

Psychiatry training in the United Kingdom - Part 1: A general overview

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In recent years there has been a strong trend of emigration of Greek medical doctors. The reason for this phenomenon is certainly multifactorial, but it has been greatly exacerbated due to the latest financial crisis. The United Kingdom is one of the most popular destinations amongst emigrating Greek psychiatric doctors, as reflected by official data and by the sheer volume of requests for information received by the United Kingdom Division of the Hellenic Psychiatric Association. There are many systemic and practical differences between the Greek and the United Kingdom health systems, which complicate training and further career decisions. These complex differences make it hard for psychiatric doctors to decide which steps to take, and often result in them making the "wrong" decision. These "wrong" decisions are very often the result of poor information or misinformation. For instance many doctors are confused about the equivalence of training and service grades between Greece and the United Kingdom, what a good portfolio means, or the significance of the MRCPsych exam. This information exists, sometimes in comprehensive ways on the internet, but for doctors who are not familiar with the system, finding this information can be a time-consuming and laborious task. Therefore, providing a starting point with realistic and useful information about psychiatric training and generally career progression in the United Kingdom to Greek psychiatric doctors has become very important. The United Kingdom Division of the Hellenic Psychiatric Association has decided to pick up the role of providing exactly that information. The first part of this two-piece paper provides a starting point for Greek doctors considering the move to the United Kingdom for training and/or work in psychiatry. Firstly, it gives a general overview of psychiatric training in the United Kingdom, and explains that the pragmatic equivalence between training stages between Greece and the United Kingdom often differs from the formal equivalence. It also explains the salient differences between the Greek and the United Kingdom's health systems and highlights some common pitfalls. Furthermore, it explains some career options psychiatric trainees and specialists can follow in the UK, including clinical and academic training and service posts. The second part of this paper explores in more detail the structure and inner workings of psychiatric training, again emphasising the important differences between the Greek and the United Kingdom's training systems, and highlighting those differences that may be useful to a transitioning doctor. This diptych is meant to be informative, not advisory, and thus is not meant to either encourage or discourage the migration of interested parties.

Key words: Psychiatric training, Greece, United Kingdom, specialisation, migration

Introduction

Recent years have seen a significant number of Greek doctors emigrate from Greece to the United Kingdom in search of training and employment in Psychiatry. This forms part of a significant increase in rates of emigration of medical professionals out of Greece (5-fold over the past 5 years, 2.5-fold in 2012 alone).¹ Despite hopes for harmonisation in psychiatric training systems across Europe,² significant differences have been evident,³ and still exist.⁴ Therefore it is expected for Greek doctors to feel perplexed when faced with the prospect of emigrating to the UK for training. This major decision is not necessarily the right one for everyone and therefore it would make sense for interested parties to have enough information in order to make an informed choice. Providing this information is exactly the purpose of this two-part paper, which is commissioned and prepared by the United Kingdom Division of the Hellenic Psychiatric Association:

Part one offers a general overview of psychiatry training in the United Kingdom, and specific advice for Greek doctors wanting to train or practice abroad.

Part two will focus on the particulars of psychiatry training in the United Kingdom and offer tips for career success from an insider's perspective.

The information provided in these two articles is to our knowledge correct and accurate at the point of writing (September 2013). However, we have by no means explored all career options and things are ever-changing (τα πάντα ρει), therefore the reader is advised to complement these articles with their own research. Also, all opinions expressed here are those of the authors and not the official position of the Hellenic Psychiatric Association. Finally, these two papers are by no means an attempt either to encourage or discourage Greek doctors who may be thinking about emigrating to the UK, and are only meant as a helpful source of information.

An overview of psychiatric training in the United Kingdom

In 2005 there was a massive (and messy^{5,6}) reorganisation of training in the United Kingdom, called "Modernising Medical Careers" (MMC). Through its

website.⁷ The MMC now offers support to doctors applying for training posts and provides information on changes to the recruitment and training process. Roughly, post-MMC postgraduate psychiatric training in the United Kingdom can be thought of as a three-part process:

- Foundation Years (2 years)
- Core Training (3 years)
- Higher Training (3 years).

Foundation years:

Post-graduation, pre-core training

The foundation programme⁸ in the United Kingdom comprises of two years (FY1 & FY2). The scope of these two years is for newly qualified doctors to rotate between jobs in various medical and surgical specialties every 4–6 months and thus get generic clinical experience, which will allow them to operate safely in their chosen specialty. These years can be labour-intensive but offer invaluable field experience.

