Job descriptions for consultant posts in psychiatry of old age

Colin R. Rodger and John P. Wattis

The job descriptions for five consecutively advertised consultant posts in psychiatry of old age were surveyed for the content and clarity of the information provided and for the adequacy of the resources described. Only one post provided a job description which came close to meeting our audit criteria. Employers may optimise the number and quality of applicants for consultant posts in psychiatry of old age by providing job descriptions which contain both clearly written and comprehensively detailed information.

Specialist medical training in Britain is under review (Department of Health, 1993) and there are calls for an increase in the number of consultant posts with a shift from a consultant led to a consultant provided service (Hunter and McLaren, 1993). Proposals concerning the process of medical appointments have recently centred on the adoption of a structured timetable of staff turnover (Storer, 1993) and the use of selection procedures modelled on industrial practices (Barber, 1992). However, the first point of contact between the employer advertising a post and the potential applicant is the request for, and subsequent analysis of, the job description.There will be a spectrum of personal and professional preferences influencing someone to apply for any specific consultant post. The purely personal factors cannot easily be systematically analysed. The professional factors centre on the demands of the service, the current and potential future provision of resources and the quality of relationships within the employing trust or authority, or, in short 'the three Rs'– responsibilities, resources and relationships. [The Royal College of Psychiatrists Guidelines for Regional Advisers (Wattis *et al*, 1987) gives definitive data on what it considers to be acceptable levels of provision of 'resources' for posts in psychiatry of old age.] These elements were surveyed in a number of job descriptions for consultant posts in psychiatry of old age.

The study

Job descriptions were assessed for five consultant posts in psychiatry of old age advertised consecutively in the *British Medical Journal*. The job descriptions were audited for the content and clarity of the information they provided and for the adequacy of the resources described.

Findings

The five job descriptions were all for posts in England, two in the south (S1 & S2), two in the Midlands (M1 & M2) and one in the north (N). Table 1 summarises our findings. There is a range of the content and clarity of the information provided in the job descriptions with regard to the 'responsibilities' of the post, with post M1 clearly giving the most extensive information and post S2 the least.

When reviewing the 'resources' detailed in the job descriptions, we monitored what information was included and questioned whether the provision would be considered adequate against the criteria outlined by the Royal College of Psychiatrists. Post M2 job description gives the most extensive information closely followed by that of post M1, and they are also the best at meeting the College criteria, with post M1 having more of an emphasis on controlled resources and post M2 more on team members. The job description for post N is detailed but the outlined provision rarely meets the Royal College of Psychiatrist's criteria. The resources associated with post S1, and to a lesser extent post S2, are vaguely defined in the job descriptions such that it is difficult to make a meaningful assessment of them.

The amount of information in the job descriptions concerning 'relationships' also varies considerably. Although all give some indication of 'lateral' relationships with colleagues, the extent of information concerning managerial and other relationships

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Table 1. Job description information

	Job Description				
Information	**Post S1**	**Post S2**	**Post M1**	**Post M2**	**Post N**
Responsibilities					
catchment area	unclear	yes	yes	yes	yes
age cut-off	yes	no	yes	yes	yes
comprehensivity	yes	unclear	yes	yes	yes
pre-senile service	no	no	yes	no	no
transitional arrangements					
—service	no	no	yes	no	no
—individual	no	no	yes	no	no
Resources					
Team					
Secretary	inadequate	inadequate	inadequate	inadequate	inadequate
CPN	inadequate	yes	unclear	yes	inadequate
OT	unclear	inadequate	inadequate	yes	inadequate
Physiotherapy	unclear	no	inadequate	no	inadequate
Psychology	unclear	no	inadequate	yes	inadequate
Beds					
acute/functional	unclear	unclear	yes	yes	yes
acute/organic	unclear	unclear	yes	inadequate	inadequate
respite	unclear	unclear	yes	inadequate	inadequate
long-stay	unclear	unclear	yes	inadequate	yes
Day-hospital places	unclear	unclear	yes	inadequate	yes
Out-patients facilities	yes	yes	yes	yes	yes
Team base offices	yes	yes	yes	yes	unclear
Social services provision	no	no	yes	yes	no
Voluntary provision	no	no	no	yes	no
Private provision	no	no	no	yes	no
Relationships	poor	average	average	good	average

'no' – information absent from job description
'yes' – information included and satisfies College guidelines
'inadequate' – information included but provision below College guidelines

varied with the job description of post M2, being the strongest in this area, that of post S1, the weakest.

Comment

For candidates who have no prior knowledge of the local services and no undue personal preferences or bias, the job description acts as the initial basis for the decision of whether or not to make further enquiries and apply for the post. As such it is not unreasonable to expect the job description to be clearly written and comprehensively detailed, even if the resource provision associated with the post has some deficiencies. Our results are generally disappointing both in terms of the clarity and content of the job descriptions, and in terms of the adequacy of the services outlined relative to the Royal College of Psychiatrists' guidelines. Post M1 provides the job description which is clearest, most comprehensive, and with the highest level of service provision matching the College guidelines, albeit mostly in terms of numbers of beds.

In the context of the NHS reforms and the review of specialist training there are concerns about the consequent emergence of a subconsultant grade (Brearley, 1992). A sceptical interpretation of this audit's findings might be that, beyond the question of consultants' pay and conditions of service, employers may be tempted to generally under-resource service developments. Equally, concerns about the pattern of investment in service development pre-date current reforms and reviews, and the findings of this audit may simply reflect the low priority employers generally give to the composition and layout of consultant job descriptions.

We conclude that among other considerations to optimise the number and quality of applicants for consultant posts in psychiatry of old age and to improve the process of their appointment, employers

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should endeavour to provide job descriptions which contain clearly written and comprehensively detailed information. Employers may also wish to reflect on the detailed provision of resources associated with the post relative to the recommendations of the Royal College of Psychiatrists, and the influence that this may have on potential applicants. The Royal College of Psychiatrists through the network of regional advisors may possibly develop a broader role in such issues as a means of monitoring and sustaining quality standards in the appointment of appropriately trained doctors to adequately resourced consultant posts.

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EDUCATION

The administration of general professional training schemes in psychiatry: a three year review

J. L. Herzberg and J. P. Watson

We have previously reported on the formation of a large regional registrar scheme covering 11 health districts in the South Thames region (Herzberg & Watson, 1991) and highlighted educational principles which we considered important for registrar training. The purpose of the present paper is to review those principles in the light of experience to date in running senior house officer (SHO) and registrar training schemes.

The educational needs of trainees are at all times of paramount importance

There is little doubt that the profile of in-patient services in inner cities has changed dramatically over the last ten years. There are fewer beds and the admission threshold is higher, length of stay shorter, and turnover greater. Patients are frequently behaviourally disturbed and present continuing management problems. The milieu may be overshadowed by matters pertaining to the management and prevention of disturbed and violent behaviour and may be understandably aversive for new trainees. The opportunities for relatively leisurely clerking, supervised formulation and informed discussion about patients, which were among the reasons for starting psychiatry with ward-based work, are relatively few. The College may need to reconsider these issues in conjunction with its guidance that in-patient general psychiatry

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