



**Opening statement of the College of Psychiatrists of Ireland
to the
Oireachtas Joint Committee on the Future of Mental Health Care**

March 7th 2018

Good afternoon. My name is John Hillery and I am the President of the College of Psychiatrists of Ireland. I am also a Consultant Psychiatrist and formerly worked in the Intellectual Disability Services in Dublin and Kildare and the Adult Psychiatry Services in West Dublin. I am accompanied today by, Dr Miriam Kennedy, Dr Roisin Plunkett and Ms Miriam Silke. Dr Kennedy is Director of External Affairs and Public Education of the College and a Consultant Psychiatrist; Dr Plunkett chairs the Trainee Committee of the College and is a Higher Trainee in Psychiatry working in the public mental health services; and Ms Silke is the Chief Executive of the College.

The College

The College of Psychiatrists of Ireland was formed in 2009. The College is the professional body for psychiatrists in the Republic of Ireland. It is the sole body recognised for training of doctors to become specialists in psychiatry and for providing career long competence for specialists in psychiatry, as regulated by the Medical Practitioners Act 2007 through the Medical Council.

The College is not a regulatory, disciplinary or industrial relations body. The College is a not for profit professional membership organisation and is a Registered Charity (CHY 18077).

The Mission of the College is to promote excellence in the practice of psychiatry. The College fulfils its mission through the following actions:

1. Education and training of psychiatrists
2. Provision of continuous lifelong learning for psychiatrists
3. Advocacy for resources to support best practice in the delivery of mental health services
4. Promoting best practice in education, training and research in psychiatry
5. Public education on issues related to psychiatric illness, psychiatric services and mental health promotion

To fulfil our mission of promoting excellence in the practice of psychiatry the College focuses on the following objectives:

- Support, represent and lead member psychiatrists nationally & internationally
- Promote excellence, best practice, recovery & collaboration in mental healthcare
- Set standards for trainee psychiatrists
- Support the continuous professional development of our qualified members
- Work with key stakeholders, government committees/agencies and other organisations
- Promote human rights & ethical conduct in psychiatry and mental health services.
- Work with service users, carers and their organisations

The College also has a number of specialist groups called 'Faculties' representing the main psychiatric specialities that exist in Ireland. These include:

- Academic Psychiatry
- Addiction Psychiatry
- Adult Psychiatry
- Child & Adolescent Psychiatry
- Forensic Psychiatry
- Learning Disability Psychiatry

- Liaison Psychiatry
- Medical Psychotherapy
- Old Age Psychiatry
- Social & Rehabilitation Psychiatry

The College also has several committees that take an active part in College projects including education and training. These include Refocus and the College Advisory Group.

Refocus is the Recovery Experience Forum of Carers and Users of Services and originally formed in late 2011 with 10 people with experience of the mental health services, 10 of their family members and carers, and one psychiatrist. Members give their time to work with the College in improving training of psychiatrists, and in identifying ways to improve the mental health services. The committee now comprises 8 people with experience of the services, 8 family members of service users and carers and 8 psychiatrists. Refocus is jointly chaired by one psychiatrist and one non-psychiatrist.

The Advisory Board, appointed by Council, meets with the College Officers to advise them on how to progress the aims of the College and its members. Appointees to the Advisory Board are persons of high standing in Irish Society.

Recruitment and Retention of Psychiatrists

Recruitment in Psychiatry is controlled by the HSE and the main private psychiatric service suppliers. The HSE is the main employer of trainees and consultants in psychiatry and the recruitment role is carried out by the HSE NDTP department. The NDTP is the National Doctors

Training and Planning and incorporates Medical Education and Training, Consultant Appointments and Medical Workforce Planning and was established in September 2014.

The role of the College is limited to the recruitment of trainees and the training of doctors to specialist level. The number of trainees that can be appointed to training schemes run by the College is set by the NDTP in consultation with the training bodies. Training is financed by the HSE through financial agreements with the relevant colleges and through salaries to trainee doctors.

The Structure of Specialist Training in Psychiatry

To train to be a Specialist in Psychiatry takes, at least, seven years after qualification as a doctor and internship. Training is divided into a one year Foundation Year, followed by a further 3 years of Basic Specialist Training (BST), and Higher Specialist Training (HST) of at least three years. BST is a general training in Psychiatry where trainees rotate through various specialities and also complete exams and research. To enter the Foundation Year doctors must have graduated and completed a year's internship. HST is in specific speciality areas broadly divided into Adult or Child and Adolescent Psychiatry but also involving subdivisions within each depending on the long-term career ambitions of the trainee. To enter HST doctors must have successfully completed BST. Completion of HST leads to the granting of a Certificate of Specialist Training that guarantees that the doctor has achieved all the competencies set by the College as necessary to practice safely as a specialist in the area of Psychiatry that they trained in. The College holds that a doctor should not be a Consultant if they are not a specialist in the appropriate area of medical practice. Unfortunately we are aware that this is frequently not the case in the Irish Mental Health Services.

