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# Position statement on consultant psychiatrists working across specialties outside normal working hours

April 2019

POSITION STATEMENT

The College frequently receives enquiries from psychiatrists about working outside their immediate area of expertise or certificate of completion of training (CCT). The issue generally arises in the context of arrangements for out-of-hours services when there are changes to what a consultant is expected to cover, but it is also raised by members with respect to reconfigurations in their daytime service and career development. Some members express concerns over the ability to safely provide care to patients in service areas that they're not immediately familiar with.

This Position Statement was approved by the Registrar and Regional Advisors Committee. It complements separate ongoing work on the wider issue of psychiatrist training following the publication of the [Shape of Training Report \(2013\)](#). It aims to provide guidance for psychiatrists, mental health service providers and the College, but it does not stipulate the way in which healthcare providers should configure local out-of-hours services.

## Background and current practice

Psychiatrists face increasing pressure and substantial workforce challenges across the UK, as the demand for mental health services continues to rise. As well as problems with both the recruitment and retention of psychiatrists, the existence of Mental Health Officer (MHO) status for consultants who were appointed before 1995 adds to these pressures. Future consultants are likely to have longer careers, with retirement in their late 60s, which is why it is important to consider the sustainability of existing working arrangements for out-of-hours services.

In some healthcare trusts, changes have been made to out-of-hours services, and consultants' on-call rotas have been amalgamated. This leads to a situation in which consultant psychiatrists are asked to contribute to out-of-hours services, even those that are outside their immediate area of expertise. For example, general adult and older adult consultants may be required to form a single out-of-hours service rota, resulting in concerns about their ability to work safely.

In parallel to these changes, there have been developments in daytime services, including all-age rapid assessment, interface and discharge (RAID) teams, and 0–25 years' services working across traditional age groups.

To date, the College has responded to queries on cross-specialty working, covering out-of-hours work, day-time service reconfigurations and career development. This Position Statement aims to bring transparency and uniformity to the advice previously offered on an individual basis to College members.

In preparing this statement, the College contacted the medical directors of all mental health trusts and health boards in December 2017, to obtain a fuller understanding of current practice. The providers were asked to describe:

- current practice in their organisations
- the main challenges they faced
- any planned changes.

They reported a 'mixed economy' of combined out-of-hours rotas and specialty-specific provision, across large geographically diverse areas and providers serving more compact urban areas. Child and adolescent psychiatry was the most common specialty-specific rota. Many reported concerns about psychiatrists who were required to cover mixed rotas.

Variations in the role of on-call consultants were also reported, such as on-call frequency, which ranged from 1:3.5 for some specialty rotas up to 1:53 for larger combined rotas, and the way in which consultants were paid for their out-of-hours work (category A or B work or additional professional activities (PAs)).

Other challenges related to increasing workloads (particularly in child and adolescent psychiatry provision), the availability of in-patient beds, and widespread gaps in the rotas of junior doctors causing consultants to 'act down' and, in turn, creating gaps in senior rotas. Some providers were awaiting the introduction of the new consultant contract before implementing any changes in rotas.

Of particular interest was the piloting of 'street triage' in terms of its impact on the use of out-of-hours Section 136 (S136) detentions within the Northumberland, Tyne and Wear NHS Foundation Trust area. Joint working between mental health nurses and dedicated police officers operating in mobile community settings resulted in a substantial and ongoing reduction in the number of S136 detentions following phased introduction.

Approximately four street triage interventions were required to result in one fewer detention. In one part of the pilot area, the number of S136 detentions fell by 78%, and there was a significant reduction in the number and proportion of adult admissions originating from S136 detentions.

## The College position

The College's view is that a high standard of care should be delivered that best matches the needs of patients. We recognise that mental health providers operate in diverse environments and tension can exist when striving for the highest level of patient care in terms of safety, professional standards and the everyday experience of meeting needs in a climate of increasing demand and resourcing challenges.

Within this framework, the College's general position is as follows.

