

# Role of the consultant psychiatrist in psychotherapy

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# Executive summary

This report reviews the range of roles and responsibilities that are undertaken by consultant psychiatrists in psychotherapy. It sets out three core principles.

- Consultant psychiatrists in psychotherapy have a range of roles.
- Consultant psychiatrists in psychotherapy bring to multidisciplinary teams the knowledge, responsibility and ethos associated with the medical profession.
- Consultant psychiatrists in psychotherapy bring specific psychotherapeutic expertise to multidisciplinary teams.

In clinical work these principles mean that consultant psychiatrists in psychotherapy assess and manage complex cases, deal with issues of risk and take special responsibility for patients with a combination of medical and psychological issues. Supervision and management of clinical teams are also important clinical tasks.

The important teaching role is discussed in relation to both undergraduate and postgraduate medical education and the education of professions allied to medicine.

Strategic advisory and clinical governance responsibilities are discussed and the particular remit to bring a psychologically minded approach to these discussions is highlighted.

Finally, the report highlights the future development of the role in relation to the changing role of medical consultants within the health service. It stresses the importance of developing a capacity for flexible ways of working employing a range of therapeutic modalities, learning new evidence-based therapies and participating in the research base for and development of new treatments. Additionally, the changing structure of adult psychiatry is discussed in relation to developing therapeutic roles for consultant psychiatrists in psychotherapy more generally including involvement in developments such as assertive outreach, crisis intervention and home treatment teams.

# Preface

This report sets out the current range of roles and responsibilities expected of consultant psychiatrists in psychotherapy. It will be of use when a new post is being set up and may also be referred to by consultants in psychotherapy in relation to appraisal and job planning. It will have evident implications for training.

This report revises and supersedes the two previous Royal College of Psychiatrists' Council reports, CR75 and CR98 (see below).

Over the years a number of college papers have delineated evolving views of the role and responsibilities of consultant psychiatrists in psychotherapy. The relevant College documents are as follows:

- *Development of Psychological Therapy Services: Role of the Consultant Psychotherapist* (Council Report CR75) (1999)
- *Role and Contribution of the Consultant Psychiatrist in Psychotherapy in the NHS* (CR98) (2001)
- *Model Consultant Job Descriptions and Recommended Norms* (Occasional Paper OP55) (2002)
- *Roles and Responsibilities of a Consultant in Adult Psychiatry* (CR94) (2001).

The relative lack of expansion of the number of consultant psychiatrist in psychotherapy posts; the need to define a specifically medical role for a doctor who specialises in psychological treatments; and a concern to deliver treatments that are both clinically relevant and as far as possible evidence-based, are key themes which run through these College documents.

In addition, government guidance on a range of topics might reasonably be thought to have implications for the roles and responsibilities of the consultant psychiatrist in psychotherapy. The following recent Department of Health document *Organising and Delivering Psychological Therapies* (July 2004) is directly relevant. This document focuses on the organisation of psychological treatment services and emphasises the need to match the expertise and level of provision with the severity of the case, and the importance of evidence-based practice. Importantly, it affirms the wide range of conditions, including severe mental ill health, for which psychological treatments are indicated.

Finally, the Royal College of Psychiatrists and the Department of Health are in the process of revising the model job descriptions for consultant posts in line with changing perceptions of consultant psychiatrists' roles and responsibilities. Their work is summarised in the document: *Guidance on New Ways of Working for Psychiatrists in a Multidisciplinary and Multi-Agency Context. Interim Report* (August 2004). This document takes up the

question of changing attitudes to the role of consultants more generally. In order to make the best use of the scarce resource that psychiatrists represent, a key aim is to change the way in which consultants work, so as to focus their highly specialist expertise on that subgroup of patients who present particularly challenging difficulties.

## NOMENCLATURE

College documents use the terms consultant psychotherapist and the newer term consultant psychiatrist in psychotherapy depending on their date. The newer term is used throughout this report except where a College document is directly quoted.

# General principles

There are three core, general principles underlying the role of the consultant psychotherapist.

1. Consultant psychiatrists in psychotherapy have a range of roles. On the whole, consultant psychiatrist in psychotherapy posts nationally have developed flexibly to meet a range of local needs in relation to teaching and service provision. As a result, consultant psychiatrists in psychotherapy have a range of roles rather than a single role. This range of roles is in keeping with the focus consultant psychiatrists in psychotherapy have on a particular way of working (psychological treatments) with broad applicability rather than a particular client group.
2. Consultant psychiatrists in psychotherapy bring to multidisciplinary teams the knowledge, responsibility and ethos associated with the medical profession. They bring a distinctive set of skills and attitudes to the treatment of cases and will have undertaken a lengthy and broadly based training. Therefore, they will have knowledge of general medicine, general psychiatry and a wide range of psychological treatments. In addition, they will bring to their work an attitude to the patient that should have the advantages of the medical ethos. This includes elements such as:
  - a systematic approach to diagnosis and treatment
  - a commitment to evidence-based treatment
  - the capacity and willingness to assess and carry risk
  - the capacity and willingness to manage clinical complexity
  - a commitment to leadership and taking clinical responsibility
  - a commitment to teaching and training of all staff, particularly doctors
  - an attitude of respect to patients, backed by a strong clinical governance framework for doctors.
3. Consultant psychiatrists in psychotherapy bring specific psychotherapeutic expertise to multidisciplinary teams. The psychotherapeutic training of consultant psychiatrists in psychotherapy means that they have particular skills to offer their general psychiatric colleagues and the multidisciplinary team as they consider systemic effects on team functioning and the psychodynamics of groups and patients. As the role of consultant psychiatrists changes to focus on more complex and challenging patients, often with multiple problems, so consultant psychiatrists in psychotherapy may find that their skills in this area become important to their general psychiatric colleagues.



