

CR224

Role of the consultant psychiatrist in medical psychotherapy

COLLEGE REPORT

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Key messages

For Heads of Schools of Psychiatry and Directors of Medical Education

Training: It is a mandatory requirement that a medical psychotherapist leads psychotherapy training for Core and Higher trainees in psychiatry in every training rotation. Without this training, trainees cannot progress through the MRCPsych or acquire a Certificate of Completion of Training (CCT) in any specialism in psychiatry.

For Trust Chief Executives

Clinical: Medical psychotherapists are trained to lead and develop services and therapeutic teams for patients with highly complex conditions across a range of diagnoses, where expertise in medicine, psychiatry and psychotherapy are required.

For Medical Directors

Job planning: Like other psychiatrists, medical psychotherapists require medical line management. Their job plans must allow adequate SPA (Supporting Professional Activity) time to take account of their mandated training role, that is over and above that of other psychiatric specialties.

Executive summary

This report reviews the range of roles and responsibilities undertaken by consultant psychiatrists in medical psychotherapy (medical psychotherapists). It sets out six core principles.

Medical psychotherapists have a range of roles.

1. They have clinical expertise in providing psychological assessment and evidence-based therapeutic interventions to people with complex mental, psychological and psychosomatic disorders. They apply their therapeutic expertise in psychiatric practice. This can include prescribing and using the Mental Health Act (1983) by agreement with medical psychotherapists who are competent to undertake this work.
2. They are trained in the leadership of therapeutic teams working in a range of settings, focused on supporting the holistic psychological understanding of patients and developing reflective practice.
3. They have a General Medical Council (GMC)-mandated role in medical education within psychiatry and medicine, developing a psychologically minded medical workforce and delivering psychotherapy training.
4. They have a leadership role in organisations and in-service development, especially for patients with complex needs.
5. They have an academic leadership role, to develop and promote biopsychosocial models of psychological development and disorder (integrating intrapsychic, interpersonal, cognitive, social and neuroscientific perspectives). This role extends to the development and evaluation of new psychotherapeutic treatments and the integration of psychotherapeutic thinking in psychiatric practice.

These roles may be undertaken by medical psychotherapists with a single Certificate of Completion of Training in medical psychotherapy, or dual Certificate in medical psychotherapy and general adult psychiatry or forensic psychiatry. Their clinical work is undertaken in a range of clinical settings, including out-patient psychotherapy services, specialist therapeutic day- and in-patient services, secure services, out-patient forensic services and other psychiatric teams, and primary care.

This report outlines how medical psychotherapists bring their medical, psychiatric and psychotherapeutic training to the assessment, treatment, management and risk management of a wide range of

patient presentations, including those with complex and severe mental disorders, and especially those with a combination of medical and psychological issues. They have expertise in leadership, supervision and clinical management in teams, which is essential for team cohesion and clinical effectiveness when working therapeutically with highly complex cases.

Beyond specialist services, they promote a culture of enquiry and reflective practice in community and in-patient mental health settings.

The leadership role of medical psychotherapists in psychiatric core training is mandated by the GMC and a requirement in all core training schemes. Their role in the higher training of psychiatrists is discussed further below, along with their role in developing psychologically minded practice for doctors and other mental health and allied professionals.

Medical psychotherapists are trained in leadership, organisational and team dynamics. Their particular remit – to bring a psychologically minded approach to organisational strategy – is highlighted.

They influence the intellectual framework of psychiatry, using their biological, psychological and social/relational understanding to promote the development of holistic, fully integrated models of mental disorder and treatment. Their training enables them to take a leading role in developing and evaluating innovative psychotherapeutic treatments on the basis of scientific developments.

They promote an expanded understanding of the psychotherapeutic and anti-therapeutic aspects of the doctor–patient relationship for psychiatrists and the wider medical profession.

The report also highlights the future development of the medical psychotherapist role within the health service. Their expertise in offering evidence-based therapeutic interventions to patients with complex, treatment-resistant mental disorders that have an impact on the health economy, is likely to lead to an increase in the numbers of medical psychotherapists and the range of roles taken up by consultant psychiatrists in medical psychotherapy.

