



the columns

correspondence

Improving working lives

Rafey Faruqui is quite right that appropriate workloads and good working conditions are essential ingredients for maintaining good recruitment and retention of consultant psychiatrists (*Psychiatric Bulletin*, November 2003 correspondence, **27**, 437). The question that my editorial, 'Locums – and the light at the end of the tunnel', tried to address is: how can those things be achieved when there is such an imbalance in supply and demand, causing work overload for many psychiatrists (*Psychiatric Bulletin*, August 2003, **27**, 281–282)? Dr Faruqui agrees that reliance on a locum workforce is 'pathological', and no kind of a solution. In that respect, the letter by Skudder, of Psyche UK Ltd (*Psychiatric Bulletin*, November 2003 correspondence, **27**, 437), which grossly misrepresents what I wrote, invites the question of whether a declaration of interest of a locum agency should have been made.

The recent expansion of medical schools will not be felt for more than a decade at consultant level. Meanwhile, demands on psychiatrists working in traditional ways will very likely continue to grow. It is hopeful, therefore, to see so many items appearing in the *Bulletin* about how roles and working practices of psychiatrists can change to reduce their case-loads and improve working conditions.

The College is addressing this complex issue, and consulting its members on the options through the College website (www.rcpsych.ac.uk) and the *Bulletin*. It is an issue of crucial importance to the future of the profession and mental health services. Therefore, the views of specialist registrars will be particularly important.

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In defence of locum consultant psychiatrists

Peter Kennedy (*Psychiatric Bulletin*, August 2003, **27**, 281–282) has concerns about the quality and cost of locum consultants. Quality would be best

assessed by the Royal College of Psychiatrists, as with CCSTs, perhaps by a retired consultant. The lack of a national database represents a failure of management at the Department of Health, as does its failure to establish a register of those other expensive wanderers, patients with Munchausen syndrome.

Do I detect a note of envy at the £180k that locums receive? Fewer would be needed if three sessions extra were paid to over-worked general consultants. My impression is that home graduates tend to do less demanding jobs in liaison psychiatry, cognitive-behavioural therapy, and eating disorders, leaving the 'dirty jobs' to those qualified abroad. The pits of medicine, namely psychiatry, geriatrics and inner-city GP posts, have traditionally been filled by graduates of South Asia (Passage from India, *Guardian*, 27 August 2003). Recruitment remains difficult, due to under-financing and bed closures, against a doubling of the incidence of schizophrenia in London (Boydell *et al*, 2003). If a similar increase were to be found in epilepsy or diabetes, then extra resources, both in hospital and community, would be made available.

How much are consultants worth? The answer is £450–500k, which is the payment at direct treatment centres for surgical waiting lists.

Declaration of interest

I may do some locum work, at the rate the market will bear.

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Tribunal panels

The College included a mail shot with the December *Psychiatric Bulletin*, making members aware of changes in recruitment to Mental Health Act 1983 Tribunal Panels. The College mentioned the decrease in the period of 'consulthood' required before an application to join would be considered. They raised the issue that there was a shortage of consultants willing to sit on tribunals, and that this was a way of addressing the issue.

Is it possible that poor pay compared to the new consultant contract (£390 for the day versus £282 for a fifth-year consultant), that the fee would be retained by the employing Trust if performed during working hours, and that a minimum commitment of 30 programmed activities (PAs) per year are significant obstacles [Terms & Conditions of Service 2003: An agreement between the British Medical Association's CCSC and the Department of Health for Consultants in England, 2003]. A year of Monday mornings is 42 PAs (52 per year minus 10 weeks annual leave, study leave and statutory leave). Further barriers may include the minimal compensation for cancellation (£50.00 if cancelled after 15:00 the day before the Tribunal) [Part-time Medical Members of the Mental Health Review tribunal (2004) Guide for Applicants. DCA, 2004] and the limited indemnity provided [Luce Report, Department of Health, 2003].

I do not dispute that the work is stimulating, educating and fulfils an important role in social justice. I do wonder if doctors remain undervalued, and that the scandal of waiting times for Tribunals is not as important as those for surgery!

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Psychotherapy training in the Northwest – a survey

Training in psychotherapy is now recognised as a significant component in the overall training of psychiatrists. The College has delineated psychotherapy training requirements for trainees in different stages of their training, but these are not yet a precondition to sitting the MRCPsych examination (Bateman & Holmes, 2001; Royal College of Psychiatrists, 2001). We conducted a survey of trainee experiences in psychotherapy and existing training resources in Northwest England. Questionnaires were sent to college tutors and psychiatry SHOs in Manchester deanery (response rate 40–60%). Information from trainees suggests that a third of year 2/3/4 trainees had not undertaken a single psychotherapy case.