The College

The Role, Responsibilities and Work of the Consultant Forensic Psychiatrist

A discussion document

This document was drawn up for the Executive Committee of the Forensic Psychiatry Specialist Section of the Royal College of Psychiatrists to describe the role of consultant forensic psychiatrists. It will also identify the different roles and responsibilities and work of the consultant with a special responsibility for forensic psychiatry and the consultant with a special interest in forensic psychiatry. It will also examine the relationships of all three types of consultants with other professionals and the training and appointment of such consultants.

Consultant forensic psychiatrists and those with a special responsibility for forensic psychiatry work in a variety of settings including district general hospital psychiatric units and community psychiatric services, social services, children's homes and units for disturbed adolescents, probation facilities, mental illness and mental handicap hospitals, regional secure units, special hospitals and with the prison medical service.

Training and appointment of a consultant in forensic psychiatry

The consultant in forensic psychiatry is a qualified medical practitioner. Following pre-registration, and possibly other junior general medical training positions, general professional training takes place in psychiatry and in some cases trainees take a university degree such as the MPhil or other higher medical qualification.

General psychiatric training provides experience in the diagnosis and management of adult psychiatric patients in a variety of settings and using various therapeutic skills. All trainees should have had experience and training in research methods and many will have carried out research projects. During general psychiatric training the trainee, in addition to general psychiatry, will be introduced to a variety of specialities including child psychiatry, mental handicap, substance misuse and forensic psychiatry. The trainee will be expected also to have obtained experience in psychotherapy.

Following the period of general professional training and the obtaining of the Membership of the Royal College of Psychiatrists, the trainee proceeds to higher specialist training in forensic psychiatry. Specialist training in forensic psychiatry is expected to take place at senior registrar level. The period of training has a recommended period of four years. Training should be both theoretical and practical and training posts have to meet the approval of the Joint Committee on Higher Psychiatric Training (JCHPT). The trainee's work must be supervised by consultants in forensic psychiatry so that by the end of the training, trainees, having been exposed to most if not all fields in which forensic psychiatrists work, should be capable of organising and managing a forensic psychiatry service as well as meeting the clinical needs of the patients for whom that service is provided.

It would be expected that during their period of training those expecting to take up a full-time post in forensic psychiatry would have obtained experience in the broad range of activities undertaken by the consultant forensic psychiatrist including work in a regional secure unit, in prisons, preparation of reports for the Courts, assessment of patients requiring forensic care in general hospital units, prisons and special hospitals and possibly also working in other specialised units such as social services department facilities, probation department facilities and in special hospitals. In addition to the above it would be hoped that the trainee would have experience in a number of specialities, particularly in substance misuse.

Areas of work

Appointees to the post of consultant forensic psychiatrist work in a wide variety of fields. These are:

(a) regional and interim secure units
(b) special hospitals (Broadmoor, Rampton, Moss Side and Park Lane) and the State Hospital at Carstairs
(c) prisons, remand centres, youth custody centres and other penal establishments
(d) mental illness and mental handicap hospitals
(e) psychiatric units in district general hospitals
(f) other facilities, including children's homes, units for disturbed adolescents, probation hostels and probation offices
(g) out-patient consultant work.

Liaison work

Many consultants in forensic psychiatry will be involved in providing a consultation service to and liaison with their

local psychiatric colleagues, general practitioners, Courts and solicitor, prisons and prison medical officers, social services and probation departments and with the police.

Roles in the areas outlined above

The role of the consultant forensic psychiatrist in relationship to the Courts and solicitors This is a major area of the work of consultant forensic psychiatrists providing assessments of offenders referred by the Courts, solicitors or the probation department. Such offenders will have been charged with offences ranging from the most serious such as murder to relatively trivial offences such as shoplifting. The Courts will be looking for guidance on the mental state of accused persons at the time of their offences, on their fitness to plead, and on the relationship between any psychiatric disorder they may have and the offence. Courts also seek advice on disposal including the suitability of treatment measures. Where the consultant forensic psychiatrist has recommended a disposal involving psychiatric treatment, the Courts will expect help in the obtaining of a suitable disposal, be that a bed in consultant's own facility, in another psychiatric facility, in a special hospital or liaison with another service such as probation department of outpatient care. In addition certain forensic psychiatrists will often be asked for their opinions in civil cases such as those concerning compensation.