Some of these developing roles are highlighted throughout the text and we provide a selection of vignettes to illustrate different scenarios in the Appendix.

Introduction

This report sets out the current range of roles and responsibilities expected of medical psychotherapists. It will be of use when establishing new posts or roles and may also be referred to by consultants during appraisals and job planning. It has implications for workforce development and the training curriculum of the specialism.

The report also revises and supercedes three previous College reports (CR75, CR98 and CR139), which delineate the evolving roles and responsibilities of medical psychotherapists. The relevant College documents, drawn upon when preparing this report and providing further information, are:

- *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* (Council Report CR98; 2001).
- *Roles and Responsibilities of a Consultant in Adult Psychiatry* (Council Report CR94; 2001).
- *Model Consultant Job Descriptions and Recommended Norms* (Occasional Paper OP55; 2002).
- *Role of the Consultant Medical Psychotherapist* (Council Report CR139; 2006).
- *When Patients Should be Seen by a Psychiatrist* (Council Report CR184; 2014).

Historically, medical psychotherapists have worked in in-patient, day and out-patient therapeutic services where there are patients with a wide range of mental health problems. Where the value of the medical psychotherapist in such services has not been well understood in terms of providing clinical leadership, there has been a relative small increase in the number of consultant posts.

This paper describes the clinical role of medical psychotherapists in both Tier 2 psychotherapy services (Department of Health, 2004) and their expanded roles in specialist psychotherapeutic services for patients with complex mental health needs.

Specialist services include out-patient, day and in-patient personality disorder services, psychotherapeutic services in secure and out-patient forensic settings, services for patients with medically unexplained symptoms (MUS) in primary and secondary care, perinatal services and eating disorder services. Historically medical psychotherapists have had a broad clinical role in supporting formulation and reflective

practice to mental health teams. This role has been expanded to apply to health and social care teams that offer integrated models of care to people with complex physical and mental health problems (as described in NHS England's Five Years Forward View of 2014), and involves the promotion of psychologically minded, compassionate care and developing enabling environments for the mental wellbeing of professionals and patients.

This report also describes the unique contribution that medical psychotherapists make in the delivery of effective, evidence-based, safe services for people whose severe and complex problems have proved resistant to first-line interventions. Their place alongside other psychological therapy provision and IAPT (Improving Access to Psychological Therapies) services is discussed, emphasising the need to match expertise and level of provision with the severity of each patient's difficulties.

Emphasis is placed on the importance of having a range of options for therapies and models of therapy across the whole range of mental health conditions, including severe mental health problems.

The GMC-mandated expansion in the training role of medical psychotherapy tutors in both core and higher training contexts is also discussed. The College promotes the development of Medical Student Psychotherapy Schemes and Balint groups in every UK medical school, to be led by medical psychotherapists.

Future developments are likely to include the development of reflective practice across medical specialities in accordance with ILO-19 (Core Training in Psychiatry: CT1–CT3 Intended Learning Outcome 19; Royal College of Psychiatrists, 2013) and the GMC's Shape of Training Review (GMC, 2013a). The training of medical psychotherapists is changing to accommodate these revised clinical and training priorities.

Nomenclature

The term 'consultant psychiatrist in medical psychotherapy' was agreed with the GMC in 2010. It replaces the terms 'consultant psychotherapist' and 'consultant psychiatrist in psychotherapy' as used in previous College documents.

Core principles of clinical work in medical psychotherapy

Assuring the quality and cost-effectiveness of psychotherapy services

Medical psychotherapy roles have grown at a local level and as a consequence are varied and 'patchy'. National standards of good practice in psychological therapies have now been developed, therefore the same expectations of equal access to safe, effective, evidence-based, efficient psychological therapies services applies to patients with more severe and complex difficulties that cannot be addressed through IAPT provision (Department of Health, 2011).

Such provision (Step 4 interventions) for people for whom shorter-term treatments are not appropriate or have been ineffective (usually those with treatment resistant and complex mental health conditions) is offered in Tier 2 psychotherapy services as part of a stepped-care pathway from IAPT services. Medical psychotherapists quality-assure these services, thereby ensuring effective use of resources.

