

The Short Report and Its Implications

FIONA CALDICOTT, Chairman, Manpower Committee

Members of the College will know that in the 1980–81 Parliamentary Session the Social Services Committee, chaired by Mrs Renée Short, examined the problem of achieving for hospital medical staff a proper balance between the number of doctors in training and the number in the career grades. In February 1982 the Government published its response to that Report as a White Paper, and stated its intent of seeking early discussion with the responsible bodies, which include the College, to promote action.

The Executive and Finance Committee considered this document and decided to convene a Special Committee which was to submit its report to Council at its meeting in June 1982. I was a member of that Committee and would like to outline in this article the more important manpower implications for our psychiatric specialties of the Short Report and the Government's response to it.

It is recommended that a much higher proportion of patient care should be provided by fully trained medical staff than at present. This will involve an increased number of consultant posts to meet service needs; DHSS ministers have suggested targets of doubling the number of consultants over the next 15 years, and a reversal of the present ratio of 1 consultant to 1.8 junior staff to 1.8 consultant to 1 junior over the same period. That such targets have financial implications is obvious, and it is difficult to accept that doubling consultant numbers across all specialties and in all regions would be appropriate—but what are the implications in relation to College norms?

At 30 September 1981 there were 1,211 consultant posts in adult mental illness, although 109 of these were vacant. They provide 2.27 whole-time equivalent (wte) per 100,000 population; or about 1 per 41,000 population. The College's long-term aim (*Bulletin*, December 1977, 5–7) is 1 whole-time equivalent per 25,000 population, though *Better Services for the Mentally Ill* (DHSS, 1975) gave 1 wte per 40,000 as a long-term aim.

If doubling of our present complement of posts occurred we would exceed both the College and the Department's long-term aims (to 1 wte per 22,000 population). It should be

acknowledged that some regions have much better staffing levels than others, relative to the national rate, ranging at 30 September 1981 from –9.8 wte to +14.5 wte; presumably more expansion would occur in the 'poorer' regions.

It can be seen from Table I that doubling the number of consultant posts and filling them would still leave the specialties of psychotherapy and forensic psychiatry behind target, but mental illness (adult), child and adolescent psychiatry and mental handicap would overtake the College's stated targets.

The Government's suggested doubling of consultants should perhaps now be compared with the recent Central Committee for Hospital Medical Services (CCHMS) proposals (*BMJ*, 1982, 284, 1575) for medicine, surgery and obstetrics and gynaecology, that an appropriate interim target would be the number of consultants currently in post plus the number (including honorary contracts) which each district would request if no financial or other impediments applied—subject to the capacity to absorb them without significant capital development apart from any likely to come into use within five years. This proposal has been accepted by the Senior Hospital Staffs Conference of the British Medical Association (*BMJ*, 1982, 285, 73).

The only psychiatric specialty where consultant expansion is currently limited by the latest manpower guidelines (DHSS, March 1982) is mental handicap. It is anticipated that there will be sufficient trained candidates to meet demands for new consultant posts in mental illness (adult), child and adolescent psychiatry, psychotherapy and forensic psychiatry.

The second but linked recommendation is a decrease in the number of junior doctors in most hospitals and most specialties. In the College's view none of the psychiatric specialties have sufficient senior registrars in training to supply adequately trained doctors for a doubled consultant establishment over 15 years. The number of senior registrars in the career ladder should be approximately a fifth to a sixth of numbers in the consultant grade. Two of our specialties are considered in Table II.

TABLE I

	Consultant establishment in wte at 30.9.81	wte vacant	Service provided	College's target	Effect of doubling consultant establishment
Mental illness (adult)	1118	101	1/44,000	1/25,000	1/22,000
Child and adolescent	329	51	1/150,000	1/133,000	1/75,000
Psychotherapy	53	5	1/930,000	1/200,000	1/460,000
Forensic	19	5	1/2,600,000	1/400,000	1/1,300,000
Mental handicap	189	36	1/261,000	1/200,000	1/130,000

TABLE II

	Present ratio— Consultants : Senior registrars		Expanded consultant pool
Mental illness (adult)	1,102 : 300 11 vacant	enough for	1,500–1,800
Child and adolescent psychiatry	312 : 84 10 vacant	enough for	420–504

We have barely enough senior registrars with three years' training in the grade to replace consultants retiring at 60 years plus and fill existing vacancies, so expansion and retirements at 55 to 60 years will draw on a pool of senior registrars who have only been in the grade for two years and are inadequately trained for promotion. This also applies to child and adolescent psychiatry.

We certainly need to ensure that all our existing senior registrar posts offer good enough training to attract candidates and probably will need expansion of the grade with some posts on a one-holder basis to provide for much expansion at consultant level. Reduction does not appear appropriate. Effective monitoring of any post deemed unsuitable for training is essential. If the JCHPT withdraws approval, there should be machinery to ensure that service to patients does not suffer and the post is not lost unless superfluous.

Looking at the registrar grade, much of the profession is agreed that a trainee satisfactorily completing training at that level should have a reasonable chance of obtaining a senior registrar post, and here perhaps psychiatry differs most from the 'popular' specialties. (The proposed ratio is 1:1 with a factor of 10 to 15 per cent of registrar posts on top for wastage.) Although we share the numerical problem of a great excess of registrar posts, e.g. mental illness (adult) at 30 September 1981, 300 senior registrar posts to 730 registrar posts—other examples:

	Senior registrars
Mental handicap	20:41
Child and adolescent psychiatry	84:25
Forensic psychiatry	9:3
Psychotherapy	22:6

—many of the latter do not really provide satisfactory training for the MRCPsych examination and progress towards a career post, but are meeting the service needs of patients in settings where these should be met by appropriately constituted teams of consultants, associate specialists, clinical assistants and hospital practitioners.

