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Contact details	Roslyn Hope Mental Health Division Department of Health Wellington House 133–155 Waterloo Road London SE1 8UG
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(for example in service or teaching) or certain specialisms to balance teams. The key question is whether the post represents a satisfactory consultant post in the local circumstances of the provider.

The person specification and selection criteria should outline the essential and desirable qualities required of the successful candidate, including the minimum qualifications, skills and experience required to perform the job. Doctors wishing to take up a consultant appointment in the NHS are legally required to be on the Specialist Register of the General Medical Council. However, specialty trainees (and specialist registrars) in Postgraduate Medical Education and Training Board (PMETB)-approved training posts are able to apply for consultant posts when the date of interview falls no more than six months before the expected date of the award of their Certificate of Completion of Training (CCT). It is important to be aware that doctors can obtain specialist registration by routes other than PMETB-approved higher training.

College assessors and consultant appointments committees

The College maintains a list (accessible to providers by a secure password-protected website: www.rcpsych.ac.uk/asp/aac/) of College-approved external assessors to participate in consultant appointments committees. Assessors provide a reliable and constructive assessment of the training, qualifications and experience of a candidate, including their eligibility for inclusion on the Specialist Register. They help to ensure that the process of appointment is conducted fairly by providing an impartial, external opinion. As a core member of a consultant appointments committee, any college assessor should be involved in all stages of selection, including short-listing. They should also encourage employers to provide mentorship for newly appointed consultants.

Posts that are difficult to fill

Occasionally, innovative approaches may be required to solve persistent recruitment problems. It can be helpful to work closely with Royal College of Psychiatrists regional advisers, who often have experience of tackling such issues elsewhere, and strategic health authorities (SHAs) and employer organisations, which may also be able to offer valuable advice and expertise. Long-term locum consultant appointments in such circumstances are rarely a productive solution (see the Royal College of Psychiatrists and National Institute for Mental Health in England (NIMHE) endorsed paper: Kennedy P and Humphries S (2006) *A Practical Guide for Handling Consultant Vacancies*).

Conclusion

Employers need to have confidence in the quality of those they appoint to consultant posts and will want those appointees to be able to work productively. College advisers and assessors are invaluable sources of expertise and experience that can help employers to achieve that end. A collaborative working relationship between those two parties, based on mutual understanding, can only serve to improve standards and ensure the best possible results for service users.

These tests are only part of the data set and interviewing decisions should not be determined solely by psychometric scores.

A rigorous and structured approach to selection is necessary to ensure that the process is both fair and seen to be fair. It is important that organisations adopt recruitment approaches that maintain a degree of flexibility and which are acknowledged as fair and effective in selecting the right candidate for the job.

Good practice ideas for selection from college assessors

The following represents a range of suggestions for the selection process that have been gathered from experienced college assessors, based on extensive experience of AACs. Employers may wish to consider adopting some of these ideas while also considering other best practice advice such as that offered by the CIPD.

- The employer may organise an open day prior to the AAC for candidates to visit sites, and meet key staff, users and carers. Feedback can be given to AAC members, but the main benefit is that all candidates have a better feel for the job.
- Candidates can be asked to give a presentation on a relevant topic notified to them beforehand, to either:
  - the AAC only, or
  - a wider audience who can then give structured feedback to AAC members.
- Candidates can be interviewed by members of the relevant service user and carer group using prepared questions and either:
  - feedback is given to the full AAC before interviews start
  - an AAC member is present during the service user/carer interviews and they then feed back views to the AAC, or
  - a service user/carer from the group acts as a full panel member and provides direct feedback on behalf of the group.
- A question and answer session may be set up with, say, 7–10 service users and carers, with each candidate in the ‘hot’ seat in turn. The service user on the AAC then gives feedback to the whole AAC prior the formal interview stage.
- All candidates may be set a specialty-relevant scenario to consider beforehand, although not related to the specific local service in order to avoid bias for local candidates. Structured questions are agreed by the panel focused on this scenario.
- An AAC may choose to agree topics for questioning beforehand, but then limit the number of panel members who ask them, to enable a more in-depth assessment of candidates on key issues, rather than everyone having ‘their’ turn. All members, however, score on the areas covered.