- Where possible, patients should have access to specialist, expert care from a professional who is trained in the relevant psychiatric specialty 24/7, whereby specialty-specific rotas are made available. Doctors in training while on call must be able to access necessary consultant supervision, advice and support in accordance with their level of training and competency.
- Trainee doctors must be given clear and timely information about seeking advice, as necessary, when working out-of-hours, in order to offer the highest level of assessment and treatment to patients who present out-of-hours in crisis with complex needs and high levels of morbidity and risk, or current patients whose health is deteriorating.
- Where possible, mental health providers should ensure there is a separate out-of-hours rota for child and adolescent psychiatry, to ensure that the required level of expertise is available. Child and adolescent psychiatrists operate within a distinct clinical and legal framework in which doctors are competent to deal with these patients' issues at any time.
- Mental health providers should always seek to involve consultants in the design and operational aspects of out-of-hours rotas. This will help uphold General Medical Council (GMC) and professional standards and maintain compliance with NHS employment legislation. Such involvement of consultants is likely to increase their engagement in planning out-of-hours services. This therefore would foster a positive dialogue that may yield innovative solutions, such as combining rotas with other providers and optimising collaboration with other mental health professionals and services to support the delivery of high-quality out-of-hours services. This is in addition to ensuring that consultant rotas are realistic and best meet the needs of patients.
- At no time should psychiatrists be expected to operate beyond their level of competency, knowledge or training. When training needs are identified, such training must be comprehensive, with learning opportunities and local programmes in place that have credibility within the consultant body. It is the responsibility of

the employing organisation to ensure that such structures exist and that they are implemented. Mechanisms such as job-planning and appraisal will allow consultants to raise any concerns in relation to out-of-hours work and their development needs.

## Recommendations

### For psychiatrists

Psychiatrists must always act within their competencies.

- Consultants should consider whether they feel safe to join on-call rotas in their trust and identify any training needs. They should also be aware of the relevant lines of accountability when working in out-of-hours services, when these differ from their normal working arrangements.
- Consultants should plan their CPD to ensure it includes the management of emergencies and out-of-hours Mental Health Act work, including managing a wider range of patients than in their daytime rotas.
- Consultants should consider their leadership, management and training roles in terms of supporting trainees and specialty doctors, to prepare them for on-call work and emergency psychiatry.
- Trainees should consider, as part of their specialty training, the skills and competencies required to participate in consultant on-call rotas.

### For trusts and other mental health providers

- All on-call arrangements should comply with the legal frameworks relating to the provision of care and treatment for people with mental illness, as well as other legislation (e.g. the European Working Time Directive). When possible, patients should have access 24/7 to specialist, expert care from a professional who is trained in the relevant psychiatric specialty, whereby specialty-specific rotas should be made available. If practicable to do so, mental health providers should ensure there is a separate out-of-hours rota for child and adolescent psychiatry, so that the necessary level of expertise is available.
- Providers should ensure that on-call consultants in any organisation can cross-refer with specialists on specific complex issues in a timely and accessible manner. Trusts may need to make arrangements with neighbouring trusts to provide a

network of specialists that consultants can contact for advice out-of-hours.

- Providers should encourage the use of joint specialty rotas with other trusts as appropriate, depending on issues relating to population density, travelling distances and available competencies.
- Providers should have a robust system of risk management in place, or make sure that decisions can be deferred, as required, until someone is available in the appropriate specialty.
- Providers should provide a clear escalation path to trust executive level for sharing complex decisions when on-call consultants need support for making plans in particular situations.
- Providers should consider the balance between the intensity of on-call cover and the breadth of cover (for example, additional speciality rotas with more frequent on-call versus generic rotas covering multiple specialities that are more likely to be intense but with less frequent on-call relative to the number of doctors on the rota).
- Providers should promote the innovative use of telemedicine and other technologies (for example, out-of-hours services could support psychiatrists to discuss and review clinical matters with other on-call colleagues).
- Providers should explore examples of good practice in multiprofessional out-of-hours contexts (including street triage) in line with the Mental Health Crisis Care Concordat (<https://www.gov.uk/government/publications/mental-health-crisis-care-agreement>).
- Handover procedures between on-call consultants should be clear and robust.
- Providers should analyse data and review on-call systems and patient outcomes to facilitate systematic learning and service development.
- Providers must clearly set out on-call requirements in job descriptions, and use the Advisory Appointments Committee as a vehicle for discussing out-of-hours roles and expectations for newly appointed consultants.
- Providers must support the training of all doctors for out-of-hours work, and consider the competencies of other clinical staff working alongside psychiatrists to ensure a seamless service and that consultants and other clinicians work to an appropriate level when on call. Robust and comprehensive induction procedures should be put in place for all psychiatrists participating in out-of-hours

work to ensure they know what resources and other sources of expertise are available.

## **For the College**

- The College, through its curricula review, will consider amending the specialty training curricula to encompass out-of-hours competencies. Such amendments may be implemented through the Specialty Advisory Committees (SACs).
- The College will raise awareness among Regional Advisors and Specialty Representatives about the importance of scrutinising the out-of-hours aspect of work in job descriptions, by directly communicating with current Regional Advisors and Specialty Representatives, and at the annual College induction for new Regional Advisors and Specialty Representatives.

