The College

Guidance on Consultant Posts in General Psychiatry for Regional Advisers

Designation of post

The consultant post may be concerned entirely with general adult psychiatry and the sessional programme will then indicate that duties will be concerned with the provision of psychiatric care for the whole range of psychiatric disorders in a variety of hospital and community settings.

Whenever a post is designated as having special interest or special responsibility, the relevant duties and supporting facilities should be described separately from those in general psychiatry in order to ensure that the service demands and supporting facilities with reference to each are appropriate.

A special interest post may include a special clinical interest for a few service sessions per week. Such a commitment does not signify exclusive responsibility for a specialist service and in some cases it may be shared with other consultants. The resources which it attracts will vary according to specific circumstances.

A special responsibility post will involve the organization and provision of a specialized service in parallel with major duties in general psychiatry. Such a post will attract candidates who have substantial higher training experience in both general psychiatry and in the special interest subject itself. It is particularly important in posts of this kind, where there is to be more than one type of clinical responsibility, that allocation of time and resource provision should be unambiguous. The sessional distribution between general psychiatry and special clinical interest may vary from one situation to another, but the provision of supporting resources should be appropriate pro rata.

Other consultant staff

Details should be available concerning consultant provision for the adult general psychiatry service throughout the relevant Health District and wherever else the clinical duties of the post occur.

It should be made quite clear how the post in question will contribute to the care of various population sub-groups such as the elderly.

Population

Total size, numbers of those over 65 years, and any other relevant specific age group depending upon a proposed special interest or other circumstances. It is also desirable to have information with regard to other demographic population data, such as social class distribution, numbers living alone or in city centre environments, which may be relevant to the clinical load of the post in question.

Mention should be made of any specific geographic problem such as travelling time when distances are considerable.

Overall consultant:population ratios for the Health District should be specified. These should be evaluated in the light of the recommended norm of one consultant to 40,000 population. The College advises that in teaching districts a figure of 1.5 consultants to 40,000 population is appropriate, but this has yet to be officially agreed with the DHSS. These norms assume the availability of reasonable levels of support from non-consultant medical staff.

If clinical duties are to be sectorized, then details concerning the size of the relevant sector population are required.

The way in which clinical duties are to be shared with other consultants throughout the District should be specified, as well as within a sector, if this is relevant.

Any special arrangement across Health District boundaries for the provision of the clinical care of special patient groups needs to be mentioned.

Emergency on-call arrangements

The consultant will clearly need to play a part in the consultant rota for emergency on-call work and it is useful to have details of the proposed frequency during weekdays and weekends, as well as the population covered.

Clinical facilities

Current provision: The style of clinical service which is proposed may, of course, vary considerably from one situation to another, perhaps with differing degrees of emphasis on hospital and community based facilities. Nevertheless, each consultant in general psychiatry requires *adequate direct access* to a range of resources and the proposed way in which existing facilities will be shared needs to be made quite clear. Such details should be provided with regard to in-patient beds as well as day patient and out-patient facilities.

Projected developments: It is always very useful to have details of any service developments which may be envisaged. When there is a serious current deficiency in resource provision it is particularly important to have a statement that plans are well laid by the relevant Authority so that the deficiencies will be rectified in the near future.

Research and teaching

If the job description suggests that sessional time will be made available for research, then the clinical load should be compatible with this and support facilities must be adequate to render it a feasible proposition.

It is assumed that the consultant will play an appropriate part in training junior medical staff in co-operation with the Psychiatric Tutor and in teaching other professional staff as necessary.

Supporting staff and other facilities

A consultant in general adult psychiatry may reasonably expect to work closely with a clearly identified multidisciplinary clinical team which can provide support which is adequate and appropriate to the size of the clinical practice envisaged. The team would normally consist of non-consultant medical

staff together with colleagues in social work, clinical psychology, occupational therapy and nursing staff, including community psychiatric nurses.