Practical aspects of recruitment

The process for appointing a consultant, from identifying a vacancy through to commencing in post, is relatively complex. In order to ensure an efficient and effective process that is conducted in a timely manner, it is recommended that all employers clarify the procedures they will follow and the allocation of work required. To aid this, a model flowchart for consultant appointment (courtesy of Hampshire Partnership NHS Trust) is available at **Annex A**.

A clear and comprehensive **job description** is also essential so that all parties can understand what will be expected of the post holder, the setting in which they will work and the support they can expect to receive. A model for this is presented at **Annex B**.

1. Introduction
Add text as relevant.

2. Trust details
Add text as relevant.

3. Service details
Describe the operations of the local services to which this consultant post relates, and the expectations from the consultant of both clinical input and service developmental time.

Make reference to the team composition, patterns of referral and system for dealing with caseload flow. Give examples of the number of new referrals per week and how the team assesses and allocates referrals, expected caseload numbers per team member and the role expected of the psychiatrist within the team. Highlight any trust-based examples of good clinical practice or locally based services that provide extra resources, and references on trust or SHA websites, for example local specialist services and beacon sites.

Give clear reference to the other teams and resources that relate to this service (to give a picture of how this post fits within the larger trust service strategy).

Specifically identify the following issues:

- the local population needs, ie deprivation indices, demographics. What sort of demand is expected?
- availability of other local mental health services, eg child and adolscent mental health services (CAMHS), older people's mental health (OPMH)
- inpatient facilities
- Crisis Resolution and Home Treatment (CRHT) teams, other CMHTs, AOTs, forensic
- addictions, EIP
- trust-wide consultant network.

Give further detail in section 11 on clinical duties.

4. Local working arrangements
An example is given below of a section that describes the service in which the consultant psychiatrist will be expected to work and the resources made available to support that work:

The Trust is seeking a consultant psychiatrist to join the St Elsewhere Community Mental Health Team. The vacancy has arisen as the result of a retirement, and the Trust regards this as an opportune moment to develop the functioning of the team. The service covers the eastern area of the town, an area of particular social deprivation with considerable drug and alcohol-related difficulties in the local population. The post holder will carry no responsibility for inpatients.

The team consists of:

1 whole time equivalent (WTE) consultant psychiatrist

1 WTE specialty registrar

1 WTE medical secretary

6 WTE community psychiatric nurses – one advanced nurse practitioner with supplementary prescribing skills

0.5 WTE social worker

0.5 WTE senior occupational therapist

0.2 WTE consultant psychologist

0.8 WTE support time and recovery worker

0.5x2 WTE support workers.

The team expects to receive on average seven new referrals a week and has in place a rapid assessment triaging service that is multi-disciplinary in nature, allowing assessment of up to 10 cases within 48 hours of receipt of referral. It is expected that all team members (apart from the support workers) carry roughly equivalent numbers of cases as care co-ordinators. The consultant psychiatrist is expected to carry a compact caseload of the most complex and unstable cases, but will also be available at short notice to provide consultation and advice to other team members, although they are not required to act as care co-ordinator.

The St Elsewhere Team is one of four CMHTs providing services to the town.

Consultant psychiatrist colleagues are as follows:

- Northern team – Dr Red
- Western team – Dr Yellow
- Southern team – Dr Green
- St Elsewhere team – this post.

Inpatient services are provided in a new purpose-built 40-bedded unit four miles from the team base. A dedicated inpatient consultant psychiatrist and related team provide care for inpatients.

The team is also supported by a CRHT service, which deals with all crisis referrals from 9am to 9pm with an on-call service thereafter. The CRHT team deals with all emergency Mental Health Act referrals and A&E liaison calls.

