



# the college

## **Consultants as Partners in Care: The Roles and Responsibilities of Consultant Psychiatrists in the Planning and Provision of Mental Health Services for People Suffering from Severe Mental Illness**

Council Report CR96  
£7.50. 56 pp.

The report was written by a working party of the Royal College of Psychiatrists to describe the roles and responsibilities of general adult consultant psychiatrists in the planning and provision of mental health services for adults with severe mental illness.

In this report the range of roles and responsibilities of general adult consultant psychiatrists is described in terms of two concepts: 'arenas' and 'wedges'. The arenas are the fields of operation that need to be covered between any group of consultants in a trust. While some core skills are essential for all consultants, others are important to be undertaken by at least one consultant within the local trust. This leads to the idea of a wedge, which shows the range of competences that can be applied within these arenas.

In this perspective, general adult consultant psychiatrists can see the range of their possible roles and responsibilities in terms of a number of so called arenas and wedges.

The arenas cover consultant level responsibilities; individual level responsibilities; family and carers; clinical teams; employing organisations; local arenas; and national/regional arenas.

The wedges apply to clinical treatment; clinical management; education and training; operational management; research, audit, evidence-based medicine and clinical governance; joint working; and leadership.

The report sets out under each of these headings the core skills to be expected of general adult consultant psychiatrists and the desirable skills with which they may enhance their clinical effectiveness.

The report concludes that consultant psychiatrists can be actively engaged across the range of arenas, from treating individual service users through to influencing regional and national policies. They can exercise their knowledge and skills in direct therapeutic work, or more indirect managerial or research capacities. It is this range of choice that can provide

the consultant with a rich range of options to combine into a stimulating post at any one time, and into an evolving and satisfying career over the years. It is also this multiplicity of working roles and responsibilities that can combine into an unrealistic and unsustainable burden for individual practitioners. This document aims to clarify the range of these roles, to distinguish those that are required from those that are optional, and to support consultant psychiatrists to offer their best possible service to people with severe mental health problems.

## **The Roles and Responsibilities of a Consultant in Adult Psychiatry**

Council Report CR94  
£5.00. 28 pp.

In the past two decades there have been great changes in the roles expected of adult psychiatrists, often associated with a perceived reduction in resources. Coupled with the culture of blame and criticism, this has almost certainly contributed to the high rates of early retirement, relatively poor recruitment and consequent high vacancy rates at consultant level in this speciality.

Adult psychiatrists have complained of lack of clarity regarding their roles and responsibilities in the new NHS. In response to this, the Faculty of General and Community Psychiatry has compiled this document. An updated version will appear in 2004. It consists of an introductory paper with five appendices.

The body of the paper gives an overview of the clinical and non-clinical roles of the consultant in adult psychiatry. It sets out those features of training and expertise that distinguish the adult psychiatrist from non-medical members of the multi-disciplinary team and from medical colleagues in other psychiatric specialities. It proposes a change in the name of the faculty to the Faculty of Adult Psychiatry.

There is a brief description of training requirements, necessary skills and resource allocation. The problem of recruitment and retention, particularly at consultant level, is recognised, as are the boundary issues with other psychiatric specialities.

Appendix one is a summary of the College's report on community care.

Appendix two contains the revised model job description for a consultant in adult psychiatry. This is the College's statement about the appropriate job size for one consultant and the resources that should be available. The recommended provision is index-linked to local deprivation. Assumptions are spelt out about the provision of services in other specialities (rehabilitation, liaison and substance misuse) and age group sub-specialities (eating disorders, postnatal, intensive care, dual diagnosis, early onset psychosis, assertive outreach, court diversion, crisis resolution/home treatment and neuropsychiatry). It is made clear that where these are not provided there is a corresponding need for increased numbers of sector consultants.

Appendix three deals with the interface between adult psychiatry and the other psychiatric specialities. It sets out the issues relating to the service interfaces with the other age groups (child and adolescent, old age) and specialist need groups (forensic, learning disabilities, substance misuse and psychotherapy).

Appendix four sets out the further work to be undertaken within the faculty and in its relationships with branches of medicine inside and outside the College.

Finally, appendix five deals briefly with adult academic psychiatry.

## **The Royal College of Psychiatrists Winter Business Meeting 2002**

The Winter Business Meeting of Council was held at the Royal College of Psychiatrists on 5 February 2002. Thirty-three Members of the College were present.

## **Minutes**

The Minutes of the Winter Business Meeting held at the Royal College of Psychiatrists on 6 February 2001 were approved as a correct record.

## **Election of Honorary Fellows**

The following were elected to the Honorary Fellowship:

Professor David A. Alexander  
Professor Sir David Goldberg  
Professor Kevin Gournay  
Professor Assen V. Jablensky  
Dr Rosemary MacDonald.