



editorial

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The new job plan is a flexible friend

We cannot change mental health services in the way that many of us want unless we have a skilled and motivated workforce whose morale is high. We need to attract good people into the professions, then give them jobs that match their skill and the job satisfaction that encourages them to stay.

The study by Mears *et al* (2004, this issue) shows that, in the case of psychiatrists, we have not yet reached that point. Early retirement is a tempting option for too many who want to escape the daily administrative and clinical pressures. Although some want to sell their skills back to their service after retirement, it seems that when this happens they are looking for a job plan that is stripped of its more tiresome elements.

The study is part of a series that the Department of Health has funded the College Research Unit to carry out. The others have been on the retention of senior house officers (why do so many leave?) and on the workload pressures of psychiatrists (what, apart from workload itself, makes people feel overworked?). The findings are being fed into an action plan on the psychiatry workforce that starts with the recruitment of medical students into mental health and runs the length of the psychiatrist's career pathway as far as retirement. The plan is the joint work of the Department of Health and the Royal College of Psychiatrists – at the time of writing, it is awaiting official endorsement at Belgrave Square. Most of the measures are inevitably long-term, but two are intended to have a rapid impact: international recruitment and the retention of retiring consultants.

The key word is flexibility. Consultants who are thinking of retiring early need a job plan that will make

them think again. It needs to be flexible enough to give them a new clinical role or perhaps some other role, that is sufficiently fulfilling to keep them in the job, one that is not weighed down by the factors that Mears *et al* have uncovered. Sitting down to discuss the flexible job plan should be routine for all employing trusts and their senior staff.

Not that flexibility should be confined to retiring doctors. It should equally be the watchword of psychiatrists returning to work after a career break or a period at home with a young family, or going part-time for any reason. It is the essence of the initiative on new ways of working for consultant psychiatrists, a pilot project that aims to redefine the role of the psychiatrist in a modern service – also a piece of work that the Department of Health and the College jointly sponsor. It is at the heart of career development and appraisal for all psychiatrists, however near or far retirement may be.

In the end, it does not make sense to lose people from the service who can contribute considerable skill – we simply cannot afford to be so careless of such a valuable resource.

Reference

MEARS, A., KENDALL, T., KATONA, C., *et al* (2004) Retirement intentions of older consultant psychiatrists. *Psychiatric Bulletin*, 28, 130–132.

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More information on flexible careers and flexible retirement can be found at <http://www.doh.gov.uk/pdfs/rrstaff.pdf> and <http://www.doh.gov.uk/iwl/doctorsguide.pdf>.