

**Psychologists in Leadership Roles: Ensuring Excellence
and Accountability in People Management**

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Recommendations have recently been introduced by NHS Improvement, developed in the light of the findings of the 2018 Independent Inquiry into the self-immolation of nurse Amin Abdullah following his unfair dismissal, and the recognition that similar management failures were common in the wider NHS and affected staff wellbeing, especially for whistleblowers and BME staff. These Recommendations have included a Recommendation that regulatory and professional bodies review their guidance for healthcare professionals such as psychologists who take on management roles, especially those relating to staff and disciplinary processes. It behoves bodies such as the BPS and the HCPC to respond constructively, so as to ensure both excellence and accountability when psychologists engage in people management.

The recent report into wellbeing of NHS staff (Health Education England, 2019) was welcomed by the BPS Chief Executive, Sarb Bajwa, who noted, 'This report is an important step forward in recognizing the psychological needs of people working in a high-stress, target-driven environment like the NHS....If the recommendations in this report are followed, they will change the lives of many thousands of employees, including more than 20,000 psychological practitioners providing vital services in the NHS'. Others have similarly commented on the need to address wellbeing in psychologists working in professional roles, whether it be for public bodies such as the NHS or in private healthcare settings (Rhodes, 2016). The recently published Recommendations of a task force set up by NHS Improvement will have direct and indirect implications for the wellbeing of such psychologists, and for psychologists in leadership roles. The work of that task force emanated from what happened to a nurse in 2016, working in a hospital in London.

Amin Abdullah grew up in an orphanage in Malaysia. He fulfilled his dream of becoming a nurse in the NHS, and during his training he won an award from the hospital that later sacked him. On February 9, 2016, not long after he qualified and a few weeks after going through a harrowing disciplinary procedure that ended in his dismissal, he set himself on fire outside Kensington Palace. A YouTube video of Amin Abdullah's story, A Nurse's Tragic Journey, is available [here](#). The resultant Independent Inquiry found Trust investigations to be biased and flawed, and in one case amounting to a 'whitewash', with an investigating officer showing a lack of integrity, and with weak evidence not properly challenged at Mr Abdullah's disciplinary hearing. In the light of the Inquiry findings, NHS Improvement (NHSI) set up an Advisory Group to consider the implications of the Inquiry Report for the wider NHS, as it had become clear from a number of high court, employment

tribunal and coroners' judgments that flaws in HR and related management procedures were much more common in the NHS than had hitherto been realised, and that the case of nurse Amin Abdullah was by no means an isolated occurrence, with whistleblowers and BME staff often taking the brunt of any management failings and bullying. Amin Abdullah's case resonates with more general concerns in the NHS about how staff, including psychologists, are treated (Kapur, 2018; Bourne et al., 2017). In his 2015 report on whistleblowing in the NHS (Francis, 2015), Sir Robert Francis commented: "*Repeatedly we hear of unaccountable managers protecting themselves and undertaking biased investigations, character assassination, lengthy suspensions, disciplinary hearings which resemble kangaroo courts, and ultimately dismissal of staff who previously had exemplary work records*" (p. 162).

In many of these cases, it is clinicians in management roles who play a decisive or major role in actions that impact on their professional colleagues (Powell and Davies, 2016). In order to ensure both excellence and accountability when healthcare professionals take on management roles, something that successive health secretaries have regarded as a high priority (Iacobucci, 2016; Rimmer, 2018).

The NHSI Advisory Group has now produced a set of Recommendations for Trusts (available on the NHSI website and at www.abetternhs.com). Psychologists in management roles should carefully consider these Recommendations, which aim to introduce fairness, excellence and compassion in how staff are managed, especially when they find themselves under investigation. *Recommendation 4* asks for regulatory and professional bodies to review relevant guidance and standards issued to registrants which relate to the conduct of local investigations and disciplinary procedures. The BPS and HCPC should consult on and produce such guidance, and this could fruitfully extend to other management roles, including recruitment, promotion, demotion, etc where bias or discrimination may creep in, consciously or unconsciously. Such guidance is essential if we are to reduce bullying, victimisation and discrimination of individuals, especially vulnerable groups such as whistleblowers and BME staff.

In order to ensure both excellence and accountability when psychologists take on management roles, especially those involving staff, key steps need to be taken –

1. Ensure that psychologists have specific training, skills and experience in management issues for which they are being asked to provide input. This includes training in relation to the occurrence of conscious and unconscious bias. Clinical psychology training, as well as other forms of post-graduate professional psychology training, need to include management within course contents. The managerial practice of clinical psychologists should, like their clinical practice, be competency-based, peer reviewed and subject to the regulatory scrutiny.
2. Ensure that psychologists who carry out investigations of issues and events are properly trained in the science of carrying out fair and accurate investigations (Simon, 2012).
3. The Trust Executive Board, which occasionally includes psychologists in its membership, should sanction every case of dismissal or suspension of a healthcare professional.

4. The HCPC should follow the standard set by the GMC and have guidance similar to the GMC document *Leadership and Management for all Doctors* to ensure that there is greater scrutiny and accountability when psychologists in management roles show failings that result in harm or distress to staff. The BPS should produce similar guidance. It is sometimes the case that it is one or two clinicians in management roles who are responsible for a culture which promotes unfairness (Mannion et al., 2019).
5. Since investigations and disciplinary procedures for healthcare professionals have particularly devastating effects on their mental wellbeing, including the risk of major depression and suicide (Horsfall, 2014), as well as their future professional competence, we propose the following **PIPE** and **PRIME** principles to ensure greater fairness in such processes. **PIPE** principles are –
 - Plurality (more than one decision maker) for any important decision such as suspension or dismissal.
 - Independence (some members on the panel external to the employer, and free of any professional or personal conflict of interest).
 - Panel training to prevent conscious and unconscious bias and training in principles of investigation.
 - Relevant Expertise, as related to the specific professional, technical, race, cultural, language, whistleblower, etc attributes of the staff member in question.
6. **PIPE** principles should also be applied to other significant decisions which impact on the employment status, wellbeing or morale of staff. This includes selection, promotion, demotion, etc. and the treatment of agency staff, who are sometimes treated as ‘second-class citizens’ in healthcare settings.
7. The outcome of disciplinary hearings should be subject to **PRIME** principles –
 - Ensuring that any sanction is Proportionate.
 - Exploring how Remediation could help the individual.
 - Carrying out an Impact assessment of any sanction.
 - Ensuring that Mediation is fairly and thoroughly explored whenever it may be appropriate.
 - External, expert assessment of these four principles being fairly and robustly implemented.

Over the years, there has rightly been an emphasis on patient safety in the NHS, but it is now abundantly clear that staff wellbeing and staff morale are also important and are in fact closely linked to quality of patient care (Dixon-Woods et al., 2014). Ensuring excellence and accountability for psychologists in management roles will go some way towards improving morale and wellbeing in the NHS workforce in general, and in the clinical psychology

workforce in particular, including those who in the past have tended to be victimised, such as whistleblowers and BME staff.

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