

Published on *Health Careers* (https://www.healthcareers.nhs.uk)

Home > Explore roles > Doctors > Training as a doctor > Medical specialty training > Switching medical specialty > Real-life story - switching medical specialties

### Real-life story - switching medical specialties

Dr Zead Said is a psychiatry trainee in Yorkshire and Humberside, and is currently taking a year out of training in a Clinical Leadership and Management Fellow post. After completing foundation training [1], he commenced specialist training in general practice, but 18 months in he switched to psychiatry. Read his story.

### Dr Zead Said

**Psychiatry trainee** 

Employer or university N/A



Before making a decision I spoke to several people including colleagues, friends and most importantly with my GP supervisor.

My interest in medicine

Expand /

### collapse

Whilst I was at medical school I initially thought that radiology might be the right specialty for me. However, I began to realise that being in a dark room all day might not suit my personality. I really wanted a job with lots of contact with people.

Towards the end of my first foundation year (F1) general practice (GP) was beginning to appeal, and I asked anyone I could for their opinion about the job. This included GPs I knew, trainee colleagues from medical school as well as the consultants I was working with.

Why I have chosen to train as a GP

Expand / collapse

For me it was the regular contact with patients that attracted me to general practice. I also enjoyed a general practice placement during my second year of foundation training [1] (F2).

During my GP placement I had decided that general practice was for me and so I applied for specialist training. I loved being a trainee GP and particularly enjoyed the regular contact with patients. During the second year of my GP training I completed a six month placement in an outpatient community psychiatric clinic. I found this work extremely enjoyable and very satisfying. Psychiatrists often have longer appointments, which really gives you the chance to talk to your patients about their problems in depth. A significant proportion of GP consultations involve mental health issues, but the time you can dedicate to this as a GP is limited.

Why I have decided to switch from GP to psychiatry

Expand / collapse

My interest in psychiatry was starting to deepen. I initially considered becoming a GP with a special interest in psychiatry, but when another doctor suggested I could actually train as a psychiatrist I started to consider this option carefully.

Before making a decision I spoke to several people including colleagues, friends and most importantly with my GP supervisor.

My GP supervisor really made me think about the extent to which I had considered the long-term implications of my decision to embark on a different specialty. She was incredibly supportive and wanted to make sure that I wasn't making a spur of the moment decision."

Half-way through my GP training I had decided that a career in psychiatry was indeed for me. I found the transition from GP trainee to psychiatry relatively straightforward. Switching specialties can sometimes be more difficult.

# How I got into psychiatry

## Expand / collapse

I contacted the Training Programme Director for Psychiatry Core Training in Sheffield to make some initial enquiries. They suggested I apply for a LAT post (Locum Appointment for Training). The six month psychiatry placement that I had already completed during GP training could count towards my core training in psychiatry. I had also missed the deadline for core training for that year, and so this was the perfect solution for me.

Moving specialties involves lots of paperwork and the first part of this was ending my first role, as when you switch specialties it is vital to end the first specialty properly. I wrote a letter of resignation to the GP Training Programme Co-ordinator.

The next part of my move to becoming a specialist trainee in psychiatry did not progress quite as smoothly. I had been appointed as a Locum Appointed for Training, and progression to core training in psychiatry was not automatic.

Once your LAT post finishes there is no guarantee that you can progress to core training. I approached the Head of the School of Psychiatry (for Yorkshire and Humber) to find ways around my situation. I needed to make sure that my six month psychiatry placement during my GP training would count towards my psychiatry core training. In the end the Dean of the Royal College of Psychiatrists confirmed that this would indeed be the case. The Royal Colleges are very helpful if you run into any kind of difficulty with your switch.

After my core training I applied for ST4 training and was successful in this application.

•

Has switching specialty been the right decision

Expand / collapse

I haven't looked back since making the switch, and I love my new work, even though I also enjoyed being a GP.

A significant number of patients attending their GP have mental health issues and I enjoyed that part of the job very much. As a psychiatrist you have much more time to listen to their story and I find this extremely satisfying. I also like the fact that psychiatry enables you to draw on lots of different approaches, including the academic and biological as well as psycho-social and trauma-based approaches. As I continue my training, I am developing my own ways of looking at mental health, whilst drawing on many different theories.

However complex the mental health issues a patient presents there is usually something I can do to make a difference. And for me that is what makes psychiatry so satisfying. Switching specialty has been relatively straightforward for me, and has certainly been the right decision.

**Source URL:**https://www.healthcareers.nhs.uk/explore-roles/doctors/medical-specialty-training/switching-medical-specialty/real-life-story-switching-medical-specialties

#### Links

[1] https://www.healthcareers.nhs.uk/glossary#Foundation\_training