

Meeting on the implementation of the Academy's 'Strengthening academic psychiatry in the UK' report

Tuesday 4 June 2013, held at the Academy of Medical Sciences, 41 Portland Place, London, W1B 1QH

Meeting aims and organisations represented

The aim of the meeting was to discuss the implementation of the Academy's report on 'Strengthening academic psychiatry in the UK' (March 2013) with key stakeholders, and to seek confirmation of how they will address each recommendation.

The organisations represented at the meeting were:

- Association of British Neurologists (ABN)
- General Medical Council (GMC)
- Health Education England (HEE)
- Medical Schools Council (MSC)
- Medical Research Council (MRC)
- MQ: Transforming Mental Health (a new charity focused on mental health research)
- National Institute for Health Research (NIHR)
- Royal College of Psychiatrists (RCPsych)
- Shape of Training Review (STR)
- Wellcome Trust (WT)

Welcome and introduction

Sir John Tooke welcomed attendees and thanked Sir David Carter for chairing the review. He commended the review's high quality, and underlined the importance of stakeholders' commitment to act on its recommendations.

Sir David summarised the remit of the review of academic psychiatry, which was to:

- Identify barriers to recruitment and retention in academic psychiatry, and make recommendations to strengthen the workforce in this area.
- Consider the need for / desirability of cross-boundary working between psychiatry and other disciplines.
- Where appropriate, look beyond the UK to international models (e.g. in the USA).

The subsequent discussion was structured around the Review's three overarching goals and eight linked recommendations, as outlined in the table 1.

This report outlines the key issues raised by stakeholders in relation to each goal, and the commitments they made towards implementing it.

Table 1 Recommendations of the 'Strengthening academic psychiatry in the UK' report

Goal 1	Enhancing recruitment and retention in academic psychiatry
Recommendation 1	Improve recruitment to psychiatry and academic psychiatry in medical schools
Recommendation 2	Improve career pathways for medical graduates aspiring to academic psychiatry
Goal 2	Increasing and improving research opportunities for academic psychiatrists
Recommendation 3	Improve research capacity in clinical academic psychiatry
Recommendation 4	Ensure trainee clinical academic psychiatrists carry out doctorate research in optimal settings
Recommendation 5	Provide excellent mentoring for trainees
Recommendation 6	Ensure clinical academic psychiatry has a balanced workforce in order to develop and deliver mental health services
Recommendation 7	Enhance the international standing of UK research in clinical science by realising the full potential of centres of excellence and collaboration between them
Goal 3	Better integration of psychiatry and its training programmes with other disciplines relevant to mental health
Recommendation 8	Remove boundaries between psychiatry and related specialties through a pragmatic and evolutionary approach to developing novel integrated training programmes

Goal 1: Enhancing recruitment and retention in academic psychiatry

There was general agreement that recruitment and retention into academic psychiatry would benefit from greater exposure to role models in clinical and academic psychiatry, and from early mentoring. Representatives from the RCPsych and the academic community highlighted the negative impact of stigma surrounding the discipline on recruitment, and most acknowledged the need to move beyond stigma and focus on positive messages. It was agreed that this could be done by championing young researchers, showcasing excellent research, promoting the neuroscientific basis of psychiatry, creating public champions amongst psychiatric researchers and

harnessing the perspective of patients and carers. An attendee noted that some of the recommendations made for improving recruitment and retention are not just limited to academic psychiatry; these are also of relevance to other academic disciplines where recruitment and retention could currently be improved.

The following actions that different stakeholders could take were identified in relation to goal 1:

Organisation	Possible action
Medical School Council (MSC) and heads of academic psychiatry departments (in collaboration with RCPsych, STR and HEE)	<p>Develop an initiative to give school and medical students a better understanding of the diversity of medical career pathways, including coverage of brain-science based academic psychiatry careers.</p> <p>Develop a campaign to attract bright, motivated students interested in the brain sciences, but who are unaware of opportunities within academic psychiatry (including those who currently choose psychology education and training programmes).</p> <p>Identify and build networks between centres of excellence in psychiatric research, and enable all interested medical students and graduates to access them by allowing transfers between centres.</p> <p>Offer (or increase access to) postgraduate degrees in mental health-related sciences.</p> <p>Ensure medical students and graduates have access to high quality psychiatric clinical placements, where psychiatrists act as role models and mentors.</p>
RCPsych, STR and HEE	<p>Develop new ways for graduates pursuing academic psychiatry careers to have appropriate career progression (including fast-tracked, skills-based progression).</p> <p>Design flexible training pathways, which allow entry and exit from academic training throughout the career pathway.</p>
RCPsych and its Academic Faculty, heads of academic psychiatry departments, and MQ (through the development of new initiatives and campaigns)	<p>Develop new schemes and campaigns to showcase excellence in psychiatric research.</p> <p>Champion the work of young psychiatric researchers.</p> <p>Improve the public image of psychiatric research by creating 'public heroes' amongst academic psychiatrists (mirroring the model in cancer research)</p> <p>Harness the perspectives of service users and carers (again mirroring cancer research)</p>

RCPsych and its Academic Faculty, funding bodies (MRC, WT, NIHR, MQ), MSC, the Academy of Medical Sciences, and institutions that host/sponsor clinical academic psychiatrists in training	Ensure that all students and graduates are offered high-quality mentorship, particularly in the postdoctoral period; and co-ordinate mentoring activities across organisations.
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Goal 2: Increasing and improving research opportunities for academic psychiatrists

There was consensus that the quality of psychiatric research funding applications was high, but capacity in absolute terms was low. Funding bodies believed that current funding availability was good. They highlighted recent investments in new centres of excellence and ring-fenced schemes, but also described psychiatric sub-specialties suffering from particularly low capacity (e.g. old age psychiatry, learning disability psychiatry).

They thought that capacity could be increased if psychiatry researchers made better use of existing strategic funds, and built better networks with related scientific disciplines. They identified strengths and potential in neuroscience research, but also the need to build capacity in other mental-health related disciplines (e.g. epidemiology and social sciences). Partnerships with industry focusing on discovery-based neuroscience was seen as a promising avenue for increasing capacity, although some cautioned that there was public disquiet about this which needs to be addressed via public engagement.

Representatives from RCPsych indicated that they would consider the recommendations of the STR report before commencing any work to alter their training pathways for psychiatrists.

The following actions that different stakeholders could take were identified in relation to goal 2:

Organisation	Possible action
Funding bodies	<p>Ensure that funding opportunities relevant to psychiatric research are clearly communicated to researchers.</p> <p>Continue to provide ring-fenced funding for sub-specialities with particularly low capacity.</p>
The psychiatric academic community	<p>Optimise the use of existing strategic funding, and increasingly exploit interdisciplinary funding options.</p> <p>Build better links with other disciplines of relevance to mental health research.</p>

Build productive partnerships with industry on discovery-based neuroscience, whilst engaging with public concerns about this.

Develop excellence and critical mass in disciplines other than the neurosciences of relevance to mental health research (e.g. the population and social sciences)

Encompass all research relevant to mental health, not just research carried out by psychiatrists in psychiatric centres.

Build networks to provide guidance/mentoring on how to compete for grants to academics in sub-specialties of academic psychiatry (such as old-age psychiatry), which are currently neglected in terms of funding, relative to the public health burdens of mental illness they represent.

RCPsych, STR & HEE	Provide more flexible training pathways that enabled researchers to acquire the skills they need in a variety of ways (e.g. through placements in related specialties, credentialing)
	Take into account the needs of academic trainees when planning the mental health workforce.
RCPsych, NIHR	Remove the requirement for trainee psychiatrists to hold a PhD or MD before being eligible for NIHR Clinical Lectureships in England.
NHS Trusts and Universities	Show leadership by having well co-ordinated job descriptions and working practices without conflict between organisations.
	Collaborate on jointly-funded research programmes.
	Collect better data on career pathways, progression and activities, particularly for psychiatrists without substantive academic contracts.