The College has a responsibility to withdraw educational approval from situations which do not merit it, and could possibly do this more efficiently if posts were approved rather than rotational schemes.

Again, if expansion of consultant posts is to occur, any

reduction of registrar numbers will need to be closely monitored, and perhaps all posts which do provide good training should be maintained while unsatisfactory ones are closed or converted to other grades. Registrar posts in the specialties (135 at present) other than mental illness (adult) should perhaps come into rotations, if they are not already in them, so that more psychiatric trainees can be offered exposure to all branches of our specialty.

In relation to both expansion of the consultant grade, and any appropriate reduction in the junior grades, the Collegiate Trainees Committee make the important point that this change in how the service to patients is provided has important implications for the training of future consultants. More of them may in future work without junior staff but with associate specialist colleagues and/or clinical assistants and hospital practitioners. However, the clinical commitment for each consultant should be reduced (in terms of numbers of patients). For instance, continuing education for consultants may need more attention than it has received hitherto.

The College supports the SHO grade coming within manpower control but feels that some flexibility should be retained between districts and specialties. It does not think that general professional training before starting a career in a chosen specialty should be mandatory, and thinks that the creation of some rotational opportunities in other fields, e.g. paediatrics, general practice and medicine, would be desirable.

Recommendation 3 in the Government's White Paper concerns the existence of a sub-consultant grade which the profession opposes.

Our specialty relies more heavily on associate specialists and clinical assistants than do others and any necessary movement at registrar level from providing service towards obtaining training, and certainly any reduction in posts, would increase our need for such personnel. However, an increased establishment of consultants should lead to rationalization of service provision at district level. It has after all been proposed in order to improve standards in the service given to patients.

Obviously a review of all grades is necessary as the career structure is modified, including clinical assistants, and the College supports the appointment of associate specialists on a personal basis. Both these grades currently contribute substantially to the provision of care for chronic patients in

many psychiatric hospitals. Many associate specialists in psychiatry have completed appropriate training and moved to consultant posts. This possibility should persist as the recommendations suggest. (However, applications for new associate specialist posts at the Central Manpower Committee usually provoke the question: 'Is a new consultant post more appropriate?', often from representatives of the HJSC.)

The College does not oppose the appointment of hospital practitioners (GPs) to the psychiatric service, but is not convinced that this will provide a substantial component.

Rejection of the idea of two consultant grades has been supported by the College, but we have drawn attention to the different patterns of work between consultants and also the probable variation in the range of duties appropriate between initial appointment and retirement. This is partially recognized in our specialty by the possibility of retirement at age 55.

The College has expressed reservations about the proposal to have 'wider experimentation' in doctor-substitution and multidisciplinary teams, particularly in the 'caring specialties'. Some work in psychiatric services can appropriately be carried out by other professionals, but demand for additional in-put from nurses, social workers, psychologists and occupational therapists should not derive from unsatisfactory medical manpower levels or unsuitable medical appointments.

Multidisciplinary teams have provided an inadequate service to patients in some situations and the Government's ready acceptance of this concept gives rise to anxiety amongst psychiatrists.

We accept wholeheartedly the recommendation that central and local manpower planning should deal with both hospital and family practice medical staff in an integrated fashion. The difficulty in ascertaining appropriate levels for SHO posts illustrates the essential aspect of this proposal. Better data collecting systems at regional level would be a great assistance.

The Government's recommendation that target figures (4,080 in Great Britain) for medical school intake should not be altered at present, is linked to the statement that 'steps

must be taken to rectify the career imbalance if unemployment amongst doctors is not to become a problem.'

Hopefully, adjustment of imbalance in the 'popular specialties' will allow a better chance of recruitment to specialties such as our own, and the CCHMS's recent document on manpower (*BMJ*, 1982, **284**, 1575) acknowledges this.

Academic departments require a more generous level of staffing especially to provide opportunity for research appointments. The College is therefore reluctant to agree that academic posts should be subject to the same manpower controls as NHS posts. In particular, ours is a relatively young academic discipline with relatively few honorary posts (therefore providing little distortion of the career ladder). Precise numerical ratios cannot be achieved and perhaps this is an area where some flexibility can exist. It is felt that academic departments should be free to offer appointments to doctors who wish to do research, and the possibility of their being given NHS contracts should remain.

The movement in manpower committees to a vertical look at each specialty is to be welcomed although the gross variation in staffing levels between districts and regions makes the applicability of certain exercises, e.g. 'doubling', questionable.

There is particular anxiety about the financial implications of the Short Report and the Government's recommendations on it, the time-scale of proposed changes in career structure and alterations in the nature of consultant work. All of these are being widely discussed amongst the profession and I trust that psychiatrists are participating fully.

Finally, over the last 12 months I have made several appeals to College members to provide detailed information about local manpower problems—representatives can only carry out their role effectively if properly briefed. Changes are being negotiated. We should, therefore, influence their nature both for our patients' sakes and our own. To end on a positive note, I should like to remind members that if an increase in establishment is necessary at district or regional level to improve service, the most likely grade to get manpower approval is that of consultant.

Election of Fellows

Fellows are reminded that nominations for the 1983 elections should be submitted to the College by **30 September 1982**. (Nominations received after the closing date will be deemed to be nominations for the succeeding

year.)

Copies of proposal and curriculum vitae forms are available on application from the Education Officer at the College.