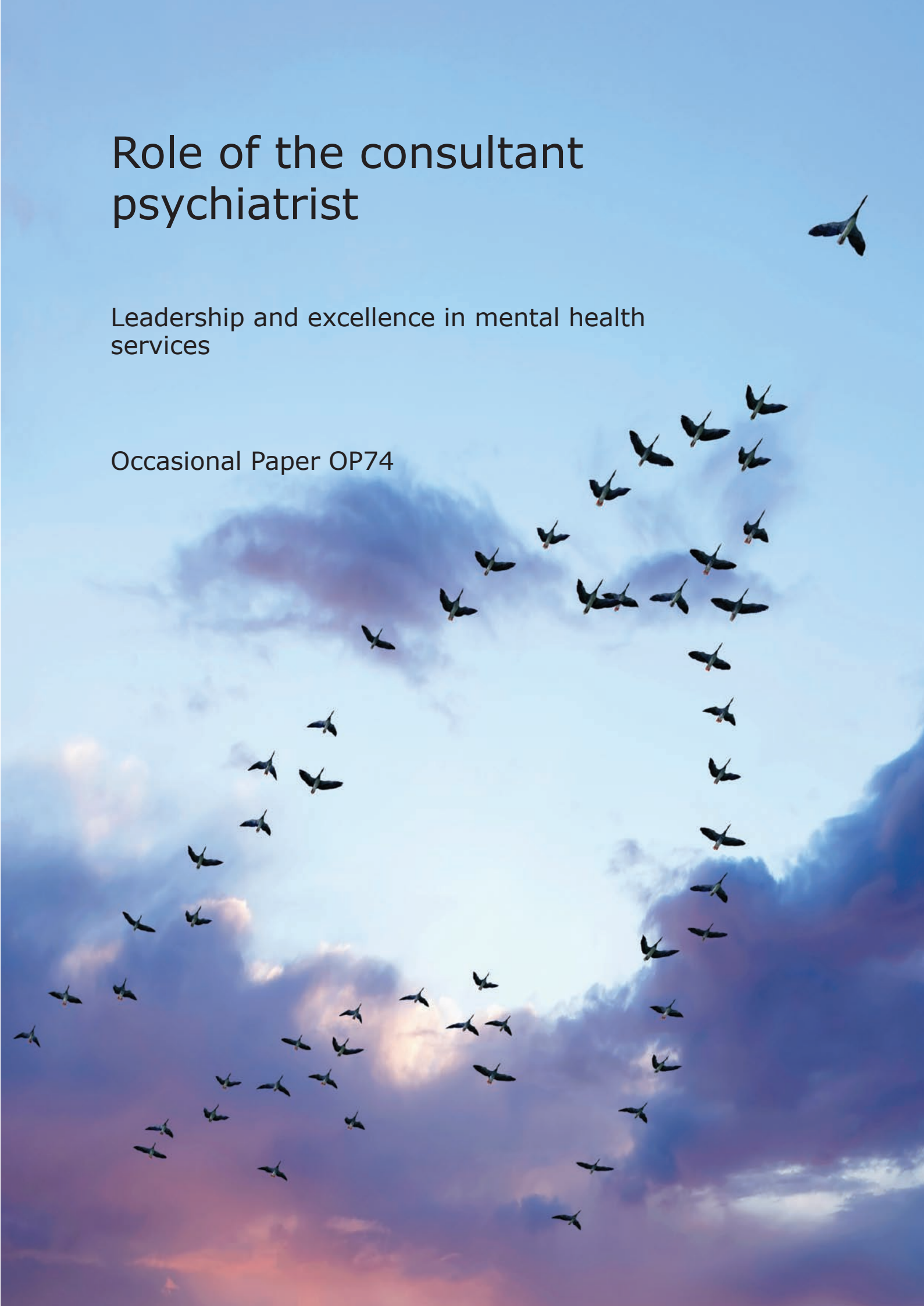


# Role of the consultant psychiatrist

Leadership and excellence in mental health services

Occasional Paper OP74



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# Introduction

Psychiatrists, those who aspire to become psychiatrists, patients, carers, commissioners and policy makers – indeed the whole of society – need some clear messages right now from the leaders of the profession.

The pace of change in modern mental healthcare has increased exponentially over the past few years. The role of the consultant psychiatrist within a multidisciplinary team has been debated in a way that might have been unthinkable in the past.

