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THE BULLETIN

OF THE

ROYAL COLLEGE OF PSYCHIATRISTS

COLLEGE NEWS

THE FUTURE OF JOINT CONSULTANT APPOINTMENTS—BETWEEN PRISON MEDICAL SERVICE AND NATIONAL HEALTH SERVICE*

Introduction

In 1964 a Departmental Working Party on the 'Organisation of the Prison Medical Service' (1) published its report. Recommendation 5 states: 'Psychiatrists should be appointed by the Home Secretary and Regional Hospital Boards or Boards of Governors jointly for service part-time in a prison service establishment and part-time in a psychiatric hospital or clinic outside the forensic field, and possibly also in a teaching post. Some appointments should be at Registrar and Senior Registrar level and some at Consultant level.' As a result nine such consultant appointments were made. It appeared clear from the report of the Committee on the Mentally Abnormal Offender (Butler Committee) (2), paragraph 20/17 that 'difficulties had been experienced in establishing satisfactory working relationships between consultants occupying the joint appointments and their colleagues in prisons'. In

* Approved by Council, 31 March 1978.

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consequence a recommendation was made that the respective roles and responsibilities of senior doctors working in the prisons and those working in the Health Service jointly should be more clearly defined and understood.

The Forensic Psychiatry Section's Executive Committee referred this question to a specially constituted working party.* The Home Office was asked to nominate members but decided that its representatives should be present as observers whose comments now follow.

Comments

Paragraph 16 of the 1964 report justified the need for these posts by stating that in forensic psychiatry—both in and outside prisons—there were 'no great numbers of experienced and qualified doctors, and that the outstanding need was to increase their number'. Paragraphs 18 and 19 stated that a forensic psychiatrist should have a good grounding in general psychiatry and also have had experience with delinquents both in and out of custody. More forensic clinics should be developed outside the prison system to facilitate the treatment of offenders on probation, to allow for the after-care of offenders after a period of detention and to enlarge the opportunities of remanding alleged offenders for psychiatric examination on bail rather than in custody.

The Working Party attempted to identify the factors which were responsible for the failure of some consultants to establish satisfactory working relationships with their prison colleagues:

1. National Health Service consultants and Prison Medical Officers have different career structures, responsibilities, and contractual obligations. It was difficult to envisage how in the present circumstances a NHS consultant could have a role other than to provide a consultative link with NHS resources.
2. Joint appointments have not been tailored to suit local needs either in terms of resources or in relation to the particular experience of individuals involved.
3. The joint consultants have limited facilities outside prisons and they are unable to respond as they would wish to the needs of all the inmates requiring transfer to Health Service facilities.
4. The role of the visiting psychotherapist needs to be defined both in his function as a psychiatrist and in relation to the joint appointees (it was decided to consider this subject independently at a later date).

* The members of the Working Party were:

Chairman: Dr W. Gray (1975–1977); Professor T. C. N. Gibbens (1977 onwards).

Members: Drs R. S. Bluglass, P. Bowden, M. Faulk, P. G. McGrath, the late Dr P. Scott.

Home Office Observers: Drs Cooper, Franklin and Ingrey-Senn.

DHSS Observer: Dr L. Warnants.

Secretary: Dr D. O. Topp.

Recommendations

The following recommendations are made:

1. Forensic psychiatrists need to be trained and appointed in realistic numbers.
2. Forensic psychiatrists should be provided with adequate resources so that they can complement the work of general psychiatrists, who should continue to manage the majority of mentally abnormal offenders.
3. Consultants should no longer (except as outlined in 4 below) be jointly appointed between the Home Office and the National Health Service. However, forensic psychiatrists should continue to be available for consultation by the Prison Medical Service. They could, for example, be called to advise on particular cases, to undertake reports and treatment, and to train both prison doctors and other staff members.
4. Such arrangements should not prejudice existing joint consultants who do not want to alter their contracts.
5. Penal establishments will continue to be a very important source of training for psychiatric registrars and others and it is important to ensure that this experience is not lost. The Prison Medical Service should accordingly be asked to maintain access for training purposes. As a reciprocal arrangement forensic consultants should assist in the training of prison staff.
6. Some Prison Medical Officers should be encouraged to apply for honorary posts within the Health Service so that an exchange of knowledge and ideas can take place.

These recommendations should provide a realistic basis for overcoming difficulties in the joint consultant forensic posts. The solutions are to some extent retrograde, but it is hoped that they will result in a more practical redeployment of the forensic consultants.

References

(1) *The Organisation of the Prison Medical Service* (1964). London: HMSO.

(2) *Report of the Committee on Mentally Abnormal Offenders* (1975) Cmnd. 6244. London: HMSO.

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