The College holds interviews yearly and has a variable number of places to offer in training posts depending on a number of factors. These include the rules of the NDTP, the progression of

trainees already in schemes through their training and the numbers leaving training. The latter is hopefully due to people completing training but can be due to other issues such as lack of progression due to academic issues, change in career choices and decisions to work abroad. The training run by the College is flexible in order to maximise its attraction for trainees. By this I mean that the trainee can take time out and can map their route through training to its completion in consultation with College trainers (who are all practising consultant psychiatrists). This allows for high quality medical graduates to travel or to work in other areas of medicine and return to training. It also gives employers an idea of the workforce that is available at any given time over a number of years. The College also allows for part-time training to facilitate doctors who have other issues in their lives that might have previously prevented them entering formal training, such as family/career issues, to take part in and complete full specialist training.

Recruitment Difficulties

Regretfully there are still difficulties filling training posts in Psychiatry. There are also difficulties in getting specialists to fill Consultant posts. This is an issue across medicine in Ireland not just in Psychiatry. There are several reports in recent years that the Committee will be aware of that have examined the generic issues involved and proposed remedies. These include the MacCraith Report and the recent report on Consultant Recruitment and Retention published by the HSE. It is hard to work out why many of the simple proposals in these documents have not been implemented as they have been well enunciated prior to these reports being published. These include: developing a culture in our health services where trainees feel respected; planning for consultant retirements; remuneration; and simplifying and speeding up the process by which consultant posts are established, advertised and filled.

There are specific issues effecting recruitment in Psychiatry that the College works to overcome. These include the, so called, 'Hidden Curriculum' in medical schools where Psychiatry (and to a lesser extent General Practice) is portrayed as not being worthwhile, having poor patient outcomes and not being a branch of medicine. The College works on these erroneous perceptions through publications, participation in National Recruitment Days and our Summer Schools for students.

You may ask why the foundation of new medical schools and the evolution of old ones with increased places have not helped. Unfortunately up to 50% of graduates have left the country following completion of their internship in recent years. Internationally 4-5% of medical graduates choose Psychiatry as a career. Unfortunately, in Ireland, we have 4% of the 50%, which is insufficient, and even if an increase were achieved, it would not be enough for a consultant delivered service. The College has been closely examining the factors that adversely affect recruitment and retention to psychiatry in Ireland. Most of the reasons are outside the College's control. We know that a high percentage of new medical graduates intend to go overseas drawn by a multitude of factors including a search for adventure; peer pressure; perception of better working conditions in some accessible countries; perception of better career opportunities in some accessible countries and a perception of poor health service conditions and career opportunities in our own country.

The College interacts regularly with its trainees who identify poor resources in mental health services and reduction in remuneration compared to other countries as reasons for leaving Irish Psychiatry.

However, their experience of their training in psychiatry is overall a positive one. The Medical Council carries out an annual survey of Trainees entitled 'Your Training Counts' which is

independent of the Training Bodies. This survey provides an overall score of Trainee satisfaction with training called the D-RECT score. For the last 2 years the highest score for any of the 13 training bodies has been for Psychiatry with a particularly high sub-score for supervision, assessment, and feedback. We work continuously with trainees, consultants and with recommendations in aforementioned reports, to improve their overall satisfaction and experience further.

Workforce Planning

The College has circulated a detailed Workforce Planning Document to the relevant stakeholders in Government and in the health services. We have sent a copy to this committee too, chair. With Consultant Psychiatrist numbers of 8 per 100,000, Ireland ranks behind all other northern European countries. In order to provide for a Consultant delivered service in all areas of Psychiatry in the future the College believes that there needs to be 800 Consultant posts nationally (this number will be higher going further based on current and expected population changes, regulation/legislation and changes to working practice of psychiatrists such as job sharing and so on. This equates to a ratio of 16 per 100,000 people. This would allow for the increases in clinical demands and the multitude of non-clinical activities expected of specialist consultants which include administration, training, examining and continuing professional development to maintain competency. It also allows for the other factors that currently impact on service delivery such as leave, sick leave, maternity leave and parental leave. Currently these are leading to the curtailing and even closure of services especially in sub specialist areas. Of course an increase in Consultant numbers will require a concomitant increase in Trainee numbers if the increased number of posts are to be filled. We have yet to get an opportunity to discuss this document in a detailed practical fashion with those who are tasked with delivering clinical resources in the health service.