Medical psychotherapists bring a distinct set of skills and attitudes to multidisciplinary teams, because of their lengthy training in general medicine, general psychiatry and a range of evidence-based psychological treatments. They are well placed, therefore, to work across the range of teams and services. In addition, they bring skills and experience to their role from their medical training and ethos. They include:

- providing a systematic approach to diagnosis and treatment
- being capable of and willing to assess and carry risk, and to manage clinically complex cases
- having a respectful attitude toward patients, backed by a personal experience of training therapy, and a robust medical, clinical governance framework
- being committed to the use of evidence-based treatment, and evaluating, weighing and applying the evidence base in instances in which evidence is limited and clinical judgement is required

- being committed to teaching, training and providing clinical supervision to all staff (particularly doctors)
- being committed to their leadership role and clinical responsibility.

A systematic approach to diagnosis and treatment is particularly important in the assessment and management of:

- treatment resistance (ensuring that relevant physical and pharmacological interventions have not been overlooked and that patients are allocated to an appropriate evidence-based therapeutic approach)
- severe and complex mental disorders (ensuring that psychotherapeutic, pharmacological and physical treatments are coordinated to optimise therapeutic outcomes based on a holistic formulation)
- complex, high cost cases in which mental health problems complicate physical conditions, or the physical and mental health symptoms are interrelated.

With respect to the capacity and willingness to assess and carry risk, their role may include

- assessment and management of risks likely to be escalated by psychotherapeutic intervention
- integration of psychotherapeutic interventions with psychiatric management for patients with severe and complex mental disorders
- support of teams in positive risk taking
- management of (and offer advice on) the use of the Mental Health Act 1983 and the assessment of mental capacity (Mental Capacity Act 2005) and adult and child safeguarding concerns in patients with complex needs who are undergoing therapy.

The responsibilities of medical psychotherapists in terms of their capacity and willingness to manage clinical complexity include:

- providing training in a range of therapeutic interventions (e.g. individual, group and family) to help coordinate therapeutic and psychiatric interventions where required
- supervising and overseeing psychologists and psychotherapists who are working with complex cases
- treating patients with treatment-resistant, complex, high-risk neurotic or affective disorders, and those with complex post-traumatic stress and attachment or personality disorders (in many instances these difficulties arise from childhood adversity).

Attending to the physical healthcare of these patients requires a full understanding of the ways in which patients' relationships with professionals affects their illness behaviour. Failing to combine these skills in leadership and team practice can negatively influence clinical outcomes among patients with severe and complex disorders.

Medical psychotherapy training fosters a developmental perspective on mental illness. In perinatal services, for example, medical psychotherapists contribute their understanding of the relational factors that contribute to the inter-generational transmission of attachment disorders, and the impact of maternal mental health problems on child development. They can also offer expertise in psychiatry and therapeutic interventions.

As a consequence, their roles have expanded to include:

- specialist personality disorder services in Tier 3 (specialist out-patient) and enhanced Tier 3 (day services)
- Tier-4 residential and locked personality disorder services
- psychotherapeutic services in secure and out-patient forensic settings
- specialist services for patients with medically unexplained symptoms in primary and secondary care
- eating disorder services
- perinatal mental health services.

They are trained to develop and work with psychological formulations that extend beyond diagnostic classifications. This means they can work psychotherapeutically with patients who present with significant comorbidities (who would otherwise fall through the gaps between specialist services).

Specific roles and responsibilities of medical psychotherapists

The specific roles and responsibilities of consultant psychiatrists in medical psychotherapy can be thought of under a number of headings: clinical; teaching and supervision; research and evaluation; strategy, leadership and service development; professional development, appraisal, standards of practice and clinical governance

Clinical responsibilities

These relate to a range of clinical roles in mental health services but some general principles underpin their activities. They should spend their time in both direct and indirect clinical care settings.

