Core values for psychiatrists
Rationale

Why develop core values for psychiatry?

The profession of psychiatry has values with which it operates, and which it uses on a regular basis. However, to date it has not articulated them fully, codified them or explained how they relate to each other.

How can the values framework be used?

The values framework should contribute to shaping the curriculum, training, clinical practice, policy and planning in the Royal College of Psychiatrists. It encompasses patients of all age ranges and specialties within psychiatry. It can be used as a training tool, providing a focus for a skills-based approach to decision-making where complex and conflicting values are involved (Morgan et al, 2016: p. 43), as a reference point, and as a measuring tool for evaluating practice. It underpins the therapeutic relationship between the patient and the doctor, which in turn influences the quality of recovery.

‘Unlike ethics, therefore, which seeks to determine “right outcomes,” values-based practice relies on “good process,” in particular good clinical skills, as the basis of balanced decision-making where values conflict’ (Fulford, 2011).

The core values and principles are open to future revision, and they can operate alongside Good Psychiatric Practice (CR154) and Good Psychiatric Practice: Code of Ethics (CR186) (Royal College of Psychiatrists, 2009a, 2014a).

How were the values and principles developed?

They were developed by the Royal College of Psychiatrists in Wales, led by Keith Lloyd, Consultant Psychiatrist, Abertawe Bro Morgannwg University Health Board, and Veryan Richards, Patient Representative, in consultation with the Executive Committee and membership in Wales. The values, principles and framework were discussed by the Policy and Public Affairs Committee, the Ethics Committee, and Council and were adopted UK-wide.
**Structure**

At the centre of the framework (Fig. 1) is a person-centred, biopsychosocial approach to clinical practice. Around this in the outer wheel are the core values: communication, dignity, empathy, fairness, honesty, humility, respect and trust. The four segments in the wheel are the themes through which all of these values are delivered; they are expanded on as ‘principles’ in the corresponding boxes outside the wheel.

**Definitions**

- A value is anything positively or negatively weighted as a guide to decision and action (Morgan et al, 2016: p. 39).
- A principle is a moral rule or standard of good behaviour (Cambridge Online Dictionary).
- A role is what you do; a value is why you do it.
Core Values Framework

A stand-alone version of this framework that may be printed and distributed freely is available at http://www.rcpsych.ac.uk/pdf/CR204_Framework.pdf
Glossary

Values

Communication
successful conveying or sharing of information, ideas and feelings

Dignity
being worthy of respect

Empathy
showing the ability to understand and share the feelings of another

Fairness
treating people equally without favouritism or discrimination

Honesty
truthful and sincere

Humility
having a modest view of one’s importance

Respect
due regard for the feelings, wishes or rights of others

Trust
firm belief in the reliability, truth or ability of someone

The values cover all ages from early developmental stages through to end-of-life care. The definition of each value is taken from the Oxford English Dictionary. The documents underpinning them are the Human Rights Act 1998 and the following (see reference list pp. 12–15): Committee on Standards in Public Life (1995); Curtice & Exworthy (2010); GMC (2013); NICE (2011); Royal College of Psychiatrists (2009a, 2014a); Welsh Government (2015a).
Approach to clinical practice

**Person-centred**
a process that is patient-focused, promotes independence and autonomy, provides choice and control and is based on a collaborative team approach. It recognises that healthcare should be holistic in context (NHS Wales, 2015; NICE, 2011; Royal College of Psychiatrists 2012a; Welsh Government, 2010a, 2015a).

**Biopsychosocial**
a clinical approach for assessment, diagnosis and treatment of a patient with a mental illness or disorder (Borrell-Carrio et al, 2004; Bughra & Ventriglio, 2015; Welsh Government, 2015a).

Principles

**Doctor**
The theme of ‘Doctor’ refers to the principles which underpin the professional role. *Good Medical Practice* by the General Medical Council (GMC, 2013) gives an overview of the duties of a doctor.

**Efficacy**
the capacity for beneficial change or therapeutic effect of a given intervention (Leucht et al, 2012; Welsh Government, 2015a).

**Effectiveness**
the extent to which an intervention is successful in the treatment of illness; ways of working that enable psychiatrists to deliver effective, person-centred care (Royal College of Psychiatrists & National Institute for Mental Health in England, 2005; Welsh Government, 2015a).