Goal 3: Better integration of psychiatry and its training programmes with other disciplines relevant to mental health

There was broad consensus that the merging of neurology and psychiatry training was not warranted or practical. There was agreement that psychiatry could be linked to a number of clinical specialties in addition to neurology such as geriatrics, paediatrics, obstetrics and public health. The principles for doing so should be flexibility in training (which meets individual needs) and reciprocity (so that specialties could learn from each other). There was a discussion on the

importance of better alliances between Royal Colleges, and the need for aligning curricula to help with cross-disciplinary training.

The following actions that different stakeholders could take were identified in relation to goal 2:

Organisation	Possible action
RCPsych & RC of Physicians (Neurology)	Map their curricula against each other, and highlight where cross-disciplinary training may be useful Ensure that opportunities for cross-disciplinary training are reciprocal and of benefit to both psychiatrists and neurologists.
RCPsych	Identify specialties of relevance to psychiatry other than neurology, and build networks with the relevant Royal Colleges and professional associations (e.g. geriatrics, paediatrics, obstetrics, public health).
RCPsych, STR & HEE	Offer a range of options to facilitate cross-disciplinary training (e.g. dual CCT accreditation; credentialing; post-CCT Fellowship)

Summary

There was a strong commitment by all stakeholders to: highlight the successes and exciting possibilities of a career in academic psychiatry; provide strong role models and mentoring in order to improve retention and recruitment; provide flexible, cross-disciplinary training pathways; and to create collaborative centres of excellence in order to increase and improve opportunities for academic psychiatrists.

Follow-up

The Academy will review progress made towards these goals in 12 to 18 months following this stakeholder meeting.

For more information, please contact Dr Dylan Williams (Dylan.williams@acmedsci.ac.uk; 020 3176 2167).

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Annex 1: Meeting attendees

Meeting Chair:

- **Professor Sir John Tooke PMedSci**, (Chair), President, the Academy of Medical Sciences and Vice-Provost (Health) at University College London

Chair of working group:

- **Sir David Carter FRSE FMedSci**, Former Regius Professor of Clinical Surgery and Chief Medical Officer (Scotland)

Participants:

- **Dr Kathryn Adcock**, Senior Portfolio Developer, Wellcome Trust
- **Professor Sue Bailey**, President, Royal College of Psychiatrists
- **Dr Wendy Burn**, Dean, Royal College of Psychiatrists
- **Professor Iain Cameron**, Deputy Chair, Medical Schools Council and Dean of Medicine, Southampton University
- **Dr Lisa Cotterill**, Director, NIHR Trainees Coordinating Centre
- **Professor Nick Craddock FMedSci**, Treasurer, Royal College of Psychiatrists and Director, National Centre for Mental Health
- **Dr Catherine Elliot**, Director of Clinical Research Interests, Medical Research Council
- **Professor Jeremy Hall**, Institute of Psychological Medicine and Clinical Neurosciences, Cardiff University
- **Dr Muj Husain**, Clinical Fellow, NHS Medical Director's Scheme, General Medical Council
- **Professor David Jones**, National Lead for Academic Training in the Infrastructure, NIHR and Director of the Institute of Cellular Medicine, Newcastle University
- **Ms Cynthia Joyce**, Chief Executive Officer, MQ
- **Dr Hind Khalifeh**, Policy Intern, Academy of Medical Sciences
- **Ms Catherine Luckin**, Senior Policy Adviser, Academy of Medical Sciences
- **Dr Katie Petty-Saphon**, Executive Director, Medical Schools Council
- **Dr Vicky Osgood**, Assistant Director, Shape of Training review
- **Professor Michael Owen FMedSci**, Director, MRC Centre for Neuropsychiatric Genetics & Genomics, Cardiff University
- **Dr Rachel Quinn**, Policy Director, Academy of Medical Sciences
- **Professor Martin Ressor FMedSci**, Institute of Neurology, University College London and former President, Association of British Neurologists
- **Dr Dylan Williams**, Policy Officer, Academy of Medical Sciences
- **Dr John Williams**, Head of Neuroscience & Mental Health and Head of Clinical Activities, Wellcome Trust

Apologies:

- **Mr Paul Buckley**, Director of Education and Standards, General Medical Council