Direct clinical care

In these settings, they are required to:

- assess and manage complex cases
- assess and manage risk
- provide psychotherapeutic treatments (in the modalities in which they are trained) for a range of conditions including treatment-resistant, complex, high-risk neurosis, affective disorder and personality disorder (e.g. cognitive, psychodynamic and/or systemic therapy)
- take responsibility for or advising on the management of medical issues (where clinically appropriate) that are related to or arise from a patient's psychological difficulties
- prescribe or advise on prescribing alongside psychotherapy (where appropriate and within the competence of the medical psychotherapy practitioner)
- take on a responsible clinician role for patients who are detained under the Mental Health Act 1983 and are engaged in therapy (where appropriate and within the competence of the medical psychotherapy practitioner)

- only participate in on-call and Section 12 (Mental Health Act) rota duties when these duties are in keeping with their therapeutic clinical role and level of experience and training

Their commitment to leadership and clinical responsibility includes:

- providing leadership to and developing psychotherapeutic teams
- being the responsible clinician under the Mental Health Act 1983 for patients undergoing therapy (as required)
- being committed to teaching training and clinical supervision of all staff, particularly doctors having an attitude of respect to patients, backed by personal experience of training therapy, and a robust medical, clinical governance framework.

Developing reflective and psychologically minded practice in physical and mental health teams

Medical psychotherapists offer a high level of psychotherapeutic expertise to multidisciplinary teams. Because of their training, they are able to understand the systemic and psychodynamic effects of clinical work on teams, and by providing teams with reflective practice they support them to work effectively and maintain focus on the clinical task of the team.

This helps to protect the mental health of individual professionals, and supports the teams to maintain compassionate care, thus preventing the emergence of anti-therapeutic practices. Because of their training in assessment and formulation, they can support teams in managing the very complex and challenging patients.

Those who specialise in cognitive approaches have expertise in the training of teams to deliver skills-based approaches for patients with treatment-resistant affective and anxiety disorders.

Leading specialist services

The combination of their medical, psychiatric and psychotherapeutic training equips medical psychotherapists to lead specialist services for patients with complex mental health problems. In these services, psychotherapeutic interventions are the primary agent of change, and are offered alongside integrated pharmacological treatment, risk management and high standards of physical healthcare.

In indirect clinical care

In indirect clinical care settings, they are required to:

- supervise and manage the clinical work of psychotherapists, psychologists and other staff in the teams they lead
- use formulation to coordinate and work alongside psychiatrists and other professionals in mental health, physical health and social care settings to provide integrated care across agencies, and to share care with other clinical teams
- offer consultation and advice to both medical and non-medical colleagues
- participate in the work of various multidisciplinary teams and foster close working relationships with their colleagues to support the therapeutic task.

There are many models of service provision in which medical psychotherapists might be involved.

They might be a single-handed practitioner, offering Step 4 interventions in a mental health service relating to general psychiatrists, or they might be consultants in:

- a Tier 2 psychological therapies service
- a Tier 3 (out-patient) or enhanced Tier 3 (day programme) specialist personality disorder service or therapeutic community
- a residential or locked Tier 4 specialist personality disorder service
- a primary care psychological therapies service
- a liaison psychiatry service or therapeutic team working with patients with medically unexplained symptoms or long-term conditions
- a specialist eating disorders service
- a perinatal mental health service
- a service offering psychotherapeutic interventions to patients with psychotic disorders
- a psychological therapies research post.

Examples of services that may be led by medical psychotherapists are provided in the [Appendix](#).

Teaching and supervision

Consultant psychiatrists in medical psychotherapy have a GMC-mandated role to train psychiatry core trainees in psychotherapy (GMC, 2013b).

Core psychiatric psychotherapy training must be overseen by a medical psychotherapy tutor who has undergone higher or advanced specialist training in medical psychotherapy with a Certificate of Completion of Training in psychotherapy or a Certificate of Eligibility for Specialist Registration (CESR).

The tutor is responsible for the organisation, educational governance and quality assurance of psychotherapy training in the core psychiatry training scheme within a school of psychiatry.