**Evidence-based practice**
an approach to medical based practice in which decisions and interventions are based on scientific research and evidence (Royal College of Psychiatrists, 2009a; Welsh Government, 2015a).

**Highest ethical standards**

**Highest professional standards**

**Long-term engagement**
the management of diagnosis and treatment towards recovery from mental illness can take a considerable period of time (Royal College of Psychiatrists, 2012a).
**Prudent healthcare**
Welsh Government policy that fits closely with Choose Wisely and seeks to do no harm; carry out minimum appropriate intervention; promote equity between professionals and patients (Aylward et al, 2013; Bradley et al, 2014; Academy of Medical Royal Colleges, 2016; Welsh Government, 2015a, 2016).

**Resilience**
the ability to maintain personal and professional wellbeing in the face of on-going work, stress and adversity (McCann et al, 2013).

**Unique professional blend**
medical doctors who specialise in the study, diagnosis, treatment and prevention of mental disorders, in hospital and community settings (Craddock et al, 2008; Royal College of Psychiatrists, 2011a; Mason & Perry, 2014).

**Values-based practice**
a skills-based approach to working with complex and conflicting values (Adshead, 2009; Welsh Government, 2015a; Morgan et al, 2016; Fulford, 2017).

**Whole system**
partnership working across sectors (Welsh Government, 2010b; Mental Health Foundation, 2016; Mental Health Taskforce, 2016; Values-Based Child and Adolescent Mental Health System Commission, 2016).

**Leadership**
Leadership in mental health can be considered at three distinct levels; the strategic, the service and the front line (Royal College of Psychiatrists, 2011a, 2014b; Welsh Government, 2015a; Commission to Review the Provision of Acute Inpatient Psychiatric Care for Adults, 2016).

**Commitment**
a sense of responsibility and engagement (Deahl, 2010; Welsh Government, 2015a).

**Continuous professional development**
maintaining and developing knowledge, skills and practical experience in the relevant medical speciality (Hobkirk, 2012; Royal College of Psychiatrists, 2014c, 2015a).

**Excellence**
providing the best level of clinical care that is commensurate with training, experience and the resources available (Committee on Standards in Public Life, 1995; Royal College of Psychiatrists, 2009a, 2010a, 2014c, 2015b; Welsh Government, 2015a).
Integrity
being honest and trustworthy (Committee on Standards in Public Life, 1995; Royal College of Psychiatrists, 2009a, 2010a, 2014a; Welsh Government, 2015a).

Liaison
a branch of psychiatry that specialises in the interface between medicine and psychiatry with patients who have comorbid medical conditions (Academy of Medical Royal Colleges, 2009; Royal College of Psychiatrists, 2012b, 2013a; Royal College of Emergency Medicine, 2016).

Management
‘getting things done well through and with people, creating an environment in which people can perform as individuals and yet collaborate towards achieving group goals and removing obstacles to such performance’ (Koontz, 1962; Royal College of Psychiatrists, 2011a; GMC, 2012).

Mentoring
helping colleagues to achieve their full potential in carrying out their clinical and other responsibilities at work (Royal College of Psychiatrists, 2010a).

Multidiscipline
effective multidisciplinary team working will enhance the optimal level of recovery for the patient (Lieberman, 2001; Royal College of Psychiatrists, 2010a, 2015b).

Public mental health
advocating evidence-based prevention and promotion of public health policies which enable good mental health (Royal College of Psychiatrists, 2010b; Mental Health Foundation, 2016; Mental Health Taskforce, 2016).

Research, innovation and training
research is of central importance to understanding mental health and illness (Royal College of Psychiatrists, 2009a, 2011b, 2014a, 2015b).

Sustainability
developing a sustainable approach to healthcare and clinical practice (Welsh Government, 2010c; Royal College of Psychiatrists, 2015c).
**Co-production**

Co-production facilitates the delivery of person-centred care; putting patients, their families and carers at the centre of decision making regarding their healthcare (Boyle & Harris, 2009; Royal College of Psychiatrists, 2009a, 2016; Welsh Government, 2010a, 2015; Montgomery v Lanarkshire Health Board [2015]).

**Advocacy**

the importance of the role of families and carers in supporting the patient (Lavis, 2015; Royal College of Psychiatrists, 2012c; Welsh Government, 2010d, 2012, 2014), see also the Mental Health Act 2007.

