

Staffing a district psychotherapy service: further developments

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The adult psychotherapist model of staffing is considerably strengthened by a clinical directorate management structure with a specific local pay scale for psychotherapists. When such arrangements exist they are usually welcomed by clinicians and managers. One reason for this is that they make it possible to ensure that services maintain good clinical standards while meeting the managerial objectives of the unit or trust. Underlying the success of these arrangements is the fact that by promoting separation and individualisation they give services a firm identity. This is good for the service itself and also for the unit or trust as a whole, because separation and individualisation are the basis of co-operation and integration.

The difficulties of employing psychotherapists in the NHS have been outlined previously (Whyte, 1989). In that paper, which was written before the NHS reforms, I argued that an effective service must be able to base the appointment of staff on their expertise in psychotherapy; must have a fair career structure which rationally links pay and status with experience and responsibility; and must have a management structure which is able to ensure that work is conducted both competently and in accordance with the service's policies and priorities.

The paper compared the ability of two different staffing strategies (the multidisciplinary model and the adult psychotherapist model) to fulfil these requirements. It concluded that it was better to establish a team of adult psychotherapists drawn from the core professions, pay them by means of variation orders on the child psychotherapy scale and to make them clinically and managerially accountable to a consultant psychotherapist.

Since that paper was written the NHS reforms have come into being and these have made further developments in the adult psychotherapist model possible. In particular, the model is strengthened when a service is

organised as a clinical directorate with its own specific pay and conditions of service for psychotherapists.

Clinical directorates

A clinical directorate is a management entity in its own right. As such it is responsible for fulfilling the requirements of its own particular service specification; for managing its own pay and non-pay budgets; for appointing and managing its own staff; and for setting the clinical policies and standards of the service that it provides. It is also able, indeed expected, to ensure that the specialist nature of its work is understood and taken into account when the strategic direction of its unit or trust is being set and when business plans, contracts and quality standards are being negotiated.

The crucial point then about a clinical directorate is that it can align clinical and managerial objectives. In being a formal part of the management structure it is accountable to its unit or trust and must work within its overall framework. But at the same time it can ensure that this framework is compatible with, and supportive of, its specialist clinical principles. The clinical director's role is crucial in this respect, as by being both the manager of the service and a senior clinician within it, the clinical director is able to ensure that the service is accountable and run in accordance with sound clinical practice.

Pay and conditions of service

A service must be capable of balancing the needs of its practitioners with those of the service as a whole. Individuals need prospects so they can progress in their career with pay and status in accordance with their capabilities. At the same time their duties should be determined by the needs and priorities of the service, rather than simply by