As a profession we must look outwards, work with stakeholders, face the challenges related to changing expectations, and contribute to the debate with a positive, robust and well-evidenced response. Defensiveness and retreat into past certainties will not do.

Consultant psychiatrists are educated and trained to manage uncertainty – but too much uncertainty is not good for the profession, for our patients or for society as a whole.

This short paper, therefore, sets out clearly the unique benefits that a consultant psychiatrist brings to patient care, team leadership and service development.

The training and the regulation of consultant psychiatrists equip doctors for these roles, and to adapt to change in fast-moving times while staying true to the principles that brought us, as psychiatrists, into medicine.

Hopefully, this paper will bring clarity and confidence to our fellow professionals, to our patients and their carers, and to all others who have an interest in these matters.

This paper should be read in conjunction with *Good Psychiatric Practice*, which sets out standards of practice for psychiatrists (Royal College of Psychiatrists, 2009), and A Competency Based Curriculum for Specialist Training in Psychiatry ([www.rcpsych.ac.uk/training/curriculum2009.aspx](http://www.rcpsych.ac.uk/training/curriculum2009.aspx)). Both documents define the skills, knowledge and attitudes necessary for psychiatrists to be able to fulfil their roles as physicians.

In producing this paper I have consulted widely with colleagues throughout the College and with other stakeholders including patients, professionals and employers.

**Professor Dinesh Bhugra**

President, The Royal College of Psychiatrists

# 1. Background

We live now in a very different world to the one into which psychiatry was born. The pace of change has accelerated over the past 5 years. Expertise is no longer enough, while person-centredness is only one component of an overall strategy for the well-being of our patients. Equally, patients are required to place their trust in doctors, and the role and the responsibilities of the consultant psychiatrist within the multidisciplinary team are still unique.

Consultant time, however, is expensive and, particularly in the current financial climate, commissioners who spend scarce resources need to understand the value of what they buy. Otherwise they will, understandably, look to buy something which costs less and 'appears' to do the same job.

The role of the consultant may have changed, and no doubt will change further, but it is still of unique benefit to patients.

In this regard I refer to New Ways of Working ([www.newwaysofworking.org.uk](http://www.newwaysofworking.org.uk)) in England, to creating a capable workforce and to the *Next Stage Review* (Department of Health, 2008) – all of which envision developing roles for the consultant psychiatrist.

I seek in this paper to draw out the role of the consultant psychiatrist who, because of the nature of their medical training, represents the only professional able to integrate biological, psychological and social elements of healthcare into care packages to manage and alleviate mental illness, and to understand the complex interactions between mental and physical health.

## 2. Objectives

In the past 2–3 years several challenges have emerged for the medical and psychiatric professions. Some of these are external, such as the introduction of Modernising Medical Careers (MMC), and some internal. For example, as Sir John Tooke (2008) noted:

‘Service needs cannot be met now or in the future unless there is a clear understanding of what part each healthcare professional plays. This is particularly true for doctors and needs to be articulated.’

The medical profession responded:

‘Decisions on the nature and shape of the medical workforce require clear understanding of the distinguishing roles of doctors and what is expected from them.’ (Academy of Medical Royal Colleges, 2008)

Like many other organisations within the medical profession, the Royal College of Psychiatrists seeks to rise to the challenge of articulating a definition that is fit for purpose in the 21st century as we work to deliver high-quality care for patients – in this case, the role of the consultant psychiatrist in mental health services.

This paper seeks to map the role of the consultant psychiatrist and to define the values and competencies which will aid us in delivering the best care for our patients – care that is clinically effective, safe and person-centred.

We hope this paper will be read and discussed widely:

- within psychiatry
- within the medical profession as a whole
- by other members of the multidisciplinary team in psychiatry, and their leaders
- by employers and commissioners
- by policy makers
- by our patients and their carers.

In a future, related paper I will explore the meaning of professionalism in psychiatry and of psychiatry’s contract with society.

### WHY IS ROLE DEFINITION SO IMPORTANT?

It is only by defining a role, and then defining supporting competencies, that one is able to set standards, to regulate, to recruit and to train appropriately

the psychiatrists of the future and to undertake workforce planning that meets service needs. Definition will also reduce confusion, and focus on training outcomes.

