Management for psychiatrists
Management for psychiatrists

4th edition

Edited by Dinesh Bhugra, Stuart Bell and Alistair Burns

RCPsych Publications
Contents

List of contributors viii
List of figures, tables and boxes xi
Preface xvii

Part I: Theoretical overview
1 History and structure of the National Health Service 3
   Ross Overshott, Alistair Burns and Dinesh Bhugra
2 The politics, funding and resources of the NHS in England 28
   Luca Polledri, Samuel Menon and Stephen Morris
3 Medical management 44
   Martin Baggaley
4 Doctors and managers 52
   Stuart Bell
5 Resources in the NHS 65
   Stuart Bell
6 The development of community care policies in England 85
   Koravangattu Valsraj and Graham Thornicroft
7 Psychiatry management and legislation in Northern Ireland 98
   Edward Noble
8 Mental health services in Scotland 105
   Alastair Cook
9 Mental health services in Wales: policy, legislation and governance 118
   Rob Poole and Manel Tippett
10 The Mental Capacity Act – an update 131
    Jonathan Waite

Part II: Changes and conflicts
11 Medical leadership skills: what is needed to be a successful leader? 141
    Alex Till, Antonio Ventriglio and Dinesh Bhugra
CONTENTS

12 Understanding systems
   Amit Malik and Kate Jefferies 155

13 Working with the team
   Frank Holloway and Tom Edwards 167

14 Managing multicultural and multinational teams in healthcare
   Oyedeji Ayonrinde 185

15 Management of change
   Zoë K. Reed 207

16 Managing the psychiatrist’s performance
   Michael Holland 218

17 Revalidation for psychiatrists
   Ellen Wilkinson 231

18 Quality improvement tools
   Oyedeji Ayonrinde 248

19 Quality and quality governance
   Sarah Cornick, Eleanor Cole and Rosalind Ramsay 277

20 Measurement of needs
   Graham Thornicroft, Mike Slade and Koravangattu Valsraj 296

21 Service users’ expectations
   Diana Rose 313

22 Clinical audit
   Adrian James 323

23 Confidentiality and management in healthcare organisations
   Gwen Adshead, Ray McClelland and Mike Kingham 332

24 Patient complaints: every doctor’s business
   J. S. Bamrah 347

25 Mental health review tribunals. Or, tribunals, and how to
   survive them
   Nick Brindle 362

Part III: Personal development

26 Compassionate care: leading and caring for staff of mental health
   services and the moral architecture of healthcare organisations
   Richard Williams, Verity Kemp and Adrian Neal 377

27 How to manage committees: running effective meetings
   Charles Marshall 403

28 Presentation skills
   Greg Lydall and Judith Harrison 414

29 Time management
   Jill Sandford 425

vi
CONTENTS

30 Developing effective leaders in the National Health Service
   Charles Marshall

31 Mental health informatics
   Martin Baggaley

32 Stress, burnout and engagement in mental health services
   Jerome Carson and Frank Holloway

33 How to get the job you really want
   Dinesh Bhugra and Sabyasachi Bhaumik

34 Surviving as a junior consultant: hit the ground walking
   Mark Salter

35 Working with the media – many benefits but some risks
   David S. Baldwin and Peter G. Conradi

36 Consultant mentoring and mentoring consultants
   Bryan Stoten

Index

© in this web service Cambridge University Press
www.cambridge.org
Contributors

Gwen Adshead, Consultant Forensic Psychiatrist at Ravenswood House and Visiting Gresham Professor of Psychiatry, Gresham College

Oyedeji Ayonrinde, Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust

Martin Baggaley, Medical Director, South London and Maudsley NHS Foundation Trust

David Baldwin, Professor of Psychiatry and Head of Mental Health Group, Faculty of Medicine, University of Southampton

J. S. Bamrah, Medical Director, Manchester Mental Health and Social Care Trust

Stuart Bell CBE, Chief Executive, Oxford Health NHS Foundation Trust

Sabyasachi Bhaumik OBE, Honorary Professor of Psychiatry, University of Leicester

Dinesh Bhugra CBE, President, World Psychiatric Association

Nick Brindle, Consultant Psychiatrist, Leeds and York Partnership NHS Foundation Trust

Alistair Burns CBE, Professor of Old Age Psychiatry, University of Manchester and National Clinical Director for Dementia and Older People’s Mental Health, NHS England