In view of the fact that in Greece medical training takes six years –as opposed to five years in the United Kingdom– Greek medical school graduates often argue that FY1 competencies are covered by the penultimate medical school year and therefore apply straight to FY2 posts. Some have even gone as far as to argue that their time working in αγροτικό (=rural medical service) was equivalent to FY2 and thus would be eligible to apply straight to core psychiatry training. In our view such an argument is rarely tenable, and by-passing foundation training is absolutely not advisable for those without at least equivalent clinical experience.

Core psychiatry training:

Post foundation, pre-MRCPsych

Core training (CT 1–3) in Psychiatry involves a three-year job rotation through different psychiatric sub-specialties. Broadly speaking, it serves as the equivalent of the 3 ½ years of psychiatric training in the Greek training system. Within those three years, trainees are expected to pass the various parts of the MRCPsych exam, and by the end of their core training become members of the Royal College of Psychiatrists.

Core training posts are awarded after competitive interviews. Applications for core training posts are currently exclusively coordinated by the Royal College of Psychiatrists.⁹ The applications are run within strict deadlines, so prospective applicants are very strongly advised to pay close attention to deadlines for application submission well in advance in order to avoid crushing disappointment. One needs to score over the "shortlisting threshold" to be called for an interview. The process is clear and transparent. The shortlisting framework offers invaluable advice on where to focus your CV building efforts prior to application. More information on the Royal College of Psychiatrists website.⁷

Although completion of a core psychiatry rotation is the norm for entry into higher specialty training, it is not absolutely necessary. It is theoretically possible (but practically difficult and generally not advisable) to complete core training/achieve membership by working on a series of Fixed Term Specialty Training Appointments (FTSTA).

Higher psychiatry training: Post-MRCPsych

Higher specialist training (ST4–6) in Psychiatry is a three-year programme in one psychiatric subspecialty. For example, higher trainees in Old Age Psychiatry will normally only work in Old Age Psychiatry, or trainees in Psychotherapy will normally only work in Psychotherapy for three years. There is no equivalent of Higher Training in the Greek specialisation system. At the end of the three years a Certificate of Completion of Training (CCT) is awarded without exit exams, but subject to satisfactory progression.

The particulars of higher training applications are largely the same as per core training. A Greek trained doctor, without MRCPsych (i.e. Royal College membership) and without proof of having attained core training competencies would find it hard applying for higher training.

Some common misconceptions

It is a common Greek misconception that the more "publications" one has under their belt, the more likely they are to be successful in securing a training post. Alas, this is not the case. Once a candidate is called for an interview the slate is wiped clean and

all candidates have an equal chance to impress the interviewing panel (i.e. the shortlisting score is not carried forward and in ordinary situations will not influence final candidate selection).

As a general rule being experienced is valued and appreciated, however for the purpose of allowing all doctors to compete on an equal footing experience caps apply to specialty training in the United Kingdom (this is not specific to psychiatry; it applies to all medical specialties). Experience caps are absolute limits on length of past psychiatry experience (in any grade, in any country) that render a candidate ineligible to apply to posts for which they are overqualified. What this means in practice is, that someone who has worked in psychiatry in Greece for over 18 months may find themselves disadvantaged during the application/interview process. It used to be an absolute requirement that doctors applying to CT1 psychiatry had less than 18 months experience in the field (whether they worked in the United Kingdom or abroad) however in the 2013 person specification this appears to have been downgraded simply to "desirable". Greek doctors hoping to train in psychiatry in the United Kingdom would be strongly advised to apply earlier in their career rather than later.

In theory an experienced Greek psychiatry trainee could apply to CT2 or 3. Although this appears to be an attractive option, and could certainly be used as a loophole to top up Greek training for the purpose of speeding up the process for the award of the Greek equivalent of the Certificate of Completion of Training (τίτλος ειδικότητας), this career path would not lead to the award of a CCT in the United Kingdom as Greek training is not prospectively approved by the RCPsych.

The clinical academic path

In the United Kingdom you have an option to train in academic psychiatry in parallel with clinical training. The Clinical Academic path broadly follows the same principles as clinical training, but progression to higher levels of training in addition requires competencies in academic fields. Entry in clinical academic posts is generally considered more difficult and requires some academic background (publications, presentations, masters, doctorate etc.), but

the process and application procedures are essentially the same as with pure clinical training.

At CT1-3 level, clinical academic trainees are called Academic Clinical Fellows (ACF) and spend roughly a third of their time in academic activities. The latter is typically composed of research, teaching and studying towards a higher degree (MSc, MPhil, PhD etc.).