The public expect no less, and our patients deserve no less.

Additionally, recent developments have left some psychiatrists uncertain of their future roles and how they will be able to deliver the things they came into medicine to achieve.

The profession needs to articulate clearly a vision for the way forwards, support psychiatrists in times of uncertainty and draw a line under discussions which have preoccupied us for some time. Psychiatrists are accountable for their patients – yet if uncertainty reigns, they cannot be truly accountable for anything.



# 3. The model and our approach

All consultant psychiatrists should first be good doctors. The General Medical Council (2010) defines what it means to be a good doctor in *Good Medical Practice*.

'Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity.'

Psychiatrists then receive first-class training (as defined in the College's Competency Based Curricula for Specialist Training in Psychiatry) and aspire to consultant psychiatrist posts. They must meet the standards set out in *Good Psychiatric Practice* (Royal College of Psychiatrists, 2009).

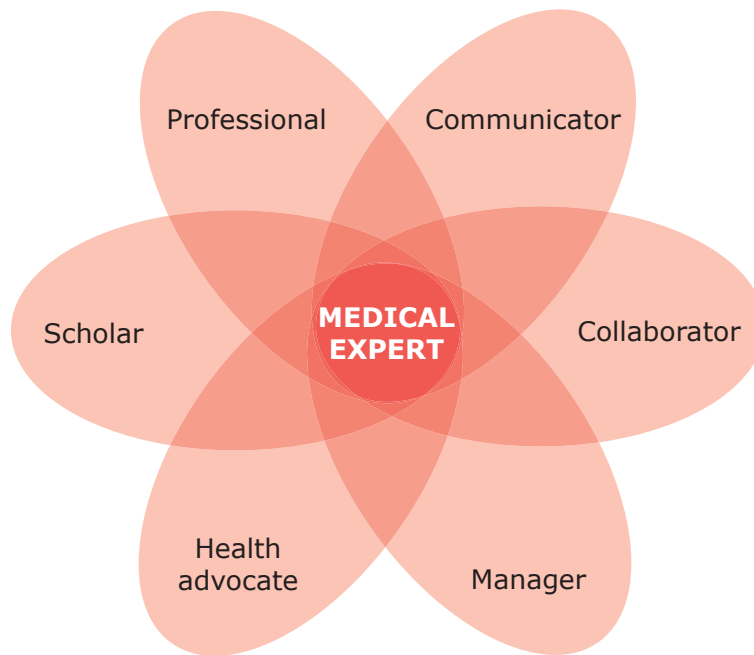
Consultant psychiatrists then demonstrate their continuing fitness to function as accredited specialists by undertaking relicensing, recertification and revalidation. These are the benchmarks, and the start points, but the external environment does not stand still (Royal College of Psychiatrists, 2009).

We need to focus on clinical leadership, on responsibility and accountability, and on the ability to manage complexity – within ourselves, within the team and for the most severely challenged patients. We need to help psychiatrists demonstrate resilience in the most difficult of circumstances, and to maintain a constant drive for quality in mental health services for the benefit of patients.

We need to ensure excellence across the domains which matter the most to the well-being of our patients, and demonstrate to fellow healthcare professionals, commissioners and policy makers the unique role and added value of the consultant psychiatrist. There are many frameworks which can be used to make this case. We structure this paper by re-emphasising first that consultant psychiatrists are good doctors and good psychiatrists, while drawing out the specific roles and added value of the consultant role.

We make reference also to the well-established CanMEDS Physician Competency Framework adopted in 1996 by the Royal College of Physicians and Surgeons in Canada (2007). This model already forms the basis of the Royal College of Psychiatrists' competency-based curricula for the training of psychiatrists, and is a model well known in the articulation of what it means to be a doctor.

Figure 1 expresses powerfully the multifaceted roles that define the medical professional. In the original CanMEDS work, the roles are summarised as follows.



**Fig.1** The CanMEDS diagram: roles embodied by competent physicians. Adapted from Royal College of Physicians and Surgeons of Canada (2007).

## MEDICAL EXPERT

The central role that integrates all of the CanMEDS roles: applying medical knowledge, clinical skills and professional attitudes in the provision of patient-centred care.

## COMMUNICATOR

Effectively facilitating the doctor–patient relationship and the dynamic exchanges that occur before, during and after the medical encounter.

