

Glenn McKee  
Joint Committee on the Draft Mental Health Bill  
Scrutiny Unit  
House of Commons  
London SW1A 0PW

Monday 1<sup>st</sup> November 2004

Dear Mr McKee,

As requested, please find below an answer to the Resource Issues question, which we did not have time to answer at the evidence session on Wednesday 27<sup>th</sup> October.

**10. One of the areas this Committee has to address is the resources that will be required to implement this draft Bill. Your written evidence points to a severe shortage in consultant psychiatrists. What detailed assessment have you made of the level of additional resources that would be necessary to implement this legislation, and how long would it take to have suitably qualified staff in place to operate the legislation fully?**

**BACKGROUND:**

The workforce demands of the Bill must be seen in the light of the current significant shortfall in the number of Consultant Psychiatrists in England and Wales. The latest census figures, 2002, are 388 out of 3249 consultant posts in England (372 out of 3187 in 2001) and 24 out of 180 consultant posts (14 out of 165 in 2001) in Wales. There are considerable regional differences in vacancy rates. A further census is about to be undertaken and the figures will be sent to the Committee when they are available. Currently there are also vacancies within the training posts. Even should all training posts be filled it is uncertain that this would produce sufficient Consultant Psychiatrists to make up the current deficit, taking account of the increase in Consultant posts and retirements and the fact that some trainees do not wish to undertake the arduous and responsible role of Consultant.

It will be noted that over the year 2001 to 2002 the vacancy rate increased despite an increase in number of Consultants in post (45 in England, 5 in Wales). This is because of the necessary expansion in posts needed to service the requirements of the National Service Frameworks. The European Court judgement in 'Bournewood' and the Mental Capacity Bill, when it becomes law, are both likely to make significant demands on Consultant Psychiatrists' time.

There are two further relevant factors. Many medical members of the Mental Health Review Tribunal and the Second Opinion Appointed Doctors (SOAD) panel are retired from clinical practice. Until recently doctors could continue working until the age of seventy (and beyond in private practice) without having to provide evidence of the quality of their work or of continuing professional development. Starting this year all doctors will be required to provide considerable evidence of fitness to practice in order for the General Medical Council to issue a licence to continue to practice. This process of revalidation will be required every five years. The impact of these changes on the

continuing availability of doctors, who are otherwise retired, is not known. It is likely to be significant. Secondly, locum Consultants (some of whom are not qualified to be appointed as substantive consultant) currently fill a number of posts. The numbers are not known to us.

The Department of Health and Royal College of Psychiatrists are working closely on issues of recruitment and retention of psychiatrists. All possible avenues are already being utilised, including recruitment from overseas.

We have evidence from a survey of College members that if the current proposals became law this may damage both recruitment and retention of psychiatrists.

### **DIRECT IMPACT ON WORKLOAD OF THE PROVISIONS OF THE BILL:**

A working group, including membership from the College, NHS Confederation and Department of Health was established to try and undertake a mapping exercise. This led to the Department producing a number of figures. The initial report estimated the requirement at an additional 204 (whole time equivalent - wte) Consultant Psychiatrists. This was reduced to 160 when the 'Bournewood' provisions were transferred to the Mental Capacity Bill. It was reduced further, to 130, by assuming that the 'New ways of working' proposals would release 30 wte psychiatrists (this is a proposal to utilise Consultant Psychiatrists' time differently).

The mapping exercise requires much further work.

First, the model assumes there will be no increase in the number of people under compulsion. The College does not accept this view for the reasons given in the submission. Briefly it is because all the patients currently detained under the Mental Health Act meet the new criteria, along with many others who are currently excluded.

Secondly it assumes a minimal increase in the number of initial examinations of patients. We believe that as a result of provision for anybody to be able to require a Trust to arrange an examination of any other person this number will increase markedly.

Thirdly there is no acknowledgement of the marked increase in expert panel doctor work which will be required each time there is a change in care plan after 28 days. Currently the 1983 Act SOAD is only required after 3 months. A further SOAD is required each time the Responsible Medical Officer requests a change in medication from that which is already authorised (initial authorising of the full range of possible medications is, rightly, considered poor practice). In clinical practice such changes are more likely earlier in a patient's care. The additional number of Expert Panel doctor visits (and Tribunals) is unknown but likely to be significant.

Finally, whilst the model accounts for additional Clinical Supervisor time in relation to preparing care plans and reports for tribunals, there is no acknowledgement of any time required for the substantial increase in statutory consultations and care planning required by the Bill.

We hope this additional information addresses the question.

Yours sincerely

Dr Tony Zigmond  
Vice President  
Royal College of Psychiatrists