An AOT service provides intensive care to the difficult-to-engage clients and accepts on average 80% of referrals from the team. The team is also supported by an addictions team, an EIP service and forensic services, which provide a local medium secure and low secure service.

While primarily responsible for delivering a quality clinical service, the consultant psychiatrist is also expected to be actively involved in the strategic development of the team and broader services, being involved with the team manager and locality manager in helping to steer the development of the service in line with the strategic direction of the organisation.

5. Continuing professional development (CPD)

- Expectation to remain in good standing for CPD with the Royal College of Psychiatrists.
- Local arrangements for peer review group.
- Trust support for CPD activities, including study leave arrangements and budget.

6. Clinical leadership and medical management

- Trust medical management framework.
- Local clinical leadership arrangements.
- Participation in business planning for the locality and, as appropriate, contribution to the broader strategic and planning work of the trust.

7. Appraisal and job planning

- Trust commitment to implementation of annual consultant appraisal, outlined in the NHS Executive Advance Letters (MD) 6/00 and (MD) 5/01.
- Trust process, including linkage to job planning.
- Links to revalidation.

8. Teaching and training

- Teaching commitments of post, and support in place to achieve these.
- Trust-wide teaching.
- Teaching arrangements in locality/team.
- Participation in undergraduate and postgraduate clinical teaching.
- Participation in the training of other disciplines.
- Providing educational supervision of trainees and other disciplines.
- Taking part in continuing medical education within statutory limits.

9. Research

- Support facilities.
- Specific research and development responsibilities expected of the post holder.

10. Secretarial support and office facilities

- Specific consultant secretarial arrangements, including arrangements for other team members.
- Other administrative support.
- Office arrangements for consultant, taking into account the need for confidentiality, security of information and supervision requirements of post.
- Availability of PC with internet connection and IT support.

11. Clinical duties of post holder

This should include specific details of the clinical work of the post, which should be clearly linked to the indicative timetable. For example:

- For inpatient post, numbers of beds, localities/teams covered, ward reviews/Care Programme Approach etc.
- For community posts, numbers of referrals, team meetings, supervision of team members.
- Management of complex cases.
- Clinical leadership of team.
- Role in assessment of referrals/admissions.
- Care plan and treatment formulation, guidance on evidence-based treatment and effectiveness.
- Liaison and collaborative working with other services/agencies.
- Mental Health Act implementation.
- Multi-disciplinary, multi-agency and partnership working.
- Other clinical duties, eg substance misuse.

12. Training duties

- Participation in undergraduate and postgraduate clinical teaching.
- Participation in the training of other disciplines.
- Providing educational supervision of trainees and other disciplines.
- Taking part in continuing medical education within statutory limits.

13. Clinical governance

- Expected contribution to clinical governance and responsibility for setting and monitoring standards.
- Participation in clinical audit.
- Participation in service/team evaluation and the planning of future service developments.

14. General duties

- To manage, appraise and give professional supervision to junior medical staff as agreed between consultant colleagues and the medical director and in accordance with the Trust's personnel policies and procedures. This may include assessing competences under the Modernising Medical Careers framework.
- To ensure that junior medical staff working with the post holder operate within the parameters of the New Deal and are Working Time Directive compliant.
- To undertake the administrative duties associated with the care of patients.
- To record clinical activity accurately and comprehensively, and submit this promptly to the Information Department.