The role of forensic psychiatry in liaison with other psychiatric colleagues The forensic psychiatrist is often asked for advice on the management and treatment of difficult, disruptive or dangerous patients. Sometimes the involvement is purely advisory, at other times a general psychiatric colleague will be looking for help in disposal and removal and placement of a patient in other units, particularly regional secure units and special hospitals. Assessment of the patient usually takes place in conjunction with non-medical colleagues such as nurses or psychologists following which the consultant looks at suitability for treatment in their facility. Similarly consultant forensic psychiatrists working in the special hospitals make assessments on the suitability of patients referred to them and advise the DHSS on suitability for transfer.

Liaison with general practitioners The consultant forensic psychiatrist may be asked to take direct referrals from general practitioners.

Liaison with penal establishments Many consultant forensic psychiatrists have part-time appointments in prisons or other penal establishments either as part of their full-time contractual duties or as additional sessions over and above their NHS commitments. The role of the psychiatrist within the prison service varies according to the individual and the establishment visited but often is to provide a psychiatric liaison service to the prison medical officer, to furnish reports on prisoners (particularly for the Home Office), the Courts and to prepare reports for the Parole Board. Much of the work is undertaken with life sentence prisoners and sexual offenders. In addition psychiatrists working in a prison setting may be asked to treat imprisoned mentally abnormal offenders, and to advise their non-psychiatric prison medical colleagues on their treatment. They may be asked to admit such patients to NHS facilities or special hospitals. Consultants should develop working relationships with senior non-medical prison staff.

Liaison with other agencies such as probation and social services and the police Consultant forensic psychiatrists will often have specific links, either contractual or voluntary, with probation departments, social services departments and police forces and may at times be asked to give a consultative service to these agencies. This is usually in the form of advice given to staff on the management of difficult clients but may also take the form of assessing individual clients for suitability for particular programmes and regimens.

Clinical responsibilities

In addition to the liaison responsibilities outlined above, consultant forensic psychiatrists have direct clinical responsibility for their own patients. All NHS consultants have the ability to admit, treat and discharge their own patients. They will have the normal consultant responsibility expected of any consultant psychiatrist for those patients and would be expected to design, in conjunction with their non-medical and junior medical colleagues, suitable treatment programmes and regimens for individuals under their care. Consultants employed in special hospitals have similar clinical responsibilities for the patients under their care but admissions and discharges are controlled in part by the DHSS. Control of the discharge of patients on restriction orders rests with the Home Office or the Mental Health Review Tribunal.

Administrative responsibilities

Administrative responsibilities differ according to the setting in which forensic psychiatrists work and depend on local variations in the development of general management since the implementation of the recommendations of the Griffiths report. Consultants employed in the special hospitals are responsible in certain administrative matters to the medical director (to the physician superintendent at the State Hospital). Local management structures vary in the hospitals but each consultant has individual administrative responsibilities for his or her own unit within the hospital. Consultants working in regional secure units are often heavily administratively involved in the day to day running of those units and in many cases have been involved in establishment of the units. In mental illness, mental handicap hospitals and district general hospitals forensic consultants will usually have administrative responsibility and often management responsibility for their own discrete unit in conjunction with lay management.

