

## **Royal College of Psychiatrists**

### **Submission to Health Committee Inquiry into Education, training and workforce planning**

#### **1. Introduction and summary**

1.1 The Royal College of Psychiatrists (RCPsych) is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

1.2 We welcome the opportunity to submit evidence to this important Inquiry. Our submission highlights issues of particular concern to the Royal College of Psychiatrists, including the urgent need to address the future of Deaneries, and the danger that where Acute Trusts form Local Education and Training Boards there is the possibility that psychiatry could be marginalised.

1.3 This submission should be read as an adjunct to the submission from the Academy of Medical Royal Colleges, which represents a combined view across Colleges and is endorsed by the RCPsych.

#### **2. The future of postgraduate deaneries**

2.1 The RCPsych believes that the Deaneries should remain as independent bodies which sit separately from the Local Education and Training Boards (LETBs). They should provide both external quality assurance of training across the specialties and expertise in supporting trainees in difficulty.

2.2 It is important that Psychiatric training is resourced to the same level as other training and that it does not become isolated from other specialties.

2.3 At present Deaneries are responsible for recruitment. There is sometimes a lack of engagement with the employers, and there would be some sense in moving this function to LETBs. However, this would depend on the size of LETBs as it would be difficult for the National Recruitment teams to deal with large numbers of LETBs.

2.4 The Schools of Psychiatry currently sit within the Deaneries. The RCPsych is very keen that the Schools should continue. We believe the development of Schools has helped to drive up standards and improve consistency. The Heads of School work closely with each other under the auspices of the College to set standards and to share good practice.

#### **3. Plans for the transition to the new system, up to April 2013**

3.1 The uncertainty about the future is affecting Deaneries, which are finding it hard to retain staff and in some places are not be allowed to recruit to

permanent posts. The danger is that this will destabilise quality assurance and recruitment with a consequent effect on patient safety. It is urgent that decisions about the future of Deaneries should be made and implemented.

#### **4. Ensuring the right numbers of appropriately qualified and trained healthcare staff (as well as clinical academics and researchers) at national, regional and local levels**

4.1 Local bodies have a better understanding of local health needs than central bodies and will be more able to predict and manage the numbers of staff that need to be trained. Most trainee psychiatrists eventually take up a permanent post in the Deanery in which they train. The relatively short training time in Psychiatry with the un-coupled training pattern makes workforce planning easier than in some specialties.

#### **5. Ensuring that all providers and commissioners of healthcare (both NHS and non-NHS) play an appropriate part in developing the future workforce**

5.1 All providers should contribute towards training. There are training opportunities in the private sector but the quality assurance of training in this sector is problematic and a financial levy on non-training and private organisations might be the best way forward.

#### **6. The proposed role, structure, status, size and composition of Local Provider Skills Networks / Local Education and Training Boards, including how plans for their authorisation by Health Education England will address issues relating to governance, accountability and potential or perceived conflicts of interest, and how the Boards will relate to Clinical Commissioning Groups and the Commissioning Board**

6.1 At present the size and structure of the LETBs is unclear. There are some advantages and opportunities in making training more the responsibility of the employers but there are also some risks attached to this, as money may be diverted from training to other areas. Training budgets (both salaries and other costs) should be ring-fenced.

6.2 There is a particular issue for Psychiatry, as Psychiatric Trusts tend to be separate from the rest of acute care. If Acute Trusts form LETBs and become responsible for psychiatric training, there is a very real danger that psychiatry will be marginalised.

6.3 Alternatively, a LETB might be Psychiatry only. Historically, spends on psychiatry training have been lower than on some of the other specialties and recently the investment in simulators has not helped psychiatry. A psychiatry-only LETB should ensure that Psychiatry does not receive less funding than other specialties and would provide some interesting opportunities for

multidisciplinary training which has always been the strength of the speciality. The risk would be isolation from the other specialties.

6.4 We recommend that particular attention is paid to where psychiatry sits when the LETBs are formed.

## **7. How professional regulators, healthcare providers, and researchers will all participate in the formulation and development of curricula**

7.1 The College would expect to continue writing the curricula prior to submission for approval by the GMC. We are committed to ensuring input to the curricula from all relevant stakeholders including LETBs.

## **8. The role and content of the proposed National Education and Training Outcomes Framework**

8.1 The College supports the development of a National Education and Training Outcomes Framework. However, this needs to be relatively simple to apply, as there is no spare capacity in the system for large amounts of extra data collection. It should also be standardised across specialties and areas.

## **9. The place of overseas educated healthcare staff within the workforce**

9.1 A large number of psychiatric trainees originate from overseas. Initially their training needs may be greater than those of UK graduates and the resources must be available to support them. Recently there have been reports of Deaneries reducing spending on extra help for this group as a result of the need to cut costs.

## **10. How the new system will relate to healthcare, education, training, and workforce planning in the other countries of the UK**

10. 1 There needs to be consistency within the UK. The Heads of School from England, Northern Ireland, Wales and Scotland meet regularly at the RCPsych which helps to ensure common standards.

## **11. How the public health workforce will be affected by the proposals**

11.1 There is a skills overlap between public health doctors and psychiatrists and a closer integration of their training would be helpful to both specialties. This might be more difficult if public health training becomes separated from the rest of medical training.

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