Jerome Carson, Professor of Psychology, University of Bolton

Eleanor Cole, Consultant Psychiatrist and Associate Medical Director, South London and Maudsley NHS Foundation Trust

Peter Conradi, Foreign Editor, Sunday Times

Alastair Cook, Associate Medical Director for Mental Health and Learning Disability Services and Director of Medical Education, NHS Lanarkshire

Sarah Cornick, Specialist Registrar, General Adult Psychiatry, South London and Maudsley NHS Foundation Trust

Tom Edwards, Consultant Psychiatrist, Walsall Assertive Outreach Team and Walsall North Community Recovery Service, Dudley and Walsall Mental Health Partnership NHS Trust, Walsall, West Midlands

Judith Harrison, ST4 in Psychiatry and Welsh Clinical Academic Training Fellow, Cardiff University
CONTRIBUTORS

Michael Holland, Deputy Medical Director, South London and Maudsley NHS Foundation Trust
Frank Holloway, Emeritus Consultant Psychiatrist, South London and Maudsley NHS Foundation Trust
Adrian James, Registrar, Royal College of Psychiatrists and Consultant Forensic Psychiatrist, Devon Partnership NHS Trust
Kate Jefferies, Consultant Old Age Psychiatrist and Lead Consultant for Older Adults, Surrey and Borders Partnership NHS Foundation Trust
Verity Kemp, Director of Healthplanning Ltd, Associate of the Welsh Institute for Health and Social Care, University of South Wales
Mike Kingham, Consultant Forensic Psychiatrist, Kent and Medway NHS and Social Care Partnership Trust
Greg Lydall, Consultant Psychiatrist, Castel Hospital, Guernsey
Amit Malik, formerly Consultant Psychiatrist and Commercial Director at Surrey and Borders Partnership NHS Foundation Trust
Charles Marshall, Director, Healthskills
Roy McClelland, Professor Emeritus of Mental Health, Queen’s University Belfast and Consultant Psychiatrist at Belfast City Hospital
Samuel Menon, General Practitioner, Brondesbury Medical Centre, London
Stephen Morris, Development Adviser, Public Health England
Adrian Neal, Consultant Clinical Psychologist, Head of Employee Wellbeing, Aneurin Bevan University Health Board, NHS Wales
Edward Noble, ST6 Registrar in General Adult Psychiatry, Support and Recovery Service, Southern Health and Social Care Trust, Northern Ireland
Ross Overshott, Consultant Psychiatrist, Greater Manchester West Mental Health NHS Foundation Trust
Luca Polledri, Consultant Psychiatrist, Liaison Psychiatry Service at Whipps Cross University Hospital, North East London NHS Foundation Trust
Rob Poole, Professor of Social Psychiatry, Centre for Mental Health and Society, Bangor University, Wales
Rosalind Ramsay, Consultant Psychiatrist and Associate Clinical Director, South London and Maudsley NHS Foundation Trust
Zoë Reed, Director of Organisation and Community, South London and Maudsley NHS Foundation Trust
Diana Rose, Professor of User-Led Research, Institute of Psychiatry, Psychology and Neuroscience, King's College London
Mark Salter, Consultant Adult General Psychiatrist, East London NHS Foundation Trust
Jill Sandford, FuturePositive
Mike Slade, Professor of Mental Health Recovery and Social Inclusion, Institute of Mental Health, School of Health Sciences, University of Nottingham
CONTRIBUTORS

Bryan Stoten, Chairman UKPHR (Public Health Register), Halford, Warwickshire

Graham Thornicroft, Professor of Community Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London

Alex Till, Psychiatric Core Trainee, Health Education North West (Mersey)

Manel Tippett, Policy Administrator, Royal College of Psychiatrists in Wales

Koravangattu Valsraj, Consultant Psychiatrist and Associate Clinical Director, South London and Maudsley NHS Trust

Antonio Ventriglio, Honorary Researcher, Department of Clinical and Experimental Medicine, University of Foggia, Italy

Jonathan Waite, Consultant in the Liaison Psychiatry of Old Age, Nottinghamshire Healthcare NHS Trust

Ellen Wilkinson, Medical Director, Cornwall Partnership NHS Foundation Trust

Richard Williams OBE, Emeritus Professor of Mental Health Strategy, Welsh Institute for Health and Social Care, University of South Wales
Figures, tables and boxes

