

year must be completed before training. This caters for trainees who do not come from any associated professional background. The curriculum content will be roughly equivalent to a part time MA. The question of training therapy is dealt with by each Section devising its own model appropriate to itself.

Disciplinary matters will continue to be dealt with in each member organisation, and if that is not satisfactory, in the Sections. We hope that recourse to Council for complaints and malpractice will be extremely rare. Of course, when we get to a statutory Register we will have to devise a disciplinary committee.

There is now the basis of a structure that will become the process that can lead to a statutory register in due course. It has always been the intention of UKSCP to move to a register that is regulated by statute, which was signalled when we resolved to seek to become a Competent Authority for psychotherapy. We expect this to be a balanced, fair and workable structure and know that we will have to fine tune it as we go along. The next AGM in January 1993 will set up the structure and a register will be produced soon after.

Psychiatric Bulletin (1992), 16, 484–485

Training matters

A 'core curriculum' for management training

E. M. GADD, Senior Research Fellow (Honorary Consultant in Psychiatry); and
S. J. ENGLAND, Registrar in Psychiatry, Queen Elizabeth Psychiatric Hospital,
Edgbaston, Birmingham B15 2QZ

It is increasingly recognised that all consultants have to undertake management responsibilities at several levels. Consultants are an expensive resource and it is therefore fundamental that they manage themselves and their time effectively. Secondly, consultants need to manage their resources, both the clinical team and the facilities available to it. Thirdly, the consultant has a strategic role in developing the service to meet the changing needs of the population served. Finally, some consultants may choose to undertake executive management roles such as clinical director or unit general manager. In these roles a broader view of overall service provision is necessary.

It is therefore clear that management education should form part of the training of every clinician (CTC, 1990; Higgins, 1989). Various authors have made useful contributions on individual components of such education (Harrison, 1989; Sims, 1989; Soni *et al.*, 1989) but there is no consensus on a 'core curriculum' for management training. Management courses are proliferating, yet combining courses to provide a structured training programme has not been examined.

This paper attempts to address these issues by proposing a 'core curriculum' which is covered systematically throughout the training period.

Prior to specialisation

Ideally management training should begin at medical school. Students should understand the setting in

which they will work by studying the organisation and structure of the National Health Service at national, regional and district levels. This may be taught in social medicine courses.

Some management skills are as relevant at student level as later in training. Study of time management enables more effective revision and management of the difficult pre-registration year. Instruction in recognition and management of effects of stress may help to reduce the morbidity and mortality of pre-registration house officers. These topics could be included in psychology courses.

Pre-registration trainees have minimal time for study but will be attached to a team practising audit in which they should participate. They should obtain a preliminary understanding of principles, uses and methodologies of audit by the end of the year.

General professional training

Theoretical training may be organised on a single day rolling course basis at the rate of three days yearly over a three year period. The courses should be regarded as 'normal duties' rather than study leave.

A major focus at this stage of training should be multidisciplinary working, including the fields of leadership, team building and team motivation. Trainees also need to develop their understanding of audit and to revise and update topics taught at medical school.

Relevant management skills which should be developed during this period include presentation, assertiveness and interview skills.

Within each region considerable resources exist in terms of clinicians, psychologists and medically orientated managers who could contribute to the training programme. Thus, apart from organisational time, the main resource implication of developing the programme would be ensuring that each hospital had junior cover on the relevant days. This has not proved a problem with Regional Trainees' Days.

Management is a practical discipline and trainees should be involved in local management from the start of general professional training. They should be expected to attend medical staff committees and to elect a representative to attend Division.

Post-membership trainees may benefit from courses examining management topics previously covered in more detail. In the West Midlands, Keele University runs such a course (Higgins, 1989), which also provides an introduction to resource management. Undertaking a computer skills course would also be beneficial at this level.

Higher professional training

Trainees should participate in a further three year programme which would again constitute normal duties rather than study leave.

Many regions offer multi-specialty courses for senior registrars which first year trainees should attend. These provide a broad view of issues facing the NHS and colleagues from other disciplines, and may provide an introduction to resource management.

Theoretical training over the next two years should focus on planning new services, budgeting, resource management and information technology. Management skills related to leadership, chairmanship and meeting skills, and the principles of counselling for poor performance should be developed.

These topics may be covered as day courses but a model of one longer course each year should be considered. Longer courses may allow trainees to become more actively involved in the subject and to interrelate topics more easily.

A minority of trainees may wish to extend their management training by studying for the degree of MBA or qualifications of the Institute of Health Services Management and should receive support in these aims.

During higher training trainees should have increased involvement in practical aspects of management. Medical advisory and executive management meetings have different functions; trainees should attend both to enable them to fully understand the nature and purpose of each.

A trainee may be able to focus on a planning or development issue and follow this in detail over a year. Districts frequently run in-service management training programmes for staff which trainees should be encouraged to utilise.

Trainees should also arrange to shadow a Unit General Manager for at least two weeks during higher training. This is most effective if the trainee is aware of issues facing the unit and therefore it should not be undertaken at the start of a placement. An alternative option is selective shadowing over a longer period to examine the development of particular issues.

The role of trainers

The College has recommended weekly personal supervision sessions for all trainees. Management topics should form an integral part of the supervision.

Discussing personal management and organisational skills may be most helpful initially. Subsequently examining current team functioning may enable further development of interpersonal management.

Supervision at SR level requires a broader view of influences external to the immediate team which may affect its functioning and the development of the service. Some trainers may wish to undertake further management training to facilitate this process, which should be encouraged.

Tutors should consider monitoring acquisition of management skills by trainees.

In conclusion, a 'core curriculum' for management training and a possible structure in which it may be delivered is presented. It is hoped that this will act as a stimulus for debate and lead to the development of more systematic training in management.

Acknowledgement

We would like to thank Dr F. Caldicott, Dr T. Lock, and Professor R. S. Bluglass for helpful discussion and comments.

References

- THE CTC WORKING PARTY REPORT ON MANAGEMENT TRAINING (1990) *Psychiatric Bulletin*, 14, 373-377.
- HARRISON, T. (1989) The role of the consultant psychiatrist in the clinical team. *Psychiatric Bulletin*, 13, 347-350.
- HIGGINS, J. (1989) Management training in psychiatric practice. *Psychiatric Bulletin*, 13, 454-460.
- SIMS, A. (1989) What is the role of the consultant in the community? *Psychiatric Bulletin*, 13, 285-287.
- SONI, S. D., STEERS, L., WARNE, T. & SANG, W. H. (1989) Multidisciplinary teams and line management. *Psychiatric Bulletin*, 13, 657-661.