# Specific roles and responsibilities

The specific roles and responsibilities of consultant psychiatrists in psychotherapy can be thought of under a number of headings.

## CLINICAL

Consultant psychiatrists in psychotherapy have undertaken a wide range of tasks in mental health services but a number of general principles underpin all their activities.

Consultants should spend their time:

- In direct clinical care:
  - assessing and managing complex cases
  - managing risk
  - taking special responsibility for medical issues/medically challenging patients
  - undertaking specialist psychological treatments in the particular modalities for which they are trained
  - supervising and directing the work of other staff who treat the consultant's patients.
- In indirect clinical care:
  - sharing care with other clinical teams
  - offering consultation and advice to colleagues, both medical and non-medical
  - participating in the work of a range of multidisciplinary teams and fostering close working links with medical and non-medical colleagues.
- Models of service provision in which consultant psychiatrists in psychotherapy might be involved include:
  - consultant in a specialist personality disorder service
  - single-handed practitioner in a mental health service and relating to general psychiatrists
  - running/participating in an out-patient psychological treatment service
  - undertaking a research-oriented post
  - running a therapeutic community.

## TEACHING AND SUPERVISION

Consultant psychiatrists in psychotherapy often spend a large proportion of their time supervising staff and teaching. A psychologically minded understanding of the dynamics that underlie the presentation of individual patients and also of team and group dynamics is important in helping staff to manage the many difficult and emotionally stressful situations that can arise in psychiatric practice. Consultant psychiatrists in psychotherapy are well placed to take a lead role in this area and to foster psychologically minded understandings in staff, thereby improving both morale and patient care. Consultants will typically be responsible for:

- The organisation and delivery of training in psychological treatments.
  - This is particularly the case in relation to training doctors of all grades and also doctors in training (there is evidence that exposure to psychotherapy influences medical students towards a career choice in psychiatry).
  - Consultant psychiatrists in psychotherapy should be actively involved in the evaluation of doctors in training and junior doctors in relation to their clinical and communication skills.
  - Consultants are likely to be involved in training non-medical health and social care staff and also training the wider network of caring organisations, such as non-medical government services (for example, probation services) and voluntary organisations.
- Organising and delivering supervision of doctors and other staff undertaking psychotherapy or thinking psychotherapeutically about clinical work. Such work may include:
  - supervision aimed at education and personal development
  - supervision aimed at clinical management and treatment delivery
  - supervision of research
  - seminars on the doctor-patient relationship
  - multidisciplinary casework seminars
  - taking a role in organising and overseeing the structure of supervision in psychological treatments as part of clinical governance in their organisation.

## STRATEGIC ADVICE AND SERVICE PLANNING

By virtue of both their psychotherapeutic and medical expertise, consultant psychotherapists should be able to offer advice to service planners and trust executives on the organisation and delivery of psychological treatment services, on psychological aspects of the organisation and delivery of psychiatric services and on the psychological basis of organisational principles generally. Consultant psychiatrists in psychotherapy may be involved in:

- planning and developing new services in line with national, regional and local targets
- maintaining and organising existing services to take account of the developing evidence base in psychological treatments and changing local needs

- participating in the senior leadership of their trust/organisation, offering a distinctive medical and psychological perspective
- establishing clinical governance standards and monitoring for the delivery of psychological treatments
- developing protocols that address relative indications for psychological and pharmacological interventions in particular trusts
- advising trusts and other bodies on new innovations in psychotherapeutic practice and advances in the evidence base for psychotherapy
- planning psychotherapeutic aspects of new service innovations or changes such as crisis intervention, assertive outreach, ward openings or closures, or establishment of day hospitals
- advice, consultation and support to management in relation to staff sickness and mental health.

## PROFESSIONAL DEVELOPMENT, CONTINUING PROFESSIONAL DEVELOPMENT, APPRAISAL, STANDARDS OF PRACTICE AND CLINICAL GOVERNANCE

Consultant psychiatrists in psychotherapy are very likely to take part in a range of other activities, again bringing a distinctive flavour and expertise to the reflections of their colleagues. These should include:

- participating in regional and national professional structures and assisting in the development of the profession of psychiatry
- advising on psychotherapeutic aspects of continuing professional development for medical and non-medical colleagues
- participating in appraisal and clinical governance structures in their organisation or more widely and taking a particular interest in the psychological difficulties that their colleagues may experience in the workplace.