## COLLABORATOR

Working effectively as a member of a healthcare team to achieve optimal patient care.

## MANAGER

Being integral participants in healthcare organisations, organising sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

## HEALTH ADVOCATE

Responsibly using expertise and influence to advance the health and well-being of individual patients, communities and populations.

## SCHOLAR

Demonstrating lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

## PROFESSIONAL

Being committed to the health and well-being of individuals and society through ethical practice, profession-led regulation and high personal standards of behaviour.

## 4. Role of the consultant psychiatrist

- Caring for patients from the perspective of medical education and training
- Management of complexity, severity and risk to the patient or to others
- Teaching and training
- Research and innovation
- Exemplifying values, challenging stigma and discrimination
- Clinical leadership, demonstrating resilience in difficult circumstances and leading the drive for quality

### CARING FOR PATIENTS

Whatever the subspecialty within psychiatry, the primary duty is to care for patients and it is the role of the consultant psychiatrist to use the skills of the medical expert to achieve best care. The patient should be at the core of any service.

A psychiatrist is a medically qualified doctor who deals with mental illness, as well as the interaction between physical and mental illness. It is well established that a significant proportion of physically ill patients will also have a mental illness. An equally large number of patients with mental illness will have physical problems, either contributing to their illness or as a consequence of their mental illness.

A major advantage of psychiatric training is learning about psychological and social causation in addition to medical knowledge in aetiology and the management of mental illness. Psychiatrists are thus best placed to use integrated biopsychosocial models in understanding the aetiology of mental illness and managing mental illness, emotional disturbance and abnormal behaviour. This is what makes us different from other disciplines.

### MANAGING COMPLEXITY AND SEVERITY

The consultant psychiatrist's medical expertise in diagnosis and treatment is vital where there is comorbidity (e.g. personality disorder, mental illness and addiction), and where there is interplay between mental and physical

illness. The ability to manage the complexities of the illness, and of the system within which the service is delivered, is an important attribute of the psychiatrist. Furthermore, the consultant psychiatrist is able to contain anxieties within the team and maintain hope for the patient.

The consultant psychiatrist understands the issues, handles complex information and formulates management of the relative effectiveness and side-effects of medication and therapy as these apply to individual patients.

The consultant psychiatrist is trained to assess the evidence base for specific approaches and interventions. Medicine is a scientific discipline, and treatment should be as evidence-based as is possible in any circumstances. Awareness of and working with National Institute for Health and Clinical Excellence guidelines are important.

Particularly in the modern age of information overload, and of information available on the internet which may be partial or open to misinterpretation, the role of the consultant psychiatrist as clinical scientist able to critically assess and apply the best treatment strategies – and, just as importantly, to communicate these to patients and to commissioners – is vital.

## MANAGING RISK

In psychiatry, more than in some other medical specialties, there is a higher possibility that patients may present a risk to themselves or to others. Psychiatrists have statutory roles in the use of the Mental Health Act 1983 and the Mental Capacity Act 2005, and other statutory roles such as taking part in social work hearings regarding child protection and vulnerable adult situations or indeed in giving specialist advice on fitness to drive. The role of responsible clinician (the approved clinician with overall responsibility for the patient's case), we believe, should be the role of the doctor within the team.

Managing these responsibilities while challenging stigma and discrimination – in particular the prevalent belief that people with mental illness pose a greater threat to the public than to themselves (when it is actually the other way around) – is a high-level skill.

## TEACHING AND TRAINING

The psychiatrist has a personal and lifelong commitment to reflective learning. Elements included in this role are professional development and learning with reflective practice, critical appraisal of evidence, using a variety of learning methods, mentoring, role modelling, and research ethics and research questions.

Consultant psychiatrists can and must educate patients, their carers psychiatric trainees and other disciplines (e.g. general practitioner trainees), and in turn learn from them.

Traditionally, many consultants will have, and do, give their time to specific roles related to teaching and training (e.g. examiner, clinical tutor, programme director) and in developing the curricula and methods of assessment. These roles need proper resourcing.

## RESEARCH AND INNOVATION

Developing a better understanding of an illness and pursuing more effective treatments is an intrinsic part of the role of the consultant psychiatrist. The breadth of training and education in the basic sciences, including chemistry and biology, as well in the social and the psychological sciences and the experience gained in research techniques, position the consultant psychiatrist uniquely to work and to lead in this area.