## **For training**

Potential training needs are illustrated by the example of a 15-year-old with intellectual difficulties and an autistic spectrum disorder who presents in crisis; their symptoms may be suggestive of psychosis but not be true psychotic symptoms, relating instead to their intellectual difficulties and autistic spectrum disorder. Understanding this distinction requires specific training in developmental and intellectual disorders.

# The legal framework and current College guidance

## Legal and policy framework

A key requirement for doctors developing their careers or changing specialty is to be included on the GMC specialist register before taking up a substantive consultant appointment in the NHS. Doctors' careers may develop over time, and it is not a legal requirement for post-holders to be listed in the particular subspecialty in which they plan to practise.

Applicants for NHS consultant posts are assessed by an Advisory Appointments Committee on the basis of the expertise required for that post, with respect to their overall skills, experience and suitability, and a clear duty to ensure patient safety. It is the responsibility of employing organisations to be satisfied that candidates are appropriately qualified.

The College-approved job descriptions for specific posts focus on the main role of consultants in daytime hours, providing little information on out-of-hours roles, other than stating the requirement of all doctors to take part in such rotas, whatever their scope and frequency.

Inclusion on the Specialist Register is a minimum legal requirement. Consultants who do not have the required subspecialty CCT for daytime positions are not excluded from appointment to daytime and out-of-hours work, but the implications must be considered by all parties to ensure standards of patient safety are upheld.

## GMC standards

Compliance with relevant GMC standards is essential. The GMC's Good Medical Practice (2013) states:

“Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.”

The document also states that doctors must:

- be competent in all aspects of their work, including management, research and teaching
- keep their professional knowledge and skills up to date



- regularly take part in activities that maintain and develop their competence and performance
- be willing to find and take part in structured support opportunities offered by their employers or contracting bodies (e.g. mentoring); this is necessary both when joining an organisation and whenever changing roles significantly during their career
- be familiar with guidelines and developments that affect their work
- stay up to date with (and follow) the law, GMC guidance and other regulations relevant to their work
- take steps to monitor and improve the quality of their work
- recognise and work within the limits of their competence.

## Current college guidance

Pages 10–11 of the Good Psychiatric Practice document sets out the following standards of practice for psychiatrists.

- 1 Psychiatrists must have specialist knowledge of treatment options in the clinical areas in which they are working and, more generally, must have knowledge of treatment options within mental health. They must:
  - have relevant knowledge or (when needed) seek specialist advice about prescribing psychotropic medication (and, in so doing, must understand both the beneficial and adverse effects of prescription drugs)
  - know the basic principles of the major models of psychological treatments, and only undertake psychological interventions within their level of competence
  - have sufficient knowledge and skills of psychiatric specialties other than their own, so that they can provide emergency assessment, care and advice in situations in which specialist cover is not immediately available.
- 2 Psychiatrists must recognise the limits of their own competence, and value and utilise the contribution of their peers, multidisciplinary colleagues and others, as appropriate.

# Acknowledgements

The College is grateful to the following members and staff for their contributions to this statement:

Bob Barber, Consultant Old Age Psychiatrist, Northumberland Tyne and Wear NHS Foundation Trust

Adrian James, Registrar, Royal College of Psychiatrists

Rosalind Ramsay, Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust

Abdul Raouf, Consultant Psychiatrist, Essex Partnership University NHS Foundation Trust

Julian Ryder, Head of Training and Workforce, Royal College of Psychiatrists

Louise Theodosiou, Consultant Psychiatrist, Manchester University NHS Foundation Trust

# References

Shape of Training (2013) Securing the future of excellent patient care. Final report of the independent review. Available at: <https://www.shapeoftraining.co.uk/reviewsofar/1788.asp> (accessed 22 February 2019).

NHS Health Education England (2017) Stepping Forward To 2020/21: The mental health workforce plan for England. Available at: <https://hee.nhs.uk/our-work/mental-health> (accessed 22 February 2019).

British Medical Association (2018) Available at: <https://www.bma.org.uk/advice/employment/pensions/mho-pension-advice> (accessed 22 February 2019).

British Medical Journal (BMJ Open) (2016) Too much detention? Street Triage and detentions under Section 136 Mental Health Act in the North-East of England: a descriptive study of the effects of a Street Triage intervention. Available at: <http://bmjopen.bmj.com/content/6/11/e011837> (accessed 22 February 2019).

General Medical Council (2013) Good Medical Practice. Available at: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice> (accessed 22 February 2019).

Royal College of Psychiatrists (2009) Good Psychiatric Practice CR154 (third edition). Available at: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr154.pdf?sfvrsn=e196928b\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr154.pdf?sfvrsn=e196928b_2) (accessed 22 February 2019).