**Figures**

11.1 The Leadership Framework  
11.2 The High-Impact Leadership Framework  
14.1 World map indicating countries of primary medical qualification for doctors working in the UK  
14.2 Team member characteristics  
14.3 Impact of cultural diversity on team outcomes  
14.4 Situational awareness and communication  
14.5 Interactions within multinational and multidisciplinary teams  
14.6 Interactions between a multinational team (MNT) and a multidisciplinary team (MDT) and patients  
14.7 Map showing countries of origin of a healthcare team  
14.8 Frequency plot of the countries of origin of a healthcare team  
14.9 Different regions of origin of African staff in a healthcare team  
14.10 Country comparison on Hofstede dimensions  
18.1 Relationships between aims of improvement  
18.2 Components of a healthcare system  
18.3 Examples of process maps for the initiation of clozapine for a hypothetical patient: (a) high-level map (four stages) and (b) detailed map (24 stages)  
18.4 Example of a spaghetti diagram, showing flow of people around rooms A–G  
18.5 Pareto analysis of complaints identifying communication of diagnosis as priority intervention required

xi
FIGURES, TABLES AND BOXES

18.6 A driver diagram showing the impact of secondary and primary drivers on outcomes 261
18.7 Affinity diagram: ordering ideas into specific themes 263
18.8 Example of a fishbone diagram 264
18.9 Example of the application of force field analysis: introduction of 7-day weeks for consultants 267
18.10 The two-part Model for Improvement 268
18.11 Comparison and interpretation of data points: A – B, C – D or E – F suggests an increase; A – C, A – E or A – C – E suggests no change; B – C, D – E or B – E suggests a decline 269
18.12 The standard SPC chart 272
18.13 The identification of unusual system behaviour 272
20.1 Uses of mental health information systems 307
22.1 The audit cycle 325
26.1 The charter produced by South Staffordshire and Shropshire NHS Foundation Trust 391
28.1 Spider diagram 415
28.2 Slide style guide: a big, simple, clear layout 418
28.3 Slide style guide: an overcrowded slide 418
29.1 A format that might be used for a time log 427
30.1 Organisational compression 436
30.2 Freedom within a framework 437
30.3 Burke & Litwin's approach to organisational development, with leadership at the heart of a process leading to transformational organisational change 438
30.4 A framework which mixes aspects of the conventional approach with the wider components of organisational development 440
32.1 The revised stress process model 458

Tables

1.1 Some important changes in NHS management structures since 1974 25
6.1 Milestones in the development of community care policy 86
10.1 Example of a ‘best interests’ balance sheet: choice of residence for P 135
11.1 Leadership versus management 145
11.2 Transformational leadership – the four ‘I’s 147
11.3 Leadership styles 148
<table>
<thead>
<tr>
<th>FIGURES, TABLES AND BOXES</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.4 Elements of High-Impact Leadership</td>
</tr>
<tr>
<td>12.1 The two main elements of healthcare regulation in England</td>
</tr>
<tr>
<td>12.2 Service model innovations</td>
</tr>
<tr>
<td>13.1 Strategies for managing excessive demand</td>
</tr>
<tr>
<td>13.2 Key leadership tasks in mental health teams</td>
</tr>
<tr>
<td>14.1 NHS workforce, 2015</td>
</tr>
<tr>
<td>14.2 The interplay between divergence and convergence, and process loss and process gains</td>
</tr>
<tr>
<td>16.1 Types of information to be included for appraisal purposes</td>
</tr>
<tr>
<td>17.1 Summary of Good Medical Practice, 2013</td>
</tr>
<tr>
<td>18.1 Tools and methods in quality improvement</td>
</tr>
<tr>
<td>18.2 Numbers of patients who did not attend clinics over a 5-week period</td>
</tr>
<tr>
<td>19.1 Early development of the NHS quality agenda</td>
</tr>
<tr>
<td>19.2 The ten questions in four domains of Monitor’s (2010) Quality Governance Framework</td>
</tr>
<tr>
<td>20.1 Estimated need and actual provision of general adult (ages 15–64 only) mental health services (in-patient and residential care), places per 250 000 population, estimated for England in 1992–96</td>
</tr>
<tr>
<td>28.1 Guidelines on voice and body language in giving presentations</td>
</tr>
<tr>
<td>29.1 Covey’s categorisation of how we spend our time and energy</td>
</tr>
<tr>
<td>30.1 Comparison of the traditional approach to leadership development and a whole-system approach</td>
</tr>
<tr>
<td>30.2 Two views of professional leadership practice</td>
</tr>
<tr>
<td>35.1 Application of the Nolan principles of public life to engagement with the media</td>
</tr>
</tbody>
</table>

