

# THE BULLETIN

## OF THE

# ROYAL COLLEGE OF PSYCHIATRISTS

### COLLEGE NEWS

#### MEDICAL MANPOWER REQUIREMENTS OF TEACHING HOSPITALS (ADULT PSYCHIATRY)

Two documents on this subject have been submitted for publication in the *Bulletin*. Document 1 is a statement of the circumstances which led to the setting up of a joint Working Party to consider these special requirements, and of the policy subsequently adopted by the College. Document 2 is the report of a survey conducted on behalf of the Working Party. It was found that there was some overlap between

the two documents, and for this reason and for the convenience of readers some changes have been made in the presentation of their contents; in particular, some of the introductory passages of Document 2 have been transferred to Document 1, and for some passages which occur in both documents the reader is referred to Document 2.

#### 1. THE COLLEGE DOCUMENT

In their publication *Better Services for the Mentally Ill* (1975) the Department of Health and Social Security included a section on Medical Manpower and stated that the long-term aim for general psychiatry in England and Wales was a ratio of

one whole-time equivalent consultant per 40,000 population, or five consultants for a District with a population of 200,000. 'General psychiatry' was meant to include the 'special interests' of forensic psychiatry, psychotherapy, the psychiatry of old

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age, drug dependence and alcoholism. The same ratio was also mentioned in a DHSS paper entitled *Manpower Priorities of Special Interests in General Psychiatry* (1975).

However, in the College's Document *Providing a District Service for General Psychiatry, its Special Interests and Related Specialties: Medical Manpower Priorities*, published in the *Bulletin*, December 1977, recommendations were made for long-term goals exceeding the DHSS's, and amounting to one whole-time equivalent consultant per 25,000 population. The Document included the following Table setting out the College's views as to how consultant sessions might be used in an 'average' District in the immediate future, and the College's long-term recommendations:

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	17
General Psychiatry	33	51
	55	88

\* Includes allowance for Special Hospitals of 1.5 sessions.

In the DHSS's 1975 *Manpower Priorities* paper, it was suggested that there might be a case for a higher consultant to population ratio in 'Teaching Districts', and in subsequent preparatory discussions

the Department recorded the view that bids from such Districts would be likely to be accepted in excess of those strictly allowed nationally. The Department, however, drew attention to the practical problems involved.

In the circumstances it was agreed that these problems should be considered by a joint Working Party of the College and the Association of University Teachers of Psychiatry (AUTP). The Report of a survey presented to this Working Party is appended as Document 2.

Further discussions were held between the two bodies, and the following recommendations were agreed upon:

1. In Teaching Hospitals the College's long-term aim should be accepted as an interim goal. Where the Teaching Hospital provides comprehensive services for its District there should be one whole-time equivalent consultant per 25,000 population for general patient care, i.e. 1.6 times that for District services elsewhere. Where the Teaching Hospital does not provide a comprehensive service but special facilities are available, bids for consultant posts should be presented in terms of work load multiplied by a factor of 1.6 for comparison with an 'average' District.

2. As the longer-term goal to be achieved in association with those for 'average' Districts (Table, Column 2), Teaching Hospitals should have an establishment of one whole-time equivalent consultant per 16,000 population. (This recommendation is made on the basis of current experience in providing a satisfactory clinical service for teaching and research, and is in keeping with the findings of the Working Party.)

3. It is for the Area (Teaching) Health Authorities to decide the local priorities for consultant posts to be filled.

It is hoped that this Document will serve as a background for the future planning of psychiatric services in the Teaching Health Areas.

## 2. REPORT TO THE WORKING PARTY\*

By Gerald Russell, Kenneth Granville-Grossman and Sydney Brandon

The Working Party was set up to consider the question posed by the DHSS as to whether there should be a 'teaching increment' to the consultant target, i.e. should Districts with special teaching responsibilities have more consultants than similar 'non-teaching' Districts?

The relevant arguments were stated as follows in the DHSS *Manpower Priorities* Document (1975):

'13. The arguments for a higher consultant to population ratio in Districts with special teaching responsibilities are that:

- (i) consultants in teaching hospitals have less time to devote to direct patient care,
- (ii) a teaching hospital accepts referrals,

\* Based on a survey conducted in September 1976.