

The College

Guidelines for Regional Advisers on Consultant Posts in Psychotherapy

Report prepared by the Psychotherapy Specialist Section

The College has produced guidelines for the medical staffing of a psychotherapy service (*News and Notes*, October and December 1975). It is recommended that (as a first step) there should be one whole-time equivalent (wte) consultant per population of 200,000, that is 250 (wte) consultant psychotherapists in England and Wales. As an intermediate step, it is recommended (*Bulletin*, February 1982) that five sessions be established for an average district of 200,000. The DHSS has suggested and the College has confirmed, that in Teaching Districts the long-term goal should be adopted in the short term. The consultant establishment in England and Wales as of May 1983 stood at only half the short-term norm and a quarter of the long-term norm.

Groupings of psychotherapists at or above the 'norm' already exist in several centres. However, some of the recently created consultant posts are singletons, professionally isolated and with teaching responsibilities for an entire Area or Region. It is highly desirable that posts are grouped, in at least pairs, with a common base, even though the spread of duties may differ; this is especially important if the consultant has responsibility for teaching specialist senior registrars in psychotherapy.

Guidelines have been produced by the Joint Committee on Higher Psychiatric Training (3rd Report, 1983) on the requirements for specialist training in psychotherapy. The requirements, which candidates for consultant posts and the organizers of the specialist senior registrar training schemes in psychotherapy are expected to meet, stipulate extensive supervised practice in psychotherapy, instruction in theory and some form of personal insight-promoting experience.

Consultant psychotherapists have advanced skills in particular forms of psychotherapy. Though their training will have provided sufficient acquaintance with other methods to enable the consultant to advise on their applicability, the consultant is likely to have a primary interest in dynamic, behavioural or other approaches. The local requirement may be for particular expertise or for a generalist.

It is important that the College Regional Adviser makes himself familiar with the psychotherapy needs and resources in his Region. The section suggests that this is best done through informal discussions with colleagues at the hospital where the appointment is to be made. Also, the Section has nominated a representative for each region to provide advice to the College adviser when requested. (In the case of the five regions currently without a Section Representative, the Chairman of the Section should be contacted.)

Contracts

Psychotherapy is a developing specialty; no universally applicable contracts have been developed. Job descriptions will reflect local requirements, but should not be written in a way that prejudices a proper balance between service and teaching commitments. If the Health Authority has a preference for a consultant with a particular area of expertise, the job description should state this.

Two types of post must be distinguished as the requirements for training, the service and training responsibilities of the posts, and the resources needed to achieve those aims are quite different.

1. Consultant with a special responsibility for developing psychotherapy training and providing a clinical service:

Forms of Contract

A. Consultant Psychotherapist—(a) whole-time or maximum part-time; (b) part-time.

B. Consultant Psychiatrist with special responsibility for Psychotherapy.

The majority of the sessions to be in Psychotherapy, i.e. at least six out of 11 sessions in a full-time post.

2. Consultant with special interest in Psychotherapy:

Form of Contract

A. Consultant Psychiatrist with special interest in Psychotherapy.

The minority of sessions, generally between two and four, to be in Psychotherapy.

Full specialist training is required for Consultants with a special responsibility for psychotherapy training and sessions (category 1). In their area of responsibility (District or Region) they have prime responsibility for developing and sustaining the specialty of psychotherapy. Special interest consultants (category 2) will have had substantial, but not full, specialist training in psychotherapy. They will be valuable colleagues for the full specialist. Special interest posts are not an acceptable substitute for consultant psychotherapists (category 1).

In large teaching centres several psychotherapists may be employed; here part-time appointments may be satisfactory, allowing the consultant time to work in other institutions or Health Authorities. Analytically-trained psychotherapists may need to maintain their analytic-skills through intensive work outside the NHS. Part-time appointments are common in London.

In a few centres a whole-time post has been split to

produce two part-time posts thereby broadening the variety of clinical approach and supervision available.