Example person specification/selection criteria

Entries in italics are suggestions by way of example

Requirements	Essential	Desirable	Demonstrated by
1. Qualifications and training	*Recognised basic medical degree* *MRCPsych or equivalent* *Full GMC registration* *Eligibility for inclusion on the Specialist Register or CCT in general adult psychiatry (or within six months at time of interview) or equivalent* *Eligibility for Section 12 approval*	*Relevant higher degree, eg MD, PhD, MSc or other additional clinical qualifications* *Section 12 approval*	*Application*
2. Experience	*Experience of assessing and treating patients in acute and community psychiatric settings* *Knowledge of UK hospital systems (or equivalent)* *Knowledge and evidence of participation in CPD*	*Experience of working in the specific service/team* *Other relevant experience, eg specific psychological therapies*	*Application/interview*
3. Skills	*Ability to take a leadership role in a multi-disciplinary team, ensuring high-quality care and staff morale*	*Evidence of specific achievements that demonstrate leadership skills*	*Application/ interview/references*

Requirements	Essential	Desirable	Demonstrated by
3. Skills (continued)	*Ability to manage own time, workload and prioritise clinical work* *Ability to appraise own performance* *Excellent written and oral communication skills*	*Additional clinical qualification*	
4. Knowledge	*Understanding of the management skills required to function successfully as a consultant* *Ability to use IT, including email and the internet* *Knowledge of risk management*	*Knowledge of recent developments and drug advances in the psychiatry specialty applied for* *Knowledge of NHS planning*	*Application/ interview/references*
5. Teaching	*Commitment to and experience of undergraduate and postgraduate learning and teaching* *Understand principles of teaching*	*Organisation of further teaching programmes in medical education or multi-professional education*	*Application/interview*
6. Research and audit	*Ability to critically appraise published research* *Experience of carrying out an audit project*	*Experience of involvement in a research project and publication* *Interest in research* *Published audit project*	*Application/interview*

Requirements	Essential	Desirable	Demonstrated by
7. Management	*Knowledge of the management and structure of the NHS*	*Evidence of management training* *Previous management experience* *Evidence of a management project*	*Application/interview*
8. Aptitude and personal qualities	*Ability to deal effectively with pressure* *Thoroughness and attention to detail* *Excellent interpersonal skills and the ability to communicate effectively* *Reliability and honesty* *Flexible approach to working practice* *Positive approach to the job planning and appraisal process*	*Evidence of leadership attributes* *Motivational skills* *Commitment to service development*	*Interview/references*
9. Other requirements	*Able to fulfil the travel requirements of the post* *Able to fulfil all duties of post, including on-call* *Satisfactory clearances from enhanced CRB disclosure and health checks*		*Application/ interview/post-interview process*

Faculty of Forensic Psychiatry

Forensic psychiatry overlaps extensively with all the other sub-specialties in psychiatry. Over the past decade forensic psychiatry services have changed significantly. Specialised services, including women's, adolescent secure, long-term medium secure, low secure, rehabilitation and personality disorder, have increased. The independent sector currently provides approx 50% of secure beds in England and Wales. New national pilot services have developed, including dangerous and severe personality disorder services and women's enhanced medium secure services. National standards for secure services, such as those for medium secure units, have been introduced and are monitored by commissioners.

In whichever setting they work, the roles of a forensic psychiatrist will include:

- treatment of offenders with mental disorders, who pose or who have posed risks to others in the community, in hospitals (particularly secure hospitals) and in prisons
- support and treatment of victims, especially those who develop dangerous behaviour
- the giving of advice and collaborative working with other psychiatrists, GPs, lawyers, police officers, prison staff and social workers, especially probation officers
- provision of evidence and reports for legal purposes.

There has been a rapid expansion in secure hospitals, in particular low secure and medium secure beds, driven by the substantial reduction in bed numbers in high secure hospitals. In parallel with this, extended mental health in-reach to prisons continues to identify prisoners with significant mental health problems, who require transfer to secure hospitals. Leadership of multi-disciplinary teams and recognition of the skills and competences of all team members are essential, and the team view is increasingly sought by stakeholders such as the Ministry of Justice and the Mental Health Review Tribunal.