Their role in the training of doctors and non-medical health and social care professionals extends further, whereby their teaching and consultation role supports professionals to manage the many difficult and stressful situations that arise in mental health practice; it also encourages positive risk-taking.

Medical psychotherapists are well placed to take lead roles in the development of psychologically minded practice, and improving morale and patient care.

Typical training roles of medical psychotherapists

Some examples of the many training roles that exist are:

- psychotherapy tutor on training schemes or within LEP (local education providers) contexts, under the remit of schools of psychiatry and LETBS (local education and training boards) in order to oversee the delivery of training of psychiatrists in psychotherapy
- training programme director for higher trainees in medical psychotherapy
- educational supervisor and clinical supervisor for higher trainees in medical psychotherapy and general psychiatry trainees who are undertaking one-year placements or special-interest sessions in psychotherapy.

They might also:

- oversee the development of psychotherapy schemes and Balint groups for medical student
- offer clinical placements to medical students that involves direct contact with patients

- offer Balint groups to doctors of all grades and specialisms and promote reflective practice (ILO-19) in line with findings of the Shape of Training Review
- coordinate the psychotherapy training of core trainees, and deliver the training
- evaluate the psychotherapeutic and communication skills of doctors partaking training.

The GMC mandates that the training should be provided within a clinical service in which the active and on-going psychotherapy practice of the medical psychotherapist provides a clinical context for the psychotherapy training they provide.

Programmed activities for training roles

Coordinating and providing psychotherapy training for core trainees requires two programmed activities per training rotation (approximately ten trainees per rotation).

There should be a mix of direct clinical contact, in which patients are assessed and matched to the trainees' experience, and supporting professional activities alongside teaching, supervising and running Balint groups.

Small rotations involving five or less trainees may need just one programmed activity.

The educational and clinical supervisor role for higher psychiatric trainees requires is yet to be specified, but it is reasonable to have one programmed activity for every five trainees.

If a medical psychotherapist is required to offer clinical supervision of cases, in addition to their educational and clinical supervisory role, then more time will be required in the job plan for this role.

Because of their mandated role in training psychiatrists, medical psychotherapists should be allocated three programmed activities for supporting clinical activities in job planning as described in CR174 (Royal College of Psychiatrists, 2012).

Consultant psychiatrists in medical psychotherapy are likely to be involved in the training of non-medical health and social care staff and voluntary organisations.

This role may include clinical or research supervision, or organising and overseeing supervision and training in a psychological treatment service as part of good clinical governance within the organisation.

Research and evaluation

Medical psychotherapists are actively involved in evaluating the outcomes of the clinical services they lead. This may be through the routine collection of clinical and patient-reported outcome measures, or through participating in national data collection systems.

Time for supporting professional activity is required within their job plans to support these activities.

Consultant psychiatrists in medical psychotherapy work with highly complex patients and they are well placed to undertake basic science research and quantitative and qualitative outcome research, and to innovate in the development of psychotherapeutic treatment models.

They may pursue their research interests in clinical or academic posts with designated research sessions.

In the course of their research activities they may supervise the research projects of a junior doctors as well as the projects of allied professionals.

Strategy, leadership and service development

With their training in organisational and team relations, and their medical leadership and expertise across a range of psychotherapeutic models, medical psychotherapists are able to offer expert advice on service and organisational development.

Their expertise is most applicable to psychological treatment services and specialist services for patients with complex needs, such as specialist personality disorder services, services for those with medically unexplained symptoms, services for people with treatment-resistant affective and anxiety-related disorders, eating disorder services, perinatal services and integrated models of care organised across agencies.

They may also advise more generally on the psychological basis of organisational principles. Areas of involvement include:

- developing existing psychological treatment services in keeping with the evidence base
- advising on innovations in psychotherapeutic practice
- establishing and monitoring a clinical governance framework for psychological treatments

- developing protocols regarding the use of psychological and pharmacological interventions (for those with appropriate expertise)
- planning and developing new services in line with national, regional and local priorities
- advising on workforce mental health, psychologically minded practice, and support teams require to sustain compassionate care
- bringing a distinctive medical and psychological perspective to the leadership of their organisation.