Budget Planning

The College continues to point out that the percentage of the health budget allocated to mental health services falls far short of that recommended in the decade old policy on mental health, A Vision for Change. The College believes that changes in population numbers and demographics mean the Vision for Change figure of 8.4% is insufficient and that a figure of 12% in line with other first world economies should be the target. We have proposed that this increase should occur in a rolling way over several budgets. The rationale for this is that mental health problems account for 13% of the burden of disease according to the World Health Organisation. The College has been lobbying for this for several years in successive budget submissions without success. Other organisations in the mental health area agree with us on this. We are happy to supply copies of our budget submissions to the Committee if requested.

The poor budget allocations affect recruitment and retention. As stated already highly trained clinicians wish to work in clinical environments that enable them to use and develop their skills. In Psychiatry this means appropriately staffed multi-disciplinary teams with an appropriate range of available milieus (i.e. inpatient, day hospital and community services) and treatment options (e.g. Psychotherapies, Vocational Training, Pharmacotherapies) available as needed. Terms and conditions are also an issue. Modern medical graduates are looking for a fair salary, an environment that encourages and facilitates challenge and career growth/ progression and a good work/life balance. Once again resources affect these to an extent that other health services providers, either private providers in Ireland or countries abroad are more attractive.

Other Factors Adversely Affecting Recruitment and Retention

Legislative and Administrative issues.

A change in the Medical Practitioner's Act has excluded doctors from countries such as India that previously supplied candidates for training posts many of whom stayed to take up Consultant posts. Requests from Training Bodies, including ourselves, and the Medical Council for a change in this have not been productive. I brought this issue up with the Minister for Health last week and he has promised to review it.

Doctors from outside the EU have demands made on them as regards maintaining their legal status and that of their families in Ireland seem more limiting than those of other countries they can work in. That doctors on four year training schemes with guaranteed jobs for those years still have to apply for work visas at the start of each six month placement is a factor that must act as a deterrent to such high quality doctors to work in Ireland. Difficulties faced by spouses in gaining work visas and by parents in gaining visitor visas of sufficient duration to allow them to have input into their children's' and grandchildren's lives is also an issue.

The philosophy of formatting medical training in Ireland is that there should be the exact numbers taken into training as are required at Consultant level. This does not allow for losses due to drop outs, emigration or career changes to Psychiatric practice or need that increases the requirement for trained specialists.

The ideas of NDTP and of the College as to the numbers who should be allowed into Psychiatric Training do not always coincide with the College looking for higher numbers at both BST and HST than we are eventually allowed.

Since its formation, HSE-NDTP had approved 60 new entrants to BST in Psychiatry each year. With improved interest in our programme, the College requested an increase of 10% this year (to 66 – a figure which is still significantly lower than the target in our Manpower Planning Document 80-85). HSE-NDTP approved a 5% increase to 63.

The equity of financial support for training across and between medical disciplines is not transparent and there is a feeling that Psychiatry gets less than other medical specialities. We make continuing efforts to clarify this but, so far, have not been successful. This has led to a perception among specialists and trainees that the playing field is not level and that Psychiatry is not seen as important by the national leadership.

Solutions

The College wants mental health services in Ireland that are based on a philosophy of recovery and that ensures access to assessment and intervention with an appropriate menu of interventions available to people with mental illness based on need, not geography or ability to pay. This requires financial and cultural change. The recommendations as to how this could occur are in the documents referred to and in submissions by the College to government over the years.

There are some changes that we see as easily made.

Barriers to training posts in psychiatry could be lifted. The College has poured significant resources into promoting psychiatry as a speciality, then when this is successful, we are told that there is a limit to the number of trainee doctors we can appoint. This is despite the fact that there remain significant vacancies in trainee posts throughout the country.

A quality mental health service needs a highly qualified and experienced team of medical professionals to deliver high quality services. The service cannot continue to rely on depleted multidisciplinary teams (MDTs) with no trainee doctors and sometimes no consultant due to absence such as retirement or sick leave.

We need the primacy of teaching, training and research to be reinstated within the profession of psychiatry to ensure MDTs maintain and attract highly qualified professionals. President of Ireland, Michael D Higgins, as patron of the College of Psychiatrists of Ireland believes “the promotion and undertaking of research must always be a central aim rather than an optional extra in mental health. Developing new ways of preventing, diagnosing and treatment of mental illness must continue even while acknowledging the need to be more efficient and using resources more effectively”.

The recruitment process for consultants needs to be fit for purpose. For example, recruitment for a vacant post should start months before a consultant is due to retire.

Legislation around registration and immigration. Amending the Medical Practitioners Act to allow recognition of the internship year in other countries would allow more doctors to come and train here.

The disparity of salary at consultant level has an impact on those who carry out altruistic work for their profession such as training and examining. New consultants, whom are on a lower salary than colleagues, are less likely to participate in doing this sort of important professional work, which ultimately affects the standard of training and education in the services.

My colleagues and I are happy to answer any question.