

Correspondence

Resource implications of changes in practice

DEAR SIRS

We recently discussed at our monthly meeting the College document on 'The Management of Potentially Violent Patients in the Community'. It was in the main well received although there were misgivings about the degree to which one could determine which patients should be subject to this document's guidelines. The discussion turned to the consultant time required to implement the recommendations in this document.

This followed other discussions during the year on the Care Programme Approach, The Health Service Circular on Discharge Procedures, The Patients Charter and through the contracting process, increasing emphasis on provision of services to primary care. We anticipate receiving the recommendations of the Reed Committee which are anticipated to have major implications for general adult psychiatry.

The sheer number of such reports and health circulars which carry with them major resource implications for psychiatry led to a lively debate on how we are to implement them in the face of no development or growth money and, particularly in the case of Newcastle, a substantial decrease in the mental health budget for the coming year. The White Paper has led to an increased emphasis on clinical involvement of consultants in management and a requirement to devote sessional time to medical audit. Because of our rapidly expanding community services, existing manpower is already working to capacity and spiralling demand has been met only by considerable personal dedication.

Although any one of these developments could be incorporated into existing workloads, the sheer number and pace of developments means that this cannot be done. We gave active consideration to which aspects of our service we should abandon in order to implement these changes in practice in the knowledge that we have little hope of any expansion in the mental health budget.

We wondered if other colleagues in the country have given consideration of how to manage the resource implications of these developments. We feel that the College's guidelines of 'norms' for medical manpower must now be out of date and

need revision. We would welcome comment from Members and Fellows of the College.

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Management training – finding what we need

DEAR SIRS

The day before I read Danitza Jadresic's comment on management training (*Psychiatric Bulletin*, February 1992, 16, 86–87), yet another invitation to a management course landed on my desk. As usual there was scant information on the course facilitators, topics covered, and style of learning involved. I sympathise with Dr Jadresic's pessimism about courses which do not meet our needs but have been fortunate to join an excellent management development course for senior registrars, coordinated and funded by Yorkshire regional health authority.

It took months to assess the management courses available and most were rejected because they did not meet my needs. The specific aims of the course I chose are: to introduce participants to basic managerial skills and concepts; to provide an opportunity to make personal preparation for the management aspects of a consultant's role in a developing organisation; and to build a supportive group of colleagues to enable those aims to be met. There are four course tutors from a variety of public and private sector backgrounds. All are now committed to management learning and development. The course is semi-structured, and has been modified from the start to meet our expressed needs. The emphasis is on large and small group learning.

It does not set out to answer questions or disseminate facts in the traditional medical teaching model. Instead we are encouraged to think for ourselves, say what we think and feel, listen to ourselves, value ourselves and the others in our group. Initially, some of the senior registrars had reservations about this approach. Now, in the midst of the course, I think we are all finding valuable insights into ourselves, our colleagues and the organisations in which we work.