# Conclusion: developing these roles in the future

Consultant psychiatrists in psychotherapy, although few in number, can be found working in a wide range of settings. Their distinctive perspective, high level of training and their clinical authority should make them important senior clinicians in any organisation. Notwithstanding, they should seek to develop their role in line with changes in medical practice. Possible future avenues for development in the roles of the consultant psychotherapist are outlined below.

## CLINICAL

The changing role of consultant psychiatrists generally, which involves focusing on smaller numbers of sicker patients and a new focus on patients whose conditions are not so easily seen as being simply amenable to the administration of medication, should mean that the particular skills of consultant psychiatrists in psychotherapy become increasingly important. They should be able to contribute actively to the management of severely unwell and challenging patients. Developing this role could involve, for example:

- developing a capacity for flexible ways of working by employing a range of therapeutic modalities, learning new evidence-based therapies and participating in the research base for, and development of, new treatments
- developing therapeutic roles in a range of new developments in psychiatry more generally, including developments like assertive outreach teams, crisis intervention and home-treatment teams
- consultant psychiatrists in psychotherapy in the future may be found in a much wider range of settings and working in partnership with new colleagues; developments already include forensic psychiatry, learning disability and liaison psychiatry, but could be widened even further, for example, to include other specialist services.

### *THE CLINICAL ROLE OF THE CONSULTANT PSYCHIATRIST IN PSYCHOTHERAPY AND THE 'MEDICAL MODEL'*

Consultant psychiatrists in psychotherapy, with their dual training, commitments to medical ways of working and to a psychologically minded approach, could also help to take on the task of rehabilitating, revaluing and reformulating the medical model in the light of modernised psychiatric practice. In collaboration with their colleagues in other branches of

psychiatry, they could work towards a creative reconceptualisation of the role of medical understandings and medical practice in psychiatry.

Aspects of the medical model that could be rehabilitated might include:

- a commitment to research and evidence-based practice
- liaison with, and mediation between, general practitioners, physicians, surgeons and other doctors and mental health teams
- thinking critically about both the physical and the mental needs of patients and their relationship to each other and conducting assessments of patients that retain both these elements
- a critical appreciation of the values and disadvantages of diagnostic-based approaches to care pathways and care protocols.

## TEACHING AND SUPERVISION

The importance of multidisciplinary teams has broadened out to a wider vision of partnership working, which involves both the NHS and other organisations. Consultant psychiatrists in psychotherapy will find new roles as teachers and supervisors in relation to these developments. Developing this role could involve, for example:

- taking on a role in teaching and supervising new generic mental health workers and psychology associates
- developing teaching and supervision for staff in voluntary agencies
- taking roles in public health promotion and the dissemination of information and self-help for common mental health problems.

## STRATEGIC ADVICE AND SERVICE PLANNING

Consultant psychiatrists in psychotherapy bring two kinds of expertise to strategic and service planning tasks. One area of expertise is knowledge of the strategic and service planning issues related to the delivery of psychological treatments and the design of services for the conditions that psychological treatments manage. The other area of expertise is knowledge about psychological issues that relate to the functioning of organisations themselves and the forces within organisations that may cause them to malfunction. Consultant psychiatrists in psychotherapy may develop roles advising relevant organisations on such issues as:

- the design and delivery of efficient evidence-based services for patients with less severe conditions
- the design and delivery of evidence-based treatment for specific conditions
- the prioritisation of healthcare delivery targets, based on an assessment of the mortality and morbidity these cause in the general population and the likely efficacy of interventions to reduce these.

In relation to organisational functioning and dynamics, consultant psychiatrists in psychotherapy may develop roles as advisors on:

- threats to good clinical governance conditioned by emotional or psychological pressures on staff
- the risk of boundary violations by staff and ways in which this risk can be minimised
- the value of, and ways to maintain, a psychologically minded approach to patients who present risks to themselves, their children or others.

# References

- Department of Health (2004) *Organising and Delivering Psychological Therapies*. London: Department of Health.
- Royal College of Psychiatrists (1999) *Development of Psychological Therapy Services: Role of the Consultant Psychotherapist* (Council Report CR75). London: Royal College of Psychiatrists.
- Royal College of Psychiatrists (2001) *Role and Contribution of the Consultant Psychiatrist in Psychotherapy in the NHS* (Council Report CR98). London: Royal College of Psychiatrists.
- Royal College of Psychiatrists (2001) *Roles and Responsibilities of a Consultant in Adult Psychiatry* (Council Report CR94). London: Royal College of Psychiatrists.
- Royal College of Psychiatrists (2002) *Model Consultant Job Descriptions and Recommended Norms* (Occasional Paper OP55). London: Royal College of Psychiatrists.
- Royal College of Psychiatrists & Department of Health; National Steering Group (2004) *Guidance on New Ways of Working for Psychiatrists in a Multidisciplinary and Multi-Agency Context. Interim Report*. London: Department of Health.