Transition from psychiatric training to independent practice: a survey on the situation of early career psychiatrists in 35 countries

The transition from psychiatric training to independent practice is a crucial step in the professional development of every psychiatrist. For many psychiatrists, this phase also determines their choice of subspecialization and therefore has an important impact both on individual career paths as well as on the availability of psychiatrists in the various areas of our specialty.

Despite its importance, this period of professional development is relatively understudied (1). In accordance with the WPA aim to “promote the professional development of early career psychiatrists worldwide” (2), the members of the WPA Early Career Psychiatrists Council (ECPC), Europe I area, conducted a survey to investigate this period in more detail (3).

A 27-item online questionnaire was developed covering: a) factors influencing choice of psychiatric subspecialty and work setting, b) job availability, and c) availability of training and mentoring opportunities specific to this phase. All 60 Council members were asked to participate in the survey as experts of the situation in their countries. Forty Council members representing 35 countries from all five continents participated in the survey, resulting in a response rate of 66%.

Career choice was more often reported to be strongly or very strongly influenced by personal variables, such as salary expectations (30/40), personal interests (29/40), and compatibility with private life (27/40), than by external factors such as societal expectations (13/40) and the political environment (10/40). Strikingly, gender inequalities were reported to have a strong influence on career choice in three countries. Furthermore, six of 40 respondents stated that in their countries the location of practice was decided “by somebody else” rather than the psychiatrists themselves. In 12 countries, higher salaries and access to subspecialty training are used as incentives to recruit psychiatrists into underserved regions.

The risk for unemployment immediately after psychiatric specialization was judged either unlikely or very unlikely by almost all experts (37/40). However, more than half (21/40) stated it was difficult or very difficult to get the desired job. Positions in university hospitals and private psychiatric practices were most frequently cited as attractive career options. Of these, the availability of job opportunities in university hospitals was reported to be “quite bad” or “bad” in 21 of 40 countries. In addition, 14 of 40 representatives reported that it was not possible in their countries to immediately establish oneself as an

independently practicing psychiatrist after completion of training. Limitations fixed by governments regarding the number of available positions and periods of mandatory service in the public sector – in one country up to nine years – were mentioned as restricting factors.

Although the transition between psychiatric training and independent practice is associated with high levels of stress, anxiety, and difficulties with patient care amongst young psychiatrists (4), the survey highlighted a lack of specific support during this phase. Specific training opportunities to develop “real world” psychiatric skills, for example, in leadership or management, were reported to exist only by eight of 40 respondents. While 19 representatives stated that in their country a mentor was available during psychiatric training, that number dropped to 11 for the first years of working as a specialist.

In our view, the transition from psychiatric training to independent practice should be recognized as a complex task and a crucial step toward mastery of our profession. It deserves both self-reflection by the young psychiatrist and support by psychiatric professional associations. Specific training opportunities for this transition period should be created. Furthermore, we believe that establishing incentives may be a more suitable approach than imposing restrictions in order to sustainably attract young psychiatrists to work in underserved regions of a country or neglected fields of psychiatry (5). While the latter approach may function in the short run, it can be a strain on the individual psychiatrist and a danger to recruitment in the long-term.

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DOI 10.1002/wps.20022