Professional development, appraisal, standards of practice and clinical governance

Medical psychotherapists are likely to take part in a range of activities and make a distinctive contribution to colleagues' reflective practice. Examples of these activities include:

- participating in regional and national professional regulatory and training bodies to assist in the development of psychiatry as a profession
- participating in medical leadership, appraisal, revalidation and clinical governance structures within their organisation (or more widely), with a particular focus on the psychological difficulties of colleagues in the workplace
- leading on provision of reflective practice groups for colleagues including consultant psychiatrists within a mental health trust
- advising on the psychotherapeutic aspects of continuing professional development (CPD) for medical and non-medical colleagues.

Line management of consultant psychiatrists in medical psychotherapy

Medical psychotherapists commonly work in psychological therapies services alongside psychology teams and adult psychotherapists. Medical line management must be in place in order to oversee the fulfilment of requirements relating to clinical governance and the provision of consultant peer groups for appraisal and revalidation, and to ensure consultants work to suitable personal development and job plans.

Opportunities for private discussions with senior medical colleagues are required, as part of management supervision and appraisal, and should include the content of job plans and achieving a balance between organisational and personal development priorities.

The GMC requirements for good medical practice (GMC, 2013c) must be met as they would be for any other doctor. Operational line management by psychologists or operational managers is not suitable for meeting the necessary standards.

Future roles for consultant psychiatrists in medical psychotherapy

As the healthcare demands of the population and priorities in healthcare provision evolve, the roles of medical psychotherapists are likely to continue to develop. Their broad and extensive training is likely to lead to the evolution of specific roles for medical psychotherapists.

Clinical settings

These include providing consultation to teams, with a focus on psychologically minded practice and the creation of enabling environments and cost savings.

Mental health settings

Consultant psychiatrists are increasingly being called upon to work with patients who are resistant to treatment with medication and short-term therapeutic interventions, or patients who present with multiple symptoms that span diagnostic categories.

Their difficulties fall outside the NICE guidance and require a high level of clinical expertise and experience.

These patients are commonly frequent attenders at services; they may be difficult to discharge from hospitals, or difficult to engage with, presenting clinical and reputational risks to provider organisations.

Management at this level of complexity in mental health teams is supported by medical psychotherapists in the following ways:

- assessing and consulting psychiatric colleagues, mental health teams and managers with respect to the management of complex high-risk cases
- supporting teams in reflective practice through reflective practice groups and formulation
- sustaining the psychological wellbeing of teams and compassionate care by providing staff support groups (especially following incidents).

Physical health, social care and integrated models

The move towards integration of care between primary and secondary health providers and across public and third-sector agencies provides ample opportunity for innovations.

Effective work by multiagency teams on the task they've been commissioned to perform may be impeded by a lack of clear clinical focus, purpose and communication.

Medical psychotherapy expertise straddles medical, psychological and social domains, taking a relational–developmental perspective.

Medical psychotherapists can offer integrated team consultations on complex cases and support colleagues in formulation, reflective psychologically minded practice, and the maintenance of compassionate care.

Specialist services

There are still many therapeutic challenges in the development of formulation-based psychotherapeutic models and team approaches to work with patients with multiple clinical presentations.

This may require working with people with addictions and comorbid psychotic and neurodevelopmental disorders, for whom outcomes are currently poor.

Therapeutic innovation

Historically medical psychotherapists have led the development of therapeutic innovations such as cognitive analytic therapy (Ryle, 1990), psychodynamic interpersonal therapy (Hobson, 1985) and mentalisation-based therapy (Bateman and Fonagy, 2010).

In terms of the work of medical psychotherapists, these innovations have addressed the need for evidence-based therapeutic models relating to complex, high-risk patients who are difficult to engage.

Developing models like these, running clinical trials and developing the evidence base, all form part of the national and international leadership role undertaken by medical psychotherapists.

Research

In addition to their contribution to research as described above, medical psychotherapists understand mental disorder as a phenomenon of both the mind and the brain, and take into account the genetic, epigenetic, interpersonal and social contributions to emotional development.

