

The College

Report of Working Party on Management Training*

This report on management training was recently considered by Council and has been circulated to all Secretaries of College Divisions. In general, the College approves the move to provide management training, particularly for senior registrars and newly appointed consultants. I would very much like to have details of management training courses suitable for psychiatrists which may be in existence or being planned.

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Introduction

In addition to the clinical work, consultants in the National Health Service are expected to carry out two activities, namely management and teaching, for which in many cases they have had no training. Clinical work in psychiatry, involving as it does working with a variety of different professions in a multidisciplinary team, emphasizes the need for an awareness of management skills. In the past these have only been accumulated from the experience of psychiatrists during training and in consultant activity.

Recognizing that a more formal process of training may be advantageous in enhancing the ability of a consultant in this field, Council convened a small working party to produce recommendations.

Reasons for management training

It is recognized that there are three levels of management activity, not all of which are appropriate for every clinical psychiatrist. The first level is that of working with different professions in the organization of patient care at a Team or Firm level. This is the type of work carried out by the majority of psychiatrists in whichever branch they may be working. The second level is concerned with the participation of a clinician in management activities of the unit, as for example, the Cog-wheel Division of Psychiatry, various Planning Teams and working parties set up to plan particular local services or activities. The third level is a more specialized one for those psychiatrists involved in formal management committees, such as the District Medical Committee, the Health Authority, the Unit Management Team, etc.

For the first level, all psychiatrists require the appropriate level of expertise to enable them to make a constructive contribution to day-to-day working of the unit. In general, this elementary knowledge of management has been acquired from practical experience rather than through formal training. Not everyone will need to become highly skilled, but an increased awareness of the process of

management will enhance the contribution of the clinician to the function of the particular group. There is thus need for more formal training to help the clinician to be better at his psychiatric tasks.

The second level, that of participation in various clinical and planning committees, can also be improved with the acquisition of particular skills. It is, for example, useful to understand planning documents, budgeting arrangements, architect designs, personnel matters, etc, so that a more useful contribution can be made to any discussion. This is particularly important where specialists in other fields, for example, treasurers, architects, building supervisors, are requesting medical advice concerning clinical needs of patients in taking into account the limits imposed by their own professional demands.

The third level of management, participation in the more formal senior committees of management, requires a more sophisticated level of skills and those doctors who are interested in aspiring to such levels should be encouraged to attend formal management training courses before accepting these responsibilities.

Process of management training

There are thus three aspects of management training, and the range of skills necessary in each of these depends on the level of aspiration of the participating doctor. All trainee consultants, and many consultants already in post, would benefit from a general introduction to management concepts. For the majority a second stage would also be valuable, while for a few who have a particular interest and expertise, more sophisticated levels would be appropriate.

The areas to be covered might include:

(a) *Knowledge*: aspects of the basic sciences of sociology, social psychology, operational research, systems theory, economics; service organizations—health, local authority, etc; legislation, including industrial relations, finance; personnel matters.

(b) *Skills*: planning, decision-making, conflict management, communication, committee work, team work; defining objectives; understanding balance sheets, estimates, costing, planning documents, architects plans; personnel interviewing, appraisal, counselling and relationships; teaching and training techniques.

(c) *Attitudes*: confidence, self-awareness, modelling, empathy; working with other professions; inventiveness and divergent thinking; constructive evaluation of objectives.

Who should be trained?

Training should be part of the postgraduate experience in psychiatry and should be maintained as part of the continuing medical education of the consultant. Some didactic knowledge can be acquired at early stages as part of the

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MRCPsych course: for example, knowledge of the organization of the Health Service Education, housing, etc. Trainees should acquire experience at an early stage and this can be consolidated as the career proceeds.

Management courses, though not compulsory, should be highly recommended by the JCHPT and should, if possible, be incorporated into senior registrar training schemes.

Consultant Appointments Committees should be advised to look closely at candidates' level of training, experience and attitudes towards management.

It is recognized that while knowledge can be taught by didactic lectures, skills and attitudes can best be learnt by experience. Nevertheless, it is not sufficient for trainees to sit in on Division meetings; it is necessary for them to have an opportunity of feedback sessions with a knowledgeable supervisor who can discuss not only the tasks dealt with at the meeting, but the process of decision-making. This is akin to trainees discussing psychotherapeutic activities with a supervisor.

More formal skills training can be obtained by simulation exercises carried out during regular training sessions.

Who should do the training?

At present, the NHS offers little management training for psychiatrists or other doctors. Very few psychiatrists possess the necessary expertise to provide such training, but those who express an interest should be utilized and given specific training to be teachers. It is suggested that a suitable individual be identified in each region to organize appropriate management courses. The support of the Regional Medical Officer, the Regional Postgraduate Dean and the College Regional Adviser should be obtained and arrangements made to approach the National Health Service Training Authority, which has funds available for allocation to the training of health service staff.

How should training be arranged?

There should be phasing of training so that early stages

form part of the MRCPsych courses while later stages should consist of regular regional sessions organized on a day-release basis or in blocks according to local requirements. Two or three day sessions have the advantage of providing opportunities for simulation exercises, feedback sessions and participation of other medical personnel and other professions.

Recommendations

1. Council should give serious consideration to the support of management training as part of the education of a potential consultant psychiatrist and continuing thereafter.
2. The basic management skills of all psychiatrists usually obtained by experience could be enhanced by some specific management training.
3. Psychiatrists anticipating joining in more formal management activities should be encouraged to attend specific management training courses to enable them to participate more effectively and constructively in such activities.
4. Management training should become part of MRCPsych courses and the JCHPT should be requested to pay attention to management training for senior trainees.
5. Consultant Appointments Committees should also be asked to evaluate the training experience of applicants for posts.
6. Psychiatric Tutors should organize discussions of the process of management activities experienced by their trainees as part of the review of their psychiatric experience. If necessary this may mean inviting a specialist to help.
7. Management issues should be considered by the Programmes and Meetings Committee for a session at a future Quarterly Meeting of the College. There should also be a formal lecture at one of the Maudsley Bequest sessions on the role of management training for psychiatrists at regular intervals. Mr Robert Dearden of the NHS Training Authority is suggested as a possible speaker.

Winter Quarterly Meeting, 1985

The Winter Quarterly Meeting was held in London on 5 and 6 February 1985 at the Royal Society under the Presidency of Dr Thomas Bewley.

SCIENTIFIC MEETINGS

Blake Marsh Lecture

On 4 February, Dr Annalise Dupont, Lecturer at Aarhus University, Denmark, delivered the Nineteenth Blake Marsh Lecture—'The Ecology of the Mentally Retarded'.

Eli Lilly Lecture

On 5 February the First Eli Lilly Lecture was given by Dr Seymour Kety of the National Institute of Mental Health, Washington, USA, entitled 'Recent Contributions of Neuroscience to an Understanding of Mental Disorder'.

BUSINESS MEETING

Registrar's Report

It is nearly three months since I presented my last