PROVIDING A DISTRICT SERVICE FOR GENERAL PSYCHIATRY, ITS SPECIAL INTERESTS AND RELATED SPECIALTIES: MEDICAL MANPOWER PRIORITIES

Purpose of this paper

1. This paper considers the possible longer-term consultant manpower requirements in England and Wales for general or 'mainstream' psychiatry, its special interests, the psychiatry of old age and the dependencies, as well as for the specialties of psychotherapy and forensic psychiatry. It is based on papers prepared by the College (see References) and discussions with the Department of Health and Social Security. Consideration is also given to the training implications of these consultant manpower requirements. It discusses the possibility for growth in the special interests and specialties in the context of the number of consultants in adult psychiatry likely to be available. The psychiatric specialties of child psychiatry and mental handicap are not considered.

Consultant manpower trends

2. The average increase in consultant whole-time equivalents (WTE) in NHS psychiatric posts over the five years 1972–76 was 4·7 per cent per annum (compared with an average of 3·3 per cent for all specialties). The WTE and numbers of people in post in the last five years for which figures are available are shown in Table I.

3. The Department has already said (para 9.4 of White Paper *Better Services for the Mentally Ill*) that its aim is for a level of 1 whole-time equivalent consultant for 40,000 people—5 for a Health District of 200,000. In present circumstances it is not possible to forecast when that level would be achieved, but the College would be disappointed if the proposed target date of the early 1980s could not be met. From this total manpower pool, provision must be made for general psychiatric services together with the specialties and special interests specified in paragraph 1, and a balance must be struck between these.

The College's suggestions for providing a District service for adult psychiatry

4. The following table has been prepared from College memoranda which recommend manpower needs for the various specialties and special interests and for general psychiatry (column 2), and the College's suggestions of how an interim lesser provision might be distributed (column 1). It presents the overall implications of these individual recommendations, but is merely illustrative of what pattern

TABLE II

Special interest	No of sessions per week per 200,000 population (average district)	
	Column 1 Immediate needs	Column 2 Long-term goals
Forensic Psychiatry	2	5*
Psychotherapy	5	11
Dependences		
i. Drugs	1	1
ii. Alcohol	3	3
Psychiatry of Old Age	11	11†
General Psychiatry	33	57
	55	88

* Includes allowance for Special Hospitals of 1·5 sessions.

† The College Council noted and accepted a caveat by the Group for the Psychiatry of Old Age that in the future, with the increase in the number of the very old, the ratio between Old Age Psychiatry and General Psychiatry would need to be held constant or even increased. This would mean a long term goal (Column 2) of 17 or more sessions for the Psychiatry of Old Age with a corresponding decrease in General Psychiatry sessions.

TABLE I

General Psychiatry, including Psychotherapy and Forensic Psychiatry: Staff in Post—England and Wales

	1972	1973	1974	1975	1976	Average annual growth rate
WTE	775 (737)	839 (795)	885 (839)	910 (861)	975 (922)	4·7%
People	873 (832)	937 (891)	986 (937)	1,013 (961)	1,084 (1,028)	4·4%

(England only in parentheses.)
The number of posts without a permanent holder was 52 at 30/9/76.

https://doi.org/10.1192/pb.1.6.5 Published online by Cambridge University Press

of service may be set up in an 'average' District. In practice some of the special interests may be catered for from a larger base than the District, and the machinery for this would need to be be developed.

Is the balance right?

5. It will be seen that the total long-term goals suggested by the College exceed the Department's long-term manpower aims. The College believes a good case can be made out for the size and balance set out in column 2 of the Table, and the Department is continuing to review its longer-term policy. However, if there is more immediately to be a maximum of 5 WTE psychiatrists to a District of 200,000 people, serious consideration needs to be given to the balance between general psychiatry and its special interests. At present the national average of general psychiatrists is about 1 per 50,000 i.e. about 44 sessions or 4 WTE per week for a District of 200,000. It is estimated that about 33 of these sessions (3·0 WTE) are used for general psychiatry, and it is important that an expansion in other areas should not lead to a reduction of manpower for general mainstream work. Whilst the College's recommendations might simply be scaled down proportionately to fit in with the likely manpower availability, there are objections to this. Some recommended establishments were based on an intention to develop a new service, and others require so few sessions that a further reduction might completely eliminate any effective presence. At the same time, immediate practical needs suggest that priority should be given to certain special interests, for example the psychiatry of old age and alcohol dependence.

6. It is against this background that the Department and the College need to continue to give special consideration to the desirable rate and extent of developments in the special interests. The Department has, however, not completed consideration of the 'Immediate Needs' and 'Long-Term Goals' set out by the College.

Consultant cover for the specialties and special interests in a District

7. It has been argued that it may be undesirably rigid to designate particular posts, either whole- or part-time, as special interest posts. But there may be a danger that without specific allocations of consultant time for the special interests there may be insufficient impetus towards building up District services for them. Also, some of the specialties and special interests present particular problems. Whilst this paper has generally considered the needs of a population of 200,000, the planning and development of specialized forensic psychiatric services will generally be related to populations of over 1 million, and this service will be based on Teaching Districts and Secure Units as well as providing some sessions at District level. There are also special problems in estimating the provisions for psychotherapy. It is not only a treatment for a variety of neurotic disorders; the work of consultant psychotherapists includes the supervision and training of general psychiatrists and of the other special interests and specialties. In the case of dependencies, District posts (as opposed to posts in special units) are unlikely to involve full-time specialization. Instead, the pattern will tend to be one of a general psychiatrist, preferably with pre- or post-consultant grade experience in the special interest, devoting a proportion of his time to that interest while maintaining an active role in general psychiatry.