In addition, the risk agenda is now more central to the function of forensic mental health teams than ever before. There is an expectation that, where patients in the community demonstrate actual or perceived risk of serious harm to others, an assessment by a specialist forensic mental health team should be requested. This has increased the workload for forensic psychiatrists. Forensic psychiatrists are also expected to work with other agencies to manage risk, usually via the Multi Agency Public Protection Arrangements, and some posts will include dedicated time for this work.

Dedicated community forensic psychiatry services are still sparse throughout the country and consequently there remains a need for local general adult services to manage patients who pose a risk to others. Parallel forensic community services exist in most regions for higher risk offenders and but cannot provide aftercare for all patients discharged from a forensic inpatient unit. Liaison with and consultation to local services continues to be a significant component of the workload for forensic psychiatrists working in medium and low secure services. High secure services are now provided by specialist mental health trusts, and consultants employed there may have the opportunity to take up responsibilities in a variety of services, thus avoiding past risks of professional isolation.

Increasingly, forensic psychiatrists work in prisons as part of in-reach services provided by mental health trusts. In these roles, they need to work across primary, secondary and tertiary levels of care. Prisoners under the age of 21 are held in young offender institutions and the involvement of child and adolescent forensic psychiatrists will be appropriate because of their developmental needs. In England, responsibility

Faculty of Rehabilitation and Social Psychiatry

Consultants in rehabilitation psychiatry promote recovery-based practice and socially inclusive service development and take a local lead in the care of people with treatment resistant psychotic illnesses. Part of their function in multi-disciplinary teams and multi-agency networks is not only to provide medical expertise but also to define its limits and encourage a recovery ethos.

They work in a clinical environment that has changed markedly over the past two decades following their leading role in the hospital closure programme which resulted in the development of local rehabilitation services, such as rehabilitation inpatient units, community-based rehabilitation wards, community rehabilitation teams and intensively supported housing schemes. An increasing number work in secure settings. Rehabilitation can involve long-term maintenance support as well as development of skills and ability. More recently, services have begun to cater for new groups of service users requiring longer-term rehabilitation, including people with personality disorders and autistic spectrum disorders.

Rehabilitation psychiatrists work in a wide range of settings from the high secure hospital to the community rehabilitation team.

Local rehabilitation and recovery services manage the care of people with complex and expensive care packages in supported, residential and nursing care homes, also providing training and support to third-sector and for-profit care providers. They can help commissioners to manage care budgets by expert management of people supported by these budgets. The rehabilitation psychiatrist should play a key role in decision making around the funding of out-of-area treatments (OATs) for patients with highly complex needs. They should also be involved in monitoring of OATs and any planning for the repatriation of patients within the local health and social care economy. Rehabilitation consultants require expertise in complex multi-agency liaison, including work with the criminal justice system, substance misuse services and local third sector agencies. Good communication and management skills are essential for a rehabilitation consultant.

Assertive outreach teams and early intervention in psychosis teams require competences associated with the trained rehabilitation psychiatrist. Forensic rehabilitation is an emerging specialty requiring a combination of rehabilitation and forensic skills, and expertise in gender-sensitive service development.

Rehabilitation consultants must be able to take an overview of the needs of their local high-dependency population and work in partnership with commissioning agencies to develop socially inclusive recovery services. These need to be developed with appropriate support services for families, and for work, education, social and leisure activities. They will spend proportionately more of their working week on strategic development of these resources and supervision, liaison and consultation in comparison with some other specialties.

Faculty of the Psychiatry of Learning Disability

Some particular roles and responsibilities of the consultant in psychiatry of learning disability (PLD) include:

- the clinical role
- the training and educational role
- the leadership, management and service development role.

The clinical role

The clinical role of the consultant in PLD in community learning disability teams consists mainly of providing assessment, diagnosis and management of individuals with complex needs with special emphasis on mental illness, behaviour disorder, pervasive and neuro-developmental disorders, dementias and epilepsy.

The clinical work is usually carried out by a multi-disciplinary team (MDT) with a care programme approach or a care co-ordination approach. The MDT members include psychiatrists, community nurses, psychologists, social workers, occupational therapists, speech and language therapists and physiotherapists.