Research, audit and innovation in service improvement (such as in the work of the College's Centre for Quality Improvement) are important. This is a multidisciplinary field of endeavour, in which the consultant psychiatrist leads, commits and encourages (Academy of Medical Royal Colleges & NHS Institute for Innovation and Improvement, 2009).

## CHALLENGING STIGMA AND DISCRIMINATION, AND UPHOLDING THE HIGHEST ETHICAL VALUES

Medicine is probably unique in having ethical principles which are both worldwide and of such long-standing to underpin its practice. These principles are important in informing ethical clinical practice across teams and hospitals within UK health services – but also in advising and supporting colleagues internationally. Sadly, sometimes psychiatric services have been misused and our colleagues who seek to counter these wrongs need clear messages of support at all possible levels.

Stigma and discrimination are enormous issues for those who use mental health services. The choice of psychiatry as a specialty within medicine can even stigmatise young doctors.

As health advocates, psychiatrists should be able to support patients and their carers, and work with them and their organisations to advocate jointly for the resources and services needed. The focus on service development should make services not only geographically but emotionally accessible. Psychiatrists should also advocate for health promotion and prevention of disease as well as for their own role in society. They should be able to advise on mental healthcare policy and patient safety. As part of the public mental health process, they ought to identify determinants of health for the populations that they serve. They have a responsibility to promote the health of individual patients, communities and populations.

## LEADERSHIP

A consultant psychiatrist cannot see every patient (the money and the time are simply not there) or be personally responsible for every patient seen by a member of the team that they lead.

However, a consultant psychiatrist can, and indeed is uniquely positioned to, lead a team in such a way that practice and outcomes for patients are good and are continuously improving. A consultant psychiatrist can be accountable for this leadership role. (We define responsibility as a personal undertaking to do something. We define accountability as an undertaking to make sure that something is done.)

The seniority of a consultant psychiatrist within the multidisciplinary team can confer accountability for clinical leadership, but this is not automatic. The imperatives of leadership should include:

- clinical decision-making in multidisciplinary contexts
- managing dynamics in team settings
- professional development of colleagues
- service improvement and the drive for quality
- ensuring equity of access
- an ambassadorial role for health services, and an acceptance of wider roles outside the employing organisation
- horizon scanning, to anticipate developments in policy and practice, and then encourage evolution in service delivery.

# References

- Academy of Medical Royal Colleges (2008) *Medical Workforce Project to Identify the Added Value Doctors Bring to the Healthcare Team*. Academy of Medical Royal Colleges.
- Academy of Medical Royal Colleges & NHS Institute for Innovation and Improvement (2009) *Medical Leadership Competency Framework. Enhancing Engagement in Medical Leadership. Second Edition*. NHS Institute for Innovation and Improvement.
- Department of Health (2008) *High Quality Care for All: NHS Next Stage Review Final Report*. Presented to Parliament by the Secretary of State for Health by Command of Her Majesty. TSO (The Stationery Office).
- General Medical Council (2010) *Good Medical Practice: Good doctors*. GMC ([http://www.gmc-uk.org/guidance/good\\_medical\\_practice/good\\_doctors.asp](http://www.gmc-uk.org/guidance/good_medical_practice/good_doctors.asp)).
- Royal College of Physicians and Surgeons of Canada (2007) *The CanMEDS Physician Competency Framework*. Royal College of Physicians and Surgeons of Canada (<http://www.rcpsc.medical.org/canmeds/index.php>).
- Royal College of Psychiatrists (2009) *Good Medical Practice (3rd edn)*. Royal College of Psychiatrists.
- Tooke J (2008) *Aspiring to Excellence: Findings and Final Recommendations of the Independent Inquiry into Modernising Medical Careers*. MMC Inquiry.



