

the following investigators, to whom I am most grateful: Christopher Bass, Per Anders Granhag, Peter Halligan, Jose Villagran and Aldert Vrij.

### About the author

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### References

- 1 Williams B. *Truth and Truthfulness*. Princeton University Press, 2002.
- 2 Frankfurt HG. *On Bullshit*. Princeton University Press, 2005.
- 3 Fingarette H. *Self-Deception*. University of California Press, 2000.
- 4 Osborne P. *The Rise of Political Lying*. Free Press, 2005.
- 5 Bond CF, De Paulo BM. Accuracy of deception judgements. *Pers Soc Psychol Rev* 2006; **10**: 214–34.
- 6 Vrij A. *Detecting Lies and Deceit: Pitfalls and Opportunities (2nd edn)*. Wiley, 2008.
- 7 Ford CV. *Lies! Lies! Lies! The Psychology of Deceit*. American Psychiatric Press, 1999.
- 8 Feldman MD. *Playing Sick? Untangling the Web of Munchausen Syndrome, Munchausen by Proxy, Malingering, and Factitious Disorder*. Routledge, 2004.
- 9 Halligan PW, Bass C, Oakley DA. *Malingering and Illness Deception*. Oxford University Press, 2003.

# New Ways of Working is dead, long live New Ways of Working! Revised joint guidance on the employment of consultant psychiatrists

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**Summary** In 2005 the Royal College of Psychiatrists, the NHS Confederation, the National Institute for Mental Health in England and the Department of Health jointly produced the first edition of the *Joint Guidance on the Employment of Consultant Psychiatrists*. This was integral to the New Ways of Working initiative and outline different professional roles within mental health services. Four years on the document has been extensively revised. The new 2009 edition emphasises achieving viable and satisfying consultant posts through effective job planning and good team functioning. It also contains guidance on recruitment processes with useful examples of templates, flowcharts and good practices.

**Declaration of interest** A.C. was part of the Joint Working Group responsible for reviewing and rewriting the *Joint Guidance on the Employment of Consultant Psychiatrists*, March 2009.

## Changes to mental health services

Mental health services and the role of the consultant psychiatrist within services have both changed radically over the past decade. At the heart of these changes has been the National Institute for Mental Health in England (NIMHE) National Workforce Programme and its initiative New Ways of Working. The phrase ‘new ways of working’ has become a mantra chanted equally loudly by both its proponents and opponents to encapsulate all that has been seen as good or bad about those changes. The National Workforce Programme and the formal New Ways of Working initiative both came to an end in March 2009, with a closing conference ‘Moving on to a creative capable workforce’.

As part of that conference, a number of key documents setting out the future direction for mental health services and workforce were published. Included within those documents was a revision of the *Joint Guidance on the Employment of Consultant Psychiatrists*,<sup>1</sup> which was first

issued in 2005.<sup>2</sup> What does it say and how different is it to what went before?

## The red book and beyond

Prior to the 2005 publication, the Royal College of Psychiatrists used to issue its own guidance, informally known as ‘the red book’.<sup>3</sup> This laid out model job descriptions for consultant posts and included ‘recommended’ levels of consultant staffing and ‘irreducible minimum’ levels of consultant staffing by reference to catchment populations. These levels were, however, rarely achieved and were seen by others as unrealistic and idealistic. The College, NIMHE, the National Health Service (NHS) Confederation, and the Department of Health collaborated to produce the 2005 joint guidance, which had a much wider acceptance and credence. It retained the numbers within it but downgraded them to indicators and signalled an intention of ‘moving from a reliance on

indicators to using job planning' as the means of determining a doable consultant job.

### Revised joined guidance

The newly issued revised joint guidance continues this approach. The main authors are again the Royal College of Psychiatrists, NIMHE, the NHS Confederation, and the Department of Health. Although foundation trusts are able to set their own recruitment processes, they have agreed the guidance and can be expected to follow it. Population norms and indicative case-loads have been abandoned in favour of team working and job planning. The place of the consultant psychiatrist within the team in bringing specialist expertise to complex treatment decision-making is highlighted, but the emphasis is on the capacity and skill-mix of the team and not of any individual within it. The 'creating capable teams' approach and consultant job-planning are both seen as pivotal in achieving this.

College advice continues to play an important part in ensuring that consultant posts are viable. The process is clearly laid out for employers, with a description of the differing functions of regional advisors, specialty regional representatives and College assessors. There is also an appendix in which each of the College faculties has produced an outline of the role of a consultant psychiatrist in its specialty. These describe the different functional teams that exist within each specialty and how the consultant contributes to them.

The guidance also gives much helpful advice on the process of recruitment and particularly the many ways in which users and carers can participate in the selection

process. There are a number of examples of successful involvement of users and carers at all stages.

Finally, there are useful flowcharts and templates for the creation of model job descriptions and person specifications. Much of these are, however, deliberately left blank in order for a service to be able to describe the specific model of working within which its consultant posts exists.

Any document giving guidance on employment or workforce only has a limited shelf life. The plan is that this revised guidance will be maintained in web-based form to permit easy updating. It will be fully reviewed again in 3 years' time when perhaps we will indeed have moved on to having a truly creative capable workforce.

### About the author

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### References

- 1 Department of Health, NHS Confederation, Royal College of Psychiatrists, National Institute for Mental Health in England. *Joint Guidance on the Employment of Consultant Psychiatrists*. Department of Health, 2009.
- 2 Royal College of Psychiatrists, NHS Confederation, National Mental Health Partnership. *Joint Guidance on the Employment of Consultant Psychiatrists*. Department of Health, 2005.
- 3 Royal College of Psychiatrists. *Model Consultant Job Descriptions and Recommended Norms. Occasional Paper 55*. Royal College of Psychiatrists, 2002.

## FREDA: a human rights-based approach to healthcare

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**Summary** The introduction of the Human Rights Act 1998 in the UK has not led to widespread knowledge and understanding in patient and carer groups, healthcare professionals or at an organisational level. This knowledge deficit has been recognised by government bodies and other agencies, which has led to the introduction of a bottom-up human rights-based approach that can be used by individuals and organisations alike in everyday practice. It avoids the need to have technical knowledge of the Human Rights Act and associated case law and is based upon concepts that underpin all the articles of the Act. The human rights-based approach is the process by which human rights can be protected by adherence to underlying core values of fairness, respect, equality, dignity and autonomy, or FREDA.

**Declaration of interest** M.J.C. is a member of the Special Committee for Human Rights, Royal College of Psychiatrists; T.E. chairs the Special Committee for Human Rights and is a member of the Department of Health's Advisory Group on Human Rights in Healthcare.