The range of responsibilities for consultants in PLD includes the following:

- Assessment and management of mental illness, behaviour disorder, pervasive and neuro-developmental disorders, dementias and epilepsy. The consultants also deal with offenders with learning disability and may provide prison in-reach services, court reports and second opinions when necessary.
- Liaison role with other agencies such as social services, primary care and other secondary/tertiary care services.
- Facilitating access for service users with learning disabilities to generic services.
- A clinical leadership role, which can include leading the MDT and supporting the creation of capable teams approach.
- Assessment and management of patients in an acute specialist inpatient facility for PLD.
- Acting as a Responsible Clinician for detained patients.
- Assessment and management of other inpatients in generic mental health services who are perceived to have learning disability.
- Supervising and advising other specialist clinical team members on clinical issues.
- Psycho-education of families and carers.
- Carrying out risk assessments and continuing healthcare needs assessments.
- Conducting special interest clinics such as memory clinics, epilepsy clinics.
- Assessing the mental capacity of individuals under the framework of the Mental Capacity Act.

Most consultants psychiatrists in PLD work with adults. However, some may work solely with children. There are a few services that offer lifespan service, though the majority offer services separately for children and adults.

Those who need urgent psychiatric assessment or treatment requiring high-intensity specialist support may be admitted to assessment and treatment inpatient units, usually staffed by specialised learning disability teams. In some areas, admission to generic mental health settings is possible, with the consultant psychiatrist in PLD retaining some clinical responsibility: either as the Approved/Responsible Clinician or as specialist adviser, depending on local arrangements.

The service network for PLD also includes medium-term rehabilitation facilities, specialist forensic (low, medium and high secure) services, in addition to that provided by the independent or third sector.

Specialist service provision for people with pervasive developmental disorders and neuro-developmental disorders varies considerably in different settings, but in some areas the consultant in PLD leads the provision of care for this group of individuals.

The training and educational role

There are significant additional roles as teachers, education supervisors and trainers for consultants in PLD: organising and delivering a university teaching programme for medical or nursing students in PLD organising core and specialist training in PLD for specialist trainees (ST1–ST6) including educational supervision; carrying out workplace-based assessments; and shortlisting and appointing ST1–ST3 and ST4–ST6 trainees; participating in annual review of competence progression and portfolio reviews; involvement in MRCPsych teaching and CASC examinations; ensuring that audit opportunities and psychotherapy experience are available to trainees and providing mentorship and career counselling; chairing and participating in journal clubs.

The leadership, management and service development role

Particular management responsibilities for consultants in PLD include the following:

- providing medical advice to others
- identifying service gaps
- helping the management team in policy development
- providing medical input to specialist management teams and partnership board meetings
- helping commissioners to understand the nature of service provision
- actively participating in developing strategy for service development and planning.

Faculty of Child and Adolescent Psychiatry

The consultant in child and adolescent psychiatry plays a pivotal role in the specialist multi-disciplinary team and indeed in the wider system within which child mental health is delivered.

The consultant brings to the team, and hence to the children, adolescents, their parents and families, a wide range of knowledge and skills. The doctor in the team is uniquely equipped with an in-depth knowledge and experience of working with both physical health issues and mental health issues. In addition, the consultant's skills in identifying and diagnosing, bringing together complex patterns of behaviour and systems into a coherent, effective and efficient management plan, are crucial to the good functioning of the child mental health team.

Care pathways: The consultant has generic and specific roles across most of the core care pathways in specialist CAMHS, providing both direct and indirect consultative and professional liaison advice from screening of referrals in the assessment phase through to treatment and discharge planning.

Responsibilities include ensuring that children and adolescents with mental illness and developmental disorders are not missed or misdiagnosed; helping to ensure that the team delivers the full range of current evidence-based interventions; and being called on to provide case reviews and second opinions regarding ongoing treatment by non-medical and junior medical staff.

