
Editorial

Why career grade doctors need CPD

Simon Budd & Bridget Everett

Psychiatry is a rapidly advancing speciality, with new ideas, treatments and research developing all the time. The number of patients referred for assessment and treatment is rising. Patients have higher expectations of doctors and believe they should be up-to-date in their speciality. Vacancies for consultant psychiatrists remain unfilled, with consultants facing ever-increasing demands on their time. Trainees too have less time available for clinical work. Trusts are therefore recruiting non-consultant career grade (NCCG) doctors as an essential and significant component of service provision, giving NCCG doctors an increasing role in the modern health service.

Revalidation of all doctors is imminent, with the programme planned to start within the next 2 years. The revalidation programmes will be under the auspices of the Royal Colleges and all doctors will be required to provide evidence of involvement in the revalidation process, which will include ongoing continuing professional development (CPD) as a central component (General Medical Council, 2000). The Royal College of Psychiatrists is introducing the personal development plan (PDP) in April 2001 as the mechanism for achieving CPD objectives, with PDPs being reviewed via participation in a peer group (Katona & Jackson, 2000). Therefore all psychiatrists, including NCCG doctors, will require CPD within the near future.

As with their consultant colleagues, NCCG doctors need to keep abreast of developments and changes in practice. It is important to keep in mind that NCCG doctors will have differing needs than consultants and trainees because of their different roles and responsibilities. They need to keep up to date in their own speciality and with wider medical

issues. Non-medical education is also becoming increasingly important, for example, training in the use of information technology, presentation skills and teaching methods. Nationally there are pressures for NCCG doctors to be allowed to return to training for consultant status and the possibility of a unified NCCG pay scale in the future may affect PDP and CPD objectives.

It is vital for NCCG doctors to address their CPD needs. Trainees have a centrally organised programme that continually evolves with the advances in psychiatry; this in turn influences the majority of consultants, owing to their status as educational supervisors. However, there is no formal CPD programme specifically for NCCG doctors.

Fortunately there are many resources available to the NCCG doctor when undertaking CPD. As well as local educational activities such as journal clubs and case conferences, the College CPD scheme is open to NCCG doctors either independently or as a component of Affiliateship or Membership of the College. Subscriptions are available to journals designed specifically for CPD; these include *APT*, which has been found to be a greatly appreciated by NCCG doctors (Budd, 2000). Courses and lectures run by university departments, training bodies and dedicated CPD departments, such as the Andrew Sims Centre for Professional Development, recently opened in Leeds, are also very useful.

What is just as important as the courses and lectures is support from colleagues and from management. Colleagues in particular should encourage NCCG doctors to participate in CPD. They will have to allow time for study leave and provide cover for time away engaged in CPD

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activities. NCCG doctors should have dedicated educational time, which is particularly important for part-time doctors. As well as the peer groups proposed by the College, peer support in the form of mentors can be beneficial, especially for isolated NCCG doctors. Organised NCCG doctor committees (similar to junior doctor or consultant committees) can provide excellent peer support and may help formulate and influence local CPD policy. Locally, we have found such a committee of great benefit. Management support is vital in providing the study leave to which a NCCG doctor is entitled and the financial support to attend appropriate events and meetings.

Overall, NCCG doctors require CPD – both now and in the future. They should receive the

appropriate support from colleagues, the time to undertake CPD and the resources to achieve it. With revalidation on the horizon, NCCG doctors have to make their needs clearly