Consultants should:

(a) have regard for the efficient running of their unit, the provision of beds and the availability of beds for people requiring transfer from other units or admission from the Courts or prisons

(b) ensure that patients being seen and assessed are dealt with appropriately and with an efficient use of resources

(c) ensure that non-consultant medical and other staff working within the unit are competent and work effectively together
(d) facilitate good communications within the forensic service and with other colleagues outside the service
(e) have regard for the maintenance of confidentiality
(f) collect appropriate information for the monitoring of current services and the evaluation of new methods of treatment
(g) attend or be represented at relevant committees such as district hospital or local divisions of psychiatry for the purposes of administration, planning of the unit and the facilitation of liaison between the unit and other services.

Teaching responsibilities

Consultants in forensic psychiatry may have specific teaching responsibilities as part of their appointments, particularly those consultants with academic appointment. The consultant will have specific responsibility for general professional training of junior psychiatrists either at the general professional training level, i.e. as a senior house officer or registrar or at the higher professional training, i.e. of senior registrars. They may also have responsibility for teaching to undergraduate medical students either at a clinical or theoretical level. In addition they may have responsibility for the teaching and training of other groups of staff particularly nursing, occupational therapy, psychology, social work and probation staff in liaison with other professional colleagues.

Continuing education

Consultant forensic psychiatrists should continue to attend to their own educational needs and keep up-to-date on new methods of treatment and legal responsibilities and should allow time within their normal duties for attendance at relevant professional meetings and conferences. Time should also be allowed for research.

Allocation of responsibilities and priorities

Consideration should be given during the organisation of time firstly to the contractual obligations of that consultant, e.g. sessional commitments to the NHS or to prisons. Within the forensic psychiatry component due allowance must be given for administrative and teaching duties and times should also be allowed for liaison with other professionals working in the area of forensic psychiatry particularly probation departments. The rest of the time has to be apportioned appropriately between out-patient work, assessment of new patients and follow-up of former patients discharged to the community and the care of in-patients.

Facilities required to fulfil responsibilities

Staffing

Consultant staff The number of consultant staff for each NHS region varies as does the model of the service within which they work. It is not possible to give exact levels but guidelines are as below.

The number depends on whether the region provides its service entirely by full-time consultant forensic psychiatrists, by one regional forensic psychiatrist working with a number of special responsibility consultants or a combination of these models. The main need is to provide a comprehensive forensic psychiatry service to a specific area and would seem to need at least one full-time consultant forensic psychiatrist in a Region to co-ordinate services and to avoid services being provided by an isolated single consultant working only with junior medical staff. An estimated figure of one whole-time consultant forensic psychiatrist per 625,000 population is the last College norm. This could be given by whole-time consultant psychiatrists or the equivalent sessional commitment given by a combination of whole-time and special responsibility consultants, i.e. for a region of two million there may be three full time forensic consultants or two full-time and two special responsibility consultants providing the equivalent sessional time. In the case of the shared model, the sessional time between the forensic sessions and other sessions will have to be properly allocated in order to guarantee a proper service.

It is important in a region depending on a combination of full time or special responsibility posts that there are an adequate number of full time post holders to co-ordinate the service.

Junior medical staff It is important for there to be a suitable number of trainees in higher professional training both to support the work of the consultant and to provide an adequate number of suitable trained doctors for appointment to consultant forensic psychiatrist posts. There also needs to be a number of trainees undergoing general professional training both in order to provide basic background training in forensic psychiatry to general psychiatric trainees and to undertake some of the basic medical and inpatient care of the patients. There is also a place for non-training career posts to ensure provision of the service and to help provide continuity of care.

Non medical professional staff There is a need for high calibre nursing staff for in-patient areas in sufficient numbers to provide good nursing care and security for the individual and society. There is also a need for most forensic services to have a sufficient number of community nurses to provide aftercare for the out-patient group, particularly the chronically mental ill. In addition there is need for support from psychologists, occupational therapists, social workers and sometimes physiotherapists, remedial gymnasts, teachers and instructors.

Secretarial staff In view of the large number of reports that play an important part in the work of the consultant forensic psychiatrist, adequate secretarial support is essential. In addition junior medical staff and non medical professional staff will require secretarial support.