Normally (although there are exceptions), ACFs will only progress to ST 4–6 level and become Clinical Lecturers once they prove all clinical and academic competencies for CT 1–3 level, pass the MRCPsych exam and complete their PhD (or other higher degree). One can apply to become a Clinical Lecturer even if they have not completed ACF, provided that they fulfil these competencies.

Clinical Lecturers have a dual role: In their academic capacity they are entry level academics (=λέκτορας) and University staff (=μέλος ΔΕΠ), and in their clinical capacity are ST 4–6 (Specialist Registrars/ Higher Trainees). They work 50% for the University (lecturing medical students, doing research etc.) and 50% in clinical settings (as an ST 4–6). At the end of their 3 years they get a CCT, and may apply for a regular consultant post or an academic post (Senior Lecturer/ Associate Professor etc.).

For more on Clinical Lectureships (and the clinical academic path in general) refer to the National Institute for Health Research.¹⁰

Greek training and Health Service comparison with the UK

It is very important for doctors moving between Greece and the United Kingdom to understand the many differences between the two systems as there is no direct equivalence between the Greek and the United Kingdom training and service grades.

Training

In Greece, psychiatric training is not necessarily preceded by general medical practice, is 5 years long and structured as time spent in general medicine (6 months), neurology (1 year) and psychiatry (3 ½ years). In the United Kingdom training is preceded by 2 foundation years, is 6 years long and structured

around competencies and levels (core CT 1–3 and higher ST 4–6). For example, by the end of their CT1 year trainees are expected to have achieved certain competencies. Only if they have will they then progress to CT2. In addition, trainees at CT3 level also have to pass the MRCPsych exam before they can continue to higher training. The MRCPsych exam is a four-stage exam which grants membership to the Royal College of Psychiatrists. More on the MRCPsych and progression in training in the second part of this paper.

Post-training

After completion of their training, United Kingdom trainees can become Consultant Psychiatrists. A UK Consultant is expected to function clinically and operationally at the level of a Greek «Διευθυντής Κλινικής».

Even though the Greek grade of επιμελητής "epimelitis A&B" is formally considered "consultant equivalent" (they have a CCT equivalent=τίτλος ειδικότητας, and can be registered as specialists), psychiatrists at this grade in Greece are not likely to secure or survive a United Kingdom consultant job easily. The disparity arises not so much due to the lack of formal qualifications (for instance MRCPsych), but mostly due to a gap in competencies: United Kingdom consultants are expected to have a high level of clinical autonomy and an enhanced role (teaching, management, clinical governance, leadership etc) compared to a Greek επιμελητή. Practically, the «επιμελητής A&B» grade would be equivalent to ST4-6/associate specialists/staff grades in the United Kingdom.

Other United Kingdom doctors' grades

In the United Kingdom opportunities are available for doctors to work within the NHS in non-training or "service" posts. These posts offer a temporary interlude until the doctor chooses to re-join training, or they maybe a permanent career choice. Non-training posts such as staff grade/trust grade/"specialty doctor" (not to be confused with "specialty trainee", which is a training grade!) and the now defunct associate specialist grade can be permanent or fixed term posts. Often doctors working in such posts are very experienced, some even have MRCPsych or a CCT. Non-training posts offer doctors the opportunity to gain extra experience, or the chance to work in a more clinical role, without the bur-

den of the management and other duties that come with a consultant appointment. It is not unusual for CCT/«τίτλος ειδικότητας» holders (not only in psychiatry but all specialties) to spend some time working in staff grade posts before reconsidering their options for consultant employment.

Conclusion

The present paper presents an overview of the options offered to psychiatric doctors considering the move from Greece to the United Kingdom. In the second part we will explore the inner workings of psychiatric training in the United Kingdom.