The pattern in most provincial centres has been for whole-time or maximum part-time appointments. The duties of some of these appointments have been peripatetic with the post holder making regular visits to several centres in a Region, but having a principal base. Often the consultant will be working alone or with one colleague and will therefore need to devote a significant proportion of time to building up the psychotherapy service. It is important that the consultant's duties are not so diverse nor the sessions so dispersed that the essential role of establishing a viable psychotherapy presence is inhibited. Linking the peripatetic or isolated consultant to an established psychotherapy centre will help maintain professional morale and assist recruitment.

Particular care should be taken to safeguard the position of 'Consultant Psychiatrists with special responsibility for Psychotherapy'. These posts may be proposed when the Authority has not got the resources for a full-time post or is uncertain that it wants to commit that level of resource to psychotherapy. These posts often prove unsatisfactory as there is insufficient time to perform either portion of the job to a high standard. In these posts the majority of the sessions should be allocated to psychotherapy, i.e. at least six out of 11 sessions. It should be made plain that the primary responsibility of the consultant is to psychotherapy. The duties required in the remaining sessions should not be such as to erode the psychotherapy time. Circumscribed responsibility for a day centre, ward, liaison service or limited general psychiatry would be appropriate in the non-psychotherapy sessions. The Section would prefer to see the development of consultant psychotherapy posts with a special interest in a variant of psychotherapy, e.g. group or family work, or day hospital or therapeutic community. Special interest posts with a minority interest (less than 50 per cent of sessions) in psychotherapy are not an acceptable substitute for consultant psychotherapist posts.

Psychotherapy sessions

The first duty of the consultant psychotherapist, like any other consultant in the National Health Service, must be to those patients for whom he or she carries direct or indirect clinical responsibility. It is impractical for the consultant to attempt to meet in person all the needs for psychotherapeutic treatment in his or her area. The best way of achieving this objective is by developing the practice of psychotherapy skills at generalist and specialist levels by training and supervision of psychiatrists and non-psychiatrists. The consultant has a prime role in developing, co-ordinating and encouraging the psycho-

therapy practice of psychiatrists and other professionals with similar interests.

For the sake of his or her professional standing and development the consultant should have a sufficient number of clinical sessions; these should be used for making assessments and practising psychotherapy. In a full-time post a reasonable division would be five sessions for supervision and teaching, four for clinical work and two for administration, research and travelling. For a special responsibility post with six sessions of psychotherapy it would be reasonable to divide the time equally between clinical work and teaching.

The Psychotherapy Section considers it to be of the utmost importance that a whole-time secretary be provided to assist with the work of each full-time or special interest consultant. Without the means to communicate and organize the teaching and clinical service, the consultant is severely handicapped.

Some indication that junior medical support will be forthcoming should be made. This might take the form of senior registrar elective sessions or a rotating experienced registrar, perhaps working half-time in psychotherapy for a year at a time. Trainees make a valuable contribution to providing the clinical services.

A consultant with clinical responsibility beyond making assessments will need the help of colleagues willing or able to undertake the therapy of some of the patients referred for treatment. Such assistance might come from trainee psychiatrists who acquire their supervised cases from a waiting list maintained by the consultant or from designated sessions from various staff for the psychotherapy service. Clinical assistants, social workers, psychologists, occupational therapists and nurses with an aptitude for psychotherapy and working, preferably full time, for the psychotherapy service are of great value. In providing an out-patient service, the minimum requirement is for one full-time co-worker drawn from one of the above disciplines in addition to the consultant. The requirement for further staff would depend upon the extent of the service needed in a particular District. If the consultant is to have responsibility for a psychotherapy day centre or in-patient unit, assurances should be given that adequate numbers of supporting staff will be available.

Accommodation

The job description should state where the consultant will have his office. The consultant requires a room of his own which if he chooses to use it for supervision should be sufficiently large to accommodate that purpose. The furnishings of the office and of any therapy rooms should reflect the nature of psychotherapy and provide an informal and personal setting.

Stop Press: Eli Lilly Lecture

The first of an annual series of lectures to be sponsored by Eli Lilly Co. Ltd. will be held on 5 February 1985 at the Winter Quarterly Meeting of the College. The lecture will be delivered by Dr Seymour Kety on the subject 'Recent Contributions of Neuroscience to an Understanding of Mental Disorder'.