8. A District service for psychiatry should provide as far as possible elements of these specialized psychiatric services, and it is therefore important that in making appointments account should be taken of the experience and interest of consultants in order to provide coverage for them. The departure of a consultant who has been dealing with, for instance, the dependences may require a successor who has special experience and is prepared to give time to this field. On the other hand it might be possible to rearrange the work of the remaining consultants depending on their experience and interests, in such a way as to allow the vacancy to be filled by a purely general psychiatrist. For example, it may be that one of the remaining consultants would be prepared to gain experience of dependence problems by secondment to a special unit with a view to returning to cover this field in his District. It seems best to encourage local flexibility in order to decide how the right balance of services should be achieved so that the special interests are properly covered. The guidance of the appropriate Division of Psychiatry should be sought on these matters.

Training implications

9. In order to plan for the growth of special interests and specialties, it may be necessary to examine the balance of training in existing posts. It should of course be borne in mind that there will be a delay of some years between instituting a new training programme for senior registrars and the appointment of new consultants who have been through this training programme. The educational aspects of senior registrar training posts are the concern of the Joint Committee on Higher Psychiatric Training (JCHPT). This matter should be referred to the JCHPT to allow them to devise appropriate training programmes.

https://doi.org/10.1192/pb.1.6.5 Published online by Cambridge University Press

Priorities

10. Although the national average of consultants to population is now about 1:50,000, in some Districts the initial standard of 1:60,000 has not yet been reached. It is suggested that priority be given for new posts in these Districts to bring them up to this minimum standard before developing the specialized aspects (this will usually mean more general psychiatrists). After this step developments might be on a *pro rata* basis in line with the distribution ultimately envisaged, except where special needs arise locally. Demand for new consultant posts is likely to exceed supply in the near future, making it difficult to strike the right balance between general psychiatry and the special interests, and there would appear to be a need for regular reviews which might take place at the annual meetings on manpower between the Department and the College. It should be emphasized that the pattern of service envisaged in Table II stems from the College's perception of need, and could only be achieved progressively.

11. It is for Health Authorities to decide the local priorities for consultant posts to be filled. It is hoped that this paper will serve as a background to their planning of psychiatric services.

References

1. 'Norms' for Medical Staffing of a Forensic Psychiatry Service within the National Health Service in England and Wales. *British Journal of Psychiatry*, Supplement, *News and Notes*, June 1975, 5.
2. 'Norms' for Medical Staffing of a Psychogeriatric Service for a Population of 200,000. *Ibid*, July 1975, 3.
3. 'Norms' for Medical Staffing of a Psychotherapy Service for a Population of 200,000. *Ibid*, October 1975, 4.
4. Memorandum on Manpower Requirements for Psychiatrists Specializing in Alcoholism and Drug Dependence. *Ibid*, April 1976, 5.
5. *Better Services for the Mentally Ill*. HMSO, 1975, Cmnd 6233.

ELECTION OF FELLOWS

The following Members have been elected to the Fellowship:

M. A. Aref, T. H. D. Arie, G. M. A. (El) Azayem, J. A. Baldwin, J. M. Berg, P. J. V. Beumont, J. K. Binns, D. I. Brough, W. Brough, T. Buchan, M. D. Cashman, S. B. Chatterjee, L. J. Clein, Vivienne Cohen, A. B. Cooper, H. J. Crow, N. E. Crumpton, J. Dominian, G. A. Dransfield, Constance May Duddle, M. R. Eastwood, M. F. El-Islam, Mary Jenny Lake Ellis, R. Emery, R. Gaind, D. R. Gander, D. H. Gath, A. C. Gibson, J. S. Grimshaw, Clair Gurney, K. Hamadah, H. H. A. Ibrahim, N. W. Imlah, G. A. Ives, D. L. Julier, S. Levine, H. A. Lyons, P. D. McCarthy, M. McCulloch, P. R. McHugh, M. Maha Devan, P. G. Mellett, Sarada Menon, A. G. Mezey, R. H. S. Mindham, H. G. Morgan, S. T. Morton, D. N. Nandi, W. J. Nicholson, E. S. Paykel, I. Pilowsky, I. Rifaat, J. T. Rose, P. K. Roy, I. Sakinofsky, N. Sartorius, A. V. Shah, J. Steinert, D. A. Stephens, G. S. Stirling, G. Stroh, H. S. Subrahmanyam, E. L. Sutherland, J. S. Teja, V. H. Tompkins, A. Villeneuve, H. de B. Warren, J. P. Watson, J. G. Weir, W. A. Weston and C. K. L. Yiptong.

https://doi.org/10.1192/pb.1.6.5 Published online by Cambridge University Press