There also needs to be adequate provision of secretarial help, particularly when there is likely to be a considerable amount of administration involved as in the development of community facilities which require liaison with several other agencies. It is reasonable to expect that one session a week can be reserved for administrative duties.

The consultant would also expect to be provided with unshared, appropriately equipped, office space in at least one main clinical base.

Spring Quarterly Meeting, 1985

The Spring Quarterly Meeting was held at the University of Nottingham Medical School on 16 and 17 April 1985 under the Presidency of Dr Thomas Bewley.

Business Meeting

Honorary Fellows

The Registrar reported that, at the recent meeting of the Court of Electors, the following had been proposed for the Honorary Fellowship: Professor Peter Berner; Dr Donald Eric Broadbent, CBE; Professor Leon Eisenberg; Dr Max Meier Glatt; Dr Denis Leigh.

Registrar's Report

Firstly, I should like to report to you on two items that I raised in my report at the Winter Quarterly Meeting. I am sure you are all aware that the Chancellor of the Exchequer decided not to impose VAT on books and periodicals. I would like to thank the considerable number of College members who took up the Dean's request and wrote to their MPs opposing the proposal to do so.

The medical profession was less successful in preventing the Government from introducing the restricted list of drugs, the 'white list', on 1 April. However, the College remains firm in its intent to influence and modify the contents of this list. A small working party of the Public Policy Committee has been formed and they have recommended that a number of benzodiazepines are added to the white list (lormetazepam, loprazolam, flunitrazepam, flurazepam, bromazepam, clobazam (as anxiolytic), alprazolam). They have also recommended that *all* benzodiazepines should be available in hospitals and that any mechanism for review and alteration of the list should provide for a very prompt response. The College considers it essential that there should be a least one College representative on any review panel. These views have been forwarded to Mr Norman Fowler and a response is awaited.

Council met on 20 March and endorsed various reports from the Public Policy Committee which are now available from the College. These include comments on the DHSS Draft Circular on the Draft Code of Confidentiality of Personal Health Information, a report entitled 'The Preservation of Medical Records and Comments on the Oglesby Report (Review of Attendance and Mobility Allowance)'.

Council also endorsed the PPC statement on the closure of large psychiatric hospitals which opposed the move by Regions and Districts to amalgamate residual long-stay populations from several hospitals into one remaining hospital. The statement will be published in the *Bulletin* [July 1985, **9**, 146].

The College and the DHSS held a joint conference on Mental Health Service Planning in March. This concentrated on the implementation of a community-based service rather than service based in remote hospitals. The conference was a very interesting and worthwhile event and a report of the proceedings is now being prepared.

Since the last Quarterly Meeting the Court of Electors has approved 34 applications from Inceptors. Out of 338 candidates, 160 were successful in the Preliminary Test.

At the Annual General Meeting in 1983, amendments to the Bye-Laws were approved which recommended two new categories of membership, namely New Affiliates and New Associates. These amendments have now been approved by the Privy Council. A notice will be appearing in the *Bulletin* [July 1985, **9**, 147] giving details about the procedure for applying. New Affiliates must be medically qualified but are not necessarily expected to be psychiatrists. New Associates must be non-medically qualified. The application goes to the Court of Electors and must be sponsored by two members of the College. The closing date for the first applications will be 30 September 1985 for consideration by the Court early in 1986.

The President has been re-elected for a further year in office as have all the Honorary Officers with the exception of the Honorary Librarian. Dr Henry Rollin has served as Honorary Librarian for ten years and is therefore due to retire in July. An election will be taking place shortly. Elections will also be taking place for vacancies on Council and on the Court of Electors.

The Annual Meeting this year will take place from 9 to 11 July at Imperial College, London. I have been concerned that many members have never had the opportunity to visit the College premises at 17 Belgrave Square. In order to remedy this we shall be organizing an 'At Home' on Monday, 8 July in the evening. I do hope that many of you will be able to attend this event.

Finally, I am sure you would like to join me in thanking Professor Cooper and all his staff in organizing such a successful and well-attended meeting.

R. G. Priest
Registrar

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