They are able to participate in interdisciplinary dialogue and neuroscience research, and to apply neuroscientific findings to psychotherapeutic and prescribing practice.

They also have a pivotal role in the development of a fully biopsychosocial understanding of mental illness, and can use this knowledge to develop therapeutic approaches that bridge the divide between biological, psychological and social psychiatry (Kandel, 1998).

Promoting psychotherapeutic psychiatric practice

In the future, a key role for medical psychotherapists will be in developing and sustaining the psychotherapeutic expertise of psychiatrists who lead teams and work routinely with complex patients as part of the good psychiatric practice.

Conclusions

Consultant psychiatrists in medical psychotherapy work across a wide range of settings.

Their roles continue to evolve in line with changes in medical practice and strategic and commissioning priorities.

They have a pivotal role in service provision, innovation, research and development of care pathways that promote psychologically minded practice in medicine, and integrated physical and mental healthcare in the organisations in which they work.

Their training in understanding human development and working with complexity across diagnostic categories makes them key players in the development of cost-saving, effective psychotherapy and specialist services for patients with highly complex presentations.

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*Can be obtained on request from the College's information services: infoservices@rcpsych.ac.uk

Appendix

Vignette 1: Out-patient psychotherapy settings

A medical psychotherapist based within an out-patient psychotherapy service is the psychotherapy tutor for a scheme that straddles four different mental health trusts. Their direct clinical roles involve:

- centralised assessment of potential psychotherapy cases for core trainees across all four trusts
- group supervision of the clinical work of core trainees and higher trainees
- overseeing the psychotherapy academic training programme for core trainees and higher trainees
- supervision of the facilitators of weekly case-based discussion groups for psychiatric trainees.

Their consultation roles involve:

- providing input on situations that require an understanding of organisational issues across trusts (e.g. splitting between services, complex serious incidents, or difficulties within specific parts of the organisation)
- acting as a 'link' between disciplines (e.g. psychology and psychiatry) by chairing a multidisciplinary management committee and helping disciplines to work together more effectively
- consultation to home-treatment, crisis intervention, first-episode psychosis and in-patient teams.

In this context, the combination of management, leadership and psychotherapeutic skills enable medical psychotherapists to offer a wide range of interventions to improve working relationships between different components of complex organisations, thus helping to improve collaborative working and learning across the system as a whole.

Vignette 2: Risk-management panels, complex-case forums and consultant case-based discussion groups

The following examples illustrate how the role of a consultant medical psychotherapist can significantly enhance psychiatric practice within an organisation and support colleagues by developing their own reflective capacities. This is essential to the task of providing skilled, productive and compassionate care, clinical management and decision making, and enhancing resilience when working under pressure with patients who have high levels of disturbance.

Risk management panels

The risk management panel is a monthly multidisciplinary panel in which teams present cases of patients presenting with high levels of risks to themselves or others, causing considerable anxiety within the clinic. The panel comprises senior managers, a trust security officer, a consultant psychiatrist and a consultant medical psychotherapist.

The input from medical psychotherapists helps to develop a culture in which the patient's early history and the team's emotional responses are recognised as key to understanding the presentation. When teams are relieved from direct clinical pressures and have space to think and reflect with the panel, then their capacity to think more freely about such cases and to make a comprehensive management plan is markedly enhanced.

These panels provide an opportunity for discussion about the most high-risk patients in the mental health trust with a medical psychotherapist, thus leading to risk management and team support of the highest quality. Informal feedback indicates that this system mitigates against 'burnout' and supports reflective practice, compassionate care and the teams themselves in making steps towards patient recovery, which may include positive risk-taking.

Complex-case forums

These forums involve a monthly panel of senior psychiatrists and a consultant medical psychotherapist coming together in teams to discuss cases in which there are highly entrenched problematic relationships with professionals, presenting challenges in their clinical management.

These patients may be frequent attenders or may seem impossible to discharge from in-patient treatment; or they may fall between the gaps in services, resulting in frequent referrals and repeated assessments with little clinical change. Such cases can be very demanding of clinical resources and can leave staff feeling helpless and stuck.

