialty in the profession	1	(9)	29	(21)	70	(70)
Status amongst the general public	3	(8)	18	(23)	79	(69)
Availability of part-time posts	8	(10)	9	(12)	83	(78)
Possibility of private practice	2	(7)	12	(12)	86	(81)
Availability of junior posts	16	(21)	39	(35)	45	(44)
Availability of senior posts	20	(22)	41	(33)	38	(45)
Availability of posts in the developing countries	3	(5)	9	(8)	88	(87)
Availability of posts elsewhere abroad	1	(7)	20	(15)	78	(78)
Previous experience in the specialty	17	(23)	32	(35)	51	(42)

psychiatrists in Hutt's survey. Compared with that survey the present group of consultants considered remuneration, good buildings, good equipment and fitting in with family circumstances to have been less important factors in their career choice. They also rated status among the profession and the public as less important than all the doctors in Hutt's survey, and were less concerned about part-time posts and the possibility of private practice.

What the table does not show is how the women and overseas graduates differed from the group as a whole in their replies. Not surprisingly for the women, geography (47%), family circumstances (60%), availability of part-time posts (53%) and availability of junior jobs (27%) were important whereas pay and regular working hours were not. Overseas graduates were particularly concerned about job security (one-third), availability of junior (one-quarter) and senior posts (one-third). Half of them were unconcerned about the availability of posts in the developing countries or elsewhere abroad, and one-third unconcerned about status amongst the profession and two-thirds about the possibility of private practice. In this they were similar to all the overseas doctors as compared with all home graduates in Hutt *et al's* survey.

Discussion

The net inflow of academics to NHS posts averaged five each year; this would not, at least for the field of general psychiatry, give support to the belief that substantial numbers of academics are making this move which is alleged to have "jeopardized the attempts of the Central Manpower Committee to develop a logical and fair staffing structure" (*British Medical Association*, 1977).

The number of women appointed to consultant posts continues to rise, and a substantial proportion have done at least part of their training part-time in the married women's scheme, introduced in Ministry of Health Circular HM69(6): as recently as 1977 a substantial number of these trainees were still going into non-consultant service grades (Royal College of Psychiatrists, 1977).

In view of the large proportion of all consultants

who expressed the view that they had insufficient experience in sub-specialties in order to make an informed choice, more exposure to these fields both at undergraduate and at postgraduate levels might produce more recruits to mental handicap, forensic psychiatry and psychogeriatrics.

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References

- BRITISH MEDICAL ASSOCIATION (1977) Draft evidence to the Royal Commission on the National Health Service. *British Medical Journal*, *i*, 319.
- BROOK, P. (1972) Consultant psychiatrists. *British Journal of Medical Education*, *6*, 190-5.
- (1973) *Psychiatrists in Training*. British Journal of Psychiatry, Special Publication No. 7, London.
- (1974a) Postgraduate education and training. *British Journal of Psychiatry*, *124*, 109-24.
- (1974b) Psychiatrists: Background, career and career alternatives of a group of recently appointed consultants. *British Journal of Psychiatry*, *125*, 1-9.
- (1977) Psychiatric training: The consultant's view. *British Medical Journal*, *i*, 622-3.
- (1978) Consultant psychiatrists: Who are they and where are they going? *Medical Education*, *12*, 382-3.
- (1980) Is psychiatric training improving? *British Medical Journal*, *281*, 787-8.
- DHSS (1966) Statistics and Research Division Hospital Medical Staff. *National Tables*, 30th September 1975.
- (1976) Statistics and Research Division. Hospital Medical Staff. *National Tables*, 30th September 1975.
- HUTT, R., PARSONS, D. & PEARSON, R. (1979) *The Determinants of Doctors Career Decisions*. Institute of Manpower Studies. University of Sussex.
- ROYAL COLLEGE OF PSYCHIATRISTS (1977) Women in psychiatry. Report of a working party. *Bulletin of the Royal College of Psychiatrists*, December, p. 1-4.
- ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION (1969) Report on the questionnaire on postgraduate experience and training of consultants in adult psychiatry. *British Journal of Psychiatry*, *115*, 225-31.

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