**Boxes**

- 6.1 Key objectives of the NHS and Community Care Act 1990 | 87
- 6.2 The two ‘levels’ of Care Programme Approach (2000, and revised in 2008): standard and enhanced | 88
- 6.3 The client group for 24-hour nursed care | 90
- 13.1 Competencies of an effective team | 172
- 13.2 Recommendations from the Effectiveness of Multi-Professional Team Working in Mental Health Care Study | 172
- 13.3 The NHS Leadership Model: leadership dimensions | 181
- 13.4 How psychiatrists succeed with a multidisciplinary team | 181

xiii
### FIGURES, TABLES AND BOXES

13.5 How psychiatrists fail with multidisciplinary teams 182
14.1 Recommendations for managers and teams on approaches to successful multinational teamwork 204
15.1 Tips for successful change leaders 213
16.1 Four potential purposes of the medical appraisal 221
16.2 The four broad headings for the doctor’s portfolio 221
16.3 Four domains of *Good Medical Practice* 224
16.4 National Clinical Assessment Service guidance on levels of concern 228
17.1 Uses of medical appraisal 236
17.2 Information required for appraisal 237
17.3 The GMC’s guidance on CPD 238
17.4 The four stages of remediation 242
18.1 The process map 253
19.1 Frameworks to support the role of psychiatrists in delivering quality healthcare: the importance of outcomes and accurate data 290
19.2 Clinical governance key standards 292
19.3 A *kaizen* project for a community mental health team – an example of the importance of an integrated approach to quality work 293
22.1 Membership of a clinical audit committee 326
22.2 Priority areas for clinical audit 327
22.3 Clinical audit topics in psychiatry 328
22.4 Online sources of evidence in mental health practice 328
22.5 Top tips for effective audit 329
22.6 Circumstances requiring external ethical scrutiny of audit 330
23.1 Hypothetical example of disclosure 343
26.1 Secondary stressors that staff face 381
26.2 Evidence on the risks of failing to attend to the needs of staff 383
26.3 Resilience factors 385
26.4 Peer supporters 386
26.5 The six-level, strategic, stepped model for staff development and support 392
28.1 Aristotle’s five canons of rhetoric 414
28.2 Ideas for concentration breaks 417
28.3 Handling awkward audience moments 419
28.4 Some unhelpful cognitions and how to reframe them 422
FIGURES, TABLES AND BOXES

29.1 Bring forward 432
32.1 Selected reasons for early retirement given by consultant psychiatrists who retired prematurely in 1995 and 1996 456
32.2 Potential areas for intervention in the workplace to decrease stress 463
33.1 Suggested contents and ordering of a curriculum vitae 474
33.2 Examples of general interview questions 479
33.3 Examples of interview questions on your research and training 479
33.4 Examples of interview questions on management issues 480
33.5 Examples of clinical interview questions 481
34.1 Essential items from the start of the job 484
34.2 Sensible things to do – and not to do – early on in the job 486
Preface

It is indeed a great pleasure to bring out the fourth edition of this book. When the first edition appeared, in 1992, management in general and medical management in particular were seen as dirty words, and clinicians who became medical managers were seen as having gone over to the dark side. Over the past quarter of a century, management by doctors has become respectable, and leadership and management skills have taken on a certain degree of prominence. There is no doubt that management and leadership skills have a degree of overlap, but by and large they are separate activities, as detailed in this book.

The entire volume has been completely revised, with many new chapters reflecting the current medical management and leadership skills. The changes in the National Health Service and resulting changes in working conditions have also meant that clinicians must be aware of competing interests and demands and yet forge a way forward in their professional lives. We very much hope that readers of all seniorities will continue to find this book useful. For early-career psychiatrists and trainees, the book will provide an introduction to the skills they need; and for more senior clinicians, it will provide an opportunity to keep up to date and continue professional development. We persist in believing that the relationship between personal skills and clinical management needs to become mainstream.

We are most grateful to our authors, who, in spite of (or perhaps because of) their busy schedules, have led from the front and delivered material which is not only a pleasure to read but also helpful and provocative in equal measure.

We thank Andrea Livingstone for her sterling support and project management of the book; her gentle and persistent style in communicating with the authors has proved to be extremely successful.

Thanks are also due to Dave Jago, Andrew Morris and the staff in the publications department of the Royal College of Psychiatrists for their help.

Dinesh Bhugra, Stuart Bell, Alistair Burns