The consultant has a broad range of knowledge, skills and competences across the main psychological therapeutic modalities, along with medical and psycho-pharmacological training, training in the use of Mental Health Act legislation, and consent and capacity assessment. The doctor in the team often has a 'meta' view, a perspective drawn from all the foregoing skills, knowledge and competences that allows clinically effective and cost-effective decision making.

Forums of delivery: The medical consultant works in any appropriate setting, usually relating to or in close relation to a multi-disciplinary team, specialist services (tier 2/3/4) in the community, outpatients, day patients and inpatient settings.

The National Service Framework (NSF) for Children, Young People and Maternity Services (2004): Standard 9 of the 'Children's NSF' sets out a plan for development across England and Wales of a comprehensive child and adolescent mental health service operating up to the 18th birthday. It describes specialist, targeted specialist, and universal services, each of which requires consultant time and input.

Specialist teams delivering core services: NICE guidelines require significant consultant input and expertise into the treatment of common mental health problems affecting children and young people. Examples include decision making regarding use of medication in depression in children and young people (CG28), in obsessive compulsive disorders (CG31) and in attention deficit hyperactivity disorders (CG72); and risk assessment and management in self-harm (CG16), in eating disorders (CG9) and in borderline personality disorder (CG78). The National Autism Plan for Children has similar guidelines and requirements for consultant involvement in diagnosis and management of autistic spectrum disorders.

Targeted specialist teams: Some groups of children and adolescents are at particular risk of developing complex mental health problems and merit a targeted specialist service with a higher level of consultant input. Examples of these include neuro-developmental disorders services, paediatric liaison hospital services, looked after children's teams, substance misuse services, youth offending and forensic services, learning disability teams, early onset psychosis and infant mental health teams.

Extension of CAMHS to 18th birthday and 24/7 on-call/emergency services: Historically, many CAMHS had used a 16th or 17th birthday cut-off for transfer to adult mental health services. Extending CAMHS to the 18th birthday has markedly increased within the service the number of young people with psychotic and other severe mental illnesses. This cohort also has complex prescribing and risk assessment needs that require significant consultant input. In addition, the 2007 amendments to the Mental Health Act have strengthened the need to provide age-appropriate inpatient treatment for this group, including age-appropriate consultant oversight of their care.

Government Public Service Agreement targets include the provision of CAMHS 24/7 on-call services. This has still not been achieved in all areas and there continues to be service reconfiguration in many parts of the country. Consultants are an essential higher tier of this out-of-hours provision, notwithstanding the potential consequent disruption to routine services secondary to limited overall resources.

Universal Services Remit for CAMHS specialists: The 'comprehensive CAMHS' and the Every Child Matters agendas have highlighted the importance of public health approaches to emotional wellbeing. The CAMHS consultant has a significant liaison and advisory role in the delivery of NICE guidance for social and emotional wellbeing in primary and secondary education (PH12 and PH20) and for parenting interventions for behaviour problems in children (TA102).

Teaching, training, research and development: Consultants have a key role in teaching, training, research and development, not only for medical and non-medical CAMHS professionals but also for paediatricians, primary care workers and colleagues in education and social care as they increasingly take up the management of behavioural and emotional problems in those they see. Child psychiatrists also have important roles in the strategic development, innovation and leadership of change in services, with trusts looking to engage consultants in these roles.

OATs	Out-of-area treatments
OPMH	Older people's mental health (this is usually a directorate in a trust). The sub-specialty is called psychiatry of old age or old-age psychiatry
PLD	Psychiatry of learning disability
PMETB	Postgraduate Medical Education and Training Board
ST	Specialty training. ST1 is the first year of specialty training, ST2 is the second year and so on until ST6. ST1–ST3 is often called core (specialty) training or CT1–CT3. ST4–ST6 is called higher specialty training
WTE	Whole time equivalent