**Attentive listening**

listen, understand, involve and value the contributions from patients, carers and colleagues (NICE, 2011; CentreForum Commission, 2014; Abertawe Bro Morgannwg University Health Board, 2015).

**Care pathway continuity**

managing continuity of care through integrated care pathways (Royal College of Psychiatrists, 2009a, 2014b; Welsh Government, 2010a, 2015a; NICE, 2011).

**Choice and consent**

a patient exercising choice and giving their consent about the care they receive and how they receive it (Curtis & Exworthy, 2010; Department of Health, 2014a, 2015b; Royal College of Psychiatrists, 2009a; Welsh Government, 2013b, 2015a; Montgomery v Lanarkshire Health Board [2015]), see also the Human Rights Act 1998.

**Compassion**

paying attention to the quality of care and being sensitive to personal need (Royal College of Psychiatrists, 2009a; Welsh Government, 2013a, 2015a).

**Empowerment and hope**

support is provided to develop competence in self-care and promote rehabilitation, re-enablement and resilience (Mind & Mental Health Foundation, 2013; Pratt et al, 2013; Bhui, 2014; Skills for Care, 2014; Welsh Government, 2015a).

**Explanation**

patients understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues (Royal College of Psychiatrists, 2009a; NICE, 2011; Welsh Government, 2015a).
Holistic
understanding and applying the biopsychosocial–spiritual–cultural context for the delivery of mental healthcare (Koenig, 2011; Royal College of Psychiatrists, 2013b; Mason & Perry, 2014; NHS England, 2014a; Welsh Government, 2015a), see also the Equality Act 2010.

Maximise potential for recovery
to support a patient through assessment and treatment to re(gain) the skills and confidence to live a productive and independent life in the community (Entwhistle & Cribb, 2013; Welsh Government, 2015a).

Partnership
the patient and the doctor are equal partners in planning, developing and accessing care to make sure it is the most appropriate for the patient’s needs (Royal College of Psychiatrists, 2014a; Welsh Government, 2015a, 2016).

Responsibility
a degree of ownership and responsibility on the part of the patient in the journey towards recovery from illness (Royal College of Psychiatrists, 2009b, 2014b; Abertawe Bro Morgannwg University Health Board, 2015; Richards, 2015; Welsh Government, 2015a).

Timeliness
good access to the appropriate service based on clinical need for assessment and treatment (Welsh Government, 2010a, 2015a; Department of Health, 2014b; Royal College of Psychiatrists, 2013b, 2014b).

Transparency
Transparency requires easily accessible, clear and accurate information (Royal College of Psychiatrists, 2012a; Francis, 2013; Welsh Government, 2015a).

Accountability
probit; being honest, trustworthy and acting with integrity in all aspects of clinical practice (Committee on Standards in Public Life, 1995; Royal College of Psychiatrists, 2009a; Health Inspectorate Wales, 2015; Welsh Government, 2015a).

Boundaries
protecting the rights of the patient and the doctor (Welsh Government, 2010a; Royal College of Psychiatrists, 2013c).

Challenging stigma
addressing prejudice and discrimination (Royal College of Psychiatrists, 2009a; NHS Confederation, 2014; Welsh Government, 2015b; Mind & Rethink Mental Illness, 2017).
**Confidentiality**
patients have the right to expect that information about them will be held in confidence by psychiatrists (Royal College of Psychiatrists, 2010c, 2014a; NICE, 2011; Welsh Government, 2015a).

**Equal access to services**
parity of esteem, valuing mental health equally with physical health (Royal College of Psychiatrists, 2013b; Department of Health, 2014a; NHS England, 2014b; Welsh Government, 2015a).

**Equality and diversity**
doctors should have due regard to a patient’s needs arising from their race, gender, religion, sexuality, age or disability when delivering healthcare and should not discriminate for any of these factors (Curtice & Exworthy, 2010; Welsh Government, 2010a; Royal College of Psychiatrists, 2011c; Aylward et al, 2013; Department of Health, 2011, 2015b), see also the Equality Act 2010 and the Mental Health Act 2007.

**Governance**
a system of accountability to stakeholders within which healthcare organisations work (Royal College of Psychiatrists, 2006, 2014b, 2015b; Welsh Government, 2013b).

**Safe practice**
References


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