Hospital beds, units and other facilities

Depending on the nature of the appointment, the consultant will require a certain number of beds depending on the current norms. In addition most forensic consultants will

require suitable well positioned out-patient facilities. There may also be benefit in having a variety of community facilities such as day hospitals and community centres for offender patients.

Access to other medical services (e.g. neurological and neurophysiological) is essential for the diagnosis and treatment of medical conditions. Access to general psychiatric facilities is also essential so that patients can be treated and rehabilitated in the appropriate degree of security. There also needs to be access to rehabilitation facilities and community facilities such as hostels, registered homes and probation and social service facilities.

Medical responsibility

The primary responsibility of the consultant is to his or her patients. However, particularly in forensic psychiatry, this has to be balanced with a responsibility to society.

Thus advice to other agencies especially the courts should be impartial and patients should be advised of this before providing information where confidentiality may not be the overriding consideration.

Consultants should be aware that they will not be breaching the principles of medical confidentiality if they give information without a patient's consent to the police if that is necessary to prevent serious crime.

The consultant forensic psychiatrist has special responsibilities as the Responsible Medical Officer (RMO) as defined in mental health legislation. Whilst the concept of the multi-disciplinary clinical team is accepted as desirable practice, the ultimate authority for admissions, treatment, discharges and aftercare remains with the RMO.

Research

All consultant forensic psychiatrists should be aware of the importance of research in academic and clinical fields as well as that necessary to improve service provision. In addition they should ensure that trainees who are attached to them have the allotted time available and receive supervision for research.

Consultant with a special responsibility for forensic psychiatry

Training

The document has this far dealt with the training appointment and role of the consultant forensic psychiatrist. The person seeking a special responsibility post should in addition to their general professional training receive a training at higher professional level in general adult psychiatry and related specialities. They would require 18 to 24 months training experience in a training scheme which is approved for full-time forensic training and should receive the majority components of a full-time training. Thus the need is not for a lack of breadth but for a shortened time period. The trainee will therefore need exposure to preparation of reports for the Court, including both Crown and defence work, exposure to the work of prisons and probation and either regional secure unit or special hospital experience.

The work of the special responsibility consultant will differ in that they will be responsible for providing a forensic service to a smaller area usually an NHS district. They should work as part of a team co-ordinated at regional level by the regional forensic psychiatrist and will usually work in a large psychiatric hospital or general hospital setting. They will usually work half or more of their sessions in forensic psychiatry.

Service needs

They will need access to either secure unit beds or intensive care beds giving a degree of intensive nursing, but possibly not security as this would still be provided at a secure unit.

Support staff

These would differ only in number to the needs of the full-time forensic specialist and may indeed need a greater number of community support staff because of additional responsibilities of a large number of discharged patients returned to their own districts.

Special responsibility consultants may well work in special settings such as Special Hospitals (although it is to be hoped that they will move further towards employment of fully trained forensic specialists) and in mental handicap settings. It would also be useful if such special responsibility consultants could be co-ordinated into the regional forensic team.

Consultants with a special interest in forensic psychiatry

These are consultants working either in general psychiatry or one of the sub-specialities particularly addiction, mental handicap or psychotherapy who have an interest in liaison work with the courts or other legal agencies. They should preferably receive 12 months training in a post approved for training in forensic psychiatry. They should not have primary responsibility for developing a forensic psychiatry service.

Training needs for all trainees

As outlined above, forensic specialities and special responsibility consultants have particular training needs but all trainees in psychiatry should have exposure in the training to the needs of the courts for advice and the preparation of psychiatric reports. They should also be aware of the range of forensic facilities available and their relative roles.

Conclusion

Forensic psychiatry is practised in a variety of settings and the number of such specialists will be determined by local needs and practice such as whether 'forensic patients' remain with the forensic service or whether they are returned to general psychiatry colleagues for rehabilitation and community care. There is, however, always a need for a properly funded and staffed service co-ordinated by the regional forensic consultant.

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