My own input as a medical psychotherapist has been to develop an understanding of the unconscious aspects of 'clinical impasse' situations like this, thus allowing the counter-transference reactions of the team to be addressed, as well as the exploration of what the patient may be communicating to the team about their dependence or resistance to recovery.

By facilitating a culture of reflective practice with these cases and by open examination of the feelings they elicit within teams, a fuller formulation of the case and the complex dynamic within the treating team can be achieved. This leads to a noticeable recovery of their capacity to think, to understand and to communicate with patients in a different – more productive – manner.

Thus the team is helped to regain a level of control and develop a management plan, rather than remaining stuck in a clinical impasse.

Chair consultant's case-based discussion groups

These function as a reflective practice group for consultant colleagues in addition to providing on-site CPD for consultants. I attend one such group, as well as the weekly case presentations within the trust for core trainees. I am able to contribute actively towards understanding the meaning of symptoms, the importance of early developmental experiences, and the unconscious communication between the doctor and the patient.

Vignette 3: Personality disorder service settings

Medical psychotherapists may be based in an out-patient personality disorder service that covers a large inner-city mental health trust. The service offers a 'hub and spoke' model, which consists of a central day-hospital-type service using mentalisation-based treatment and outreach input to generic mental health teams in relation to clients with complex comorbid personality disorders. There are both clinical, management and research roles in these settings.

Direct clinical roles

Roles for consultant psychiatrists in medical psychotherapy include:

- group supervision of assessments (in community teams and for the personality disorder day hospital) by staff from a variety of disciplines
- direct assessment and treatment of the most complex, comorbid cases (especially when there are complex 'psychiatric' issues (such as polypharmacy) or diagnostic issues
- training and weekly supervision of team clinical work
- consultation to general adult teams dealing with complex personality disorders
- direct liaison with primary care services (especially GPs).

Management and research roles

These roles include:

- clinical lead for a personality disorder service (involving service design and management of a budget)
- audit and research lead for a personality disorder service (involving clear assessment of treatment efficacy and dissemination of research relating to the service model, nationally and internationally).

Vignette 4: Experts in liaison psychiatry and medically unexplained symptoms

This role is within an acute (i.e. non-mental health) trust, and offers specialised input to teams working with patients who present with both physical health problems and psychological difficulties. These include patients with poorly controlled diabetes, or epilepsy and or who have received an organ transplant.

The consultant provides consultation to teams as well as direct assessments. For patients who are identified as being in need of psychological intervention, they can offer direct treatment, or they can refer them to the psychotherapy service, for brief cognitive analytic, transference-focused and cognitive behavioural therapies.

The medical psychotherapist also offers cognitive analytic formulation to teams. Their input has become invaluable to teams who treat cases that have a psychological or psychosomatic component.

Vignette 5: Innovative medical psychotherapists

Medical psychotherapists introduced a new service based in primary care in 2019. It was developed in conjunction with a large inner-city primary-care Clinical Commissioning Group (CCG) that had identified a deficit of psychological resources for patients based in primary care, who had psychological difficulties that did not meet the criteria for secondary mental health services.

The scope of the service includes:

- offering consultation to GPs on highly complex cases
- directly giving help to GPs to think about their counter-transference reactions to patients (as reflected in their wish to over-medicate, over-investigate, or offer special treatment)
- providing Balint groups to GPs
- supervising in-house staff who offer brief, focused psychodynamically informed treatment with a specific focus
- providing direct input to in-house staff when there is an explicitly psychiatric issue (e.g. with medication or uncertainty about diagnosis).

The service is large, seeing hundreds of patients every year. When the service was established, the medical psychotherapist delivered five programmed activities. As a result, the service was enabled to function in an efficient, cost-effective manner.

This shows how the specific skill set and training of medical psychotherapists is necessary for assessing and responding to the needs of primary care services, and to inform service provision. Medical psychotherapists provide a valuable interface between GPs and psychological services, and offer direct input for cases that require a comprehensive understanding of both physical morbidity and psychopathology.