Η Ψυχιατρική εκπαίδευση στο Ηνωμένο Βασίλειο - Μέρος 1ο: Μια γενική θεώρηση

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Είναι γνωστό πως τα τελευταία χρόνια παρατηρείται μια ισχυρή τάση μετανάστευσης Ελλήνων ιατρών προς το εξωτερικό. Οι αιτίες αυτού του φαινομένου είναι σίγουρα πολυπαραγοντικές, αλλά έχει ενταθεί σημαντικά λόγω της πρόσφατης οικονομικής κρίσης. Το Ηνωμένο Βασίλειο είναι ένας από τους πιο δημοφιλείς προορισμούς μεταξύ αυτών που επιλέγουν οι Έλληνες ειδικοί και ειδικευόμενοι ψυχίατροι, όπως αυτό προκύπτει από επίσημα στοιχεία και από τον μεγάλο αριθμό ερωτήσεων που δέχεται τελευταία το περιφερειακό τμήμα Ηνωμένου Βασιλείου της Ελληνικής Ψυχιατρικής Εταιρείας. Οι συστημικές και πρακτικές διαφορές μεταξύ του ελληνικού και του βρετανικού συστήματος υγείας είναι πολλές, και μπορούν δυνητικά να περιπλέξουν τη λήψη αποφάσεων σταδιοδρομίας. Αυτές οι πολύπλοκες διαφορές καθιστούν δύσκολη τη λήψη αποφάσεων για τους ψυχιάτρους, με αποτέλεσμα συχνά να κάνουν «λάθος». Αυτές οι «λανθασμένες» αποφάσεις είναι πολύ συχνά αποτέλεσμα ελλιπούς πληροφόρησης ή παραπληροφόρησης. Για παράδειγμα, μεταξύ των ιατρών επικρατεί σύγχυση για την αντιστοιχία των βαθμών της κλινικής ιεραρχίας και της ειδίκευσης ανάμεσα στην Ελλάδα και το Ηνωμένο Βασίλειο, για το τι σημαίνει ένα καλό χαρτοφυλάκιο, ή για τη σημασία των εξετάσεων για το MRCPsych. Αν και υπάρχουν εκτενείς πληροφορίες για αυτά τα ζητήματα στο διαδίκτυο, η εύρεσή τους μπορεί να γίνει μια χρονοβόρα και επίπονη διαδικασία, ειδικά για κάποιον που δεν έχει οικειότητα με το θέμα. Ως εκ τούτου, υπάρχει ανάγκη παροχής ρεαλιστικών και χρήσιμων πληροφοριών στους Έλληνες ειδικούς και ειδικευόμενους ψυχιάτρους σχετικά με την ψυχιατρική εκπαίδευση και γενικότερα για τη σταδιοδρομία στην Ψυχιατρική στο Ηνωμένο Βασίλειο. Το περιφερειακό τμήμα Ηνωμένου Βασιλείου της Ελληνικής Ψυχιατρικής Εταιρείας αποφάσισε να καλύψει ακριβώς αυτήν την ανάγκη. Το πρώτο μέρος αυτού του δίπτυχου άρθρου παρέχει ένα σημείο εκκίνησης για τους Έλληνες ιατρούς που εξετάζουν τη μετάβασή τους στο Ηνωμένο Βασίλειο για εκπαίδευση ή/και εργασία στην Ψυχιατρική. Πρώτον, επιχειρεί μια γενική επισκόπηση της ψυχιατρικής εκπαίδευσης στο Ηνωμένο Βασίλειο, και εξηγεί πως η πραγματική αντιστοιχία μεταξύ των σταδίων εκπαίδευσης στην Ελλάδα και το Ηνωμένο Βασίλειο συχνά απέχει από την επίσημη αντιστοιχία. Επίσης, εξηγεί τις ειδοποιούς διαφορές μεταξύ των συστημάτων υγείας της Ελλάδας και του Ηνωμένου Βασιλείου και επισημαίνει ορισμένες κοινές παγίδες. Επιπλέον, εξηγεί ορισμένες από τις επιλογές σταδιοδρομίας που μπορούν να ακολουθήσουν οι εκπαιδευόμενοι και ειδικοί ψυχίατροι στο Ηνωμένο Βασίλειο, συμπεριλαμβανομένων των κλινικών, ακαδημαϊκών και λειτουργικών θέσεων.

Το δεύτερο μέρος του άρθρου διερευνά πιο λεπτομερώς τη δομή και τους μηχανισμούς της ψυχιατρικής εκπαίδευσης, με έμφαση και πάλι στις σημαντικές διαφορές μεταξύ των εκπαιδευτικών συστημάτων της Ελλάδας και του Ηνωμένου Βασιλείου, και επισημαίνει τις διαφορές αυτές που ενδέχεται να φανούν χρήσιμες σε αυτούς τους ιατρούς που βρίσκονται σε μεταβατικό στάδιο. Το δίπτυχο αυτό άρθρο έχει ενημερωτικό και όχι συμβουλευτικό σκοπό, ως εκ τούτου δεν σκοπεύει να ενθαρρύνει ή να αποθαρρύνει τη μετανάστευση των ενδιαφερομένων.

Λέξεις ευρετηρίου: Ψυχιατρική εκπαίδευση, Ελλάδα, Ηνωμένο Βασίλειο, ειδικότητα, μετανάστευση.

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