# Further reading

- Bhugra D, Bell S, Burns A. *Management for Psychiatrists (3rd edn)*. RCPsych Publications, 2008.
- Crawford M. Involving users in the development of psychiatric services – no longer an option. *Psychiatric Bulletin* 2001; **25**: 84–6.
- Donaldson L. *Towards Excellence in Assessment in Medicine: A Commitment to a Set of Guiding Principles*. Department of Health, 2004.
- Elwyn G, Greenhalgh T, MacFarlane F. *Groups: A Guide to Small Group Work in Healthcare, Management, Education and Research*. Radcliffe Medical Press, 2001.
- General Medical Council. *Tomorrow's Doctors. Leadership and Excellence in Mental Health Services*. GMC, 2009.
- Ikkos G. Engaging patients as teachers of clinical interview skills. *Psychiatric Bulletin* 2003; **27**: 312–5.
- Piachaud J. Teaching learning disability to undergraduate medical students. *Advances in Psychiatric Treatment* 2002; **8**: 334–41.
- Reynolds A, Thornicroft G. *Managing Mental Health Services*. Open University Press, 1999.
- Southgate L, Grant J. *Principles and Standards for an Assessment System for Postgraduate Medical Training*. PMETB Subgroup on Assessment, 2003.
- van der Vleuten C, Newble D, Case S, Holsgrove G, McRae C, McCann B, et al. Methods of assessment in certification. In *The Certification and Recertification of Doctors: Issues in the Assessment of Clinical Competence* (eds D Newble, B Jolly, R Wakeford): 105–125. Cambridge University Press, 1994.
- Young A. *The Medical Manager*. BMJ Books, 1999.

## OTHER RESOURCES

- Being Seen and Heard – the Royal College of Psychiatrists have developed a video training pack with CD-ROM for the exclusive use of staff involved in the care of mentally ill parents and their children.
- Medical Leadership Competency Framework ([www.institute.nhs.uk/assessment\\_tool/general/medical\\_leadership\\_competency\\_framework\\_-\\_homepage.html](http://www.institute.nhs.uk/assessment_tool/general/medical_leadership_competency_framework_-_homepage.html)) – a framework and tool, which is designed to enhance the skills doctors need to become more actively involved in the planning, delivery and transformation of health services.

# Glossary

## **College Centre for Quality Improvement**

Part of the College Research Unit, this centre supports the development and implementation of service standards in mental health ([www.rcpsych.ac.uk/clinicalservicestandards.aspx](http://www.rcpsych.ac.uk/clinicalservicestandards.aspx)).

## **Competency-based curricula**

The key documents specifying the content of training for psychiatrists, the Core and Specialist Training curricula were approved by the Post Graduate Medical Education and Training Board in April 2009 and took effect for all trainees in psychiatry from 1st August 2009 ([www.rcpsych.ac.uk/training/curriculum2009.aspx](http://www.rcpsych.ac.uk/training/curriculum2009.aspx)).

## **Consultant psychiatrist**

A specialist medical doctor, fully trained in psychiatry and on the General Medical Council's Specialist Register.

## **Creating a capable workforce**

A Department of Health programme aimed at building effective teams in psychiatry ([www.newwaysofworking.org.uk](http://www.newwaysofworking.org.uk)).

## **Good Medical Practice / Good Psychiatric Practice**

*Good Psychiatric Practice (3rd edn)* sets out standards of practice for psychiatrists. It is aligned to Good Medical Practice, the General Medical Council document which sets the general standards applicable to all medical practitioners. The College's page provides a link to Good Medical Practice as well ([www.rcpsych.ac.uk/publications/collegereports/cr/cr154.aspx](http://www.rcpsych.ac.uk/publications/collegereports/cr/cr154.aspx)).

## **Indicators for quality improvement in England**

A method of measuring and benchmarking mental health services in England by identifying the outcomes which define a good service.

## **Medical Leadership Competency Framework**

A framework and tool, which is designed to enhance the skills doctors need to become more actively involved in the planning, delivery and transformation of health services. NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, May 2009.

## **Multidisciplinary team**

A team which may include doctors, nurses, psychologists and other healthcare and social care professionals in the delivery of care to patients.

**National Institute for Health and Clinical Excellence guidelines**

The National Institute for Health and Clinical Excellence is an independent organisation which develops national guidance on treating ill health and promoting good health.

**Revalidation**

The component parts of revalidation are relicensing (for all doctors) and recertification (for registered specialists). It is a process by which doctors who hold a licence to practise will have to demonstrate to the General Medical Council, normally every 5 years, that they are up to date, fit to practise and adhere to the relevant professional standards ([www.gmc-uk.org/doctors/licensing](http://www.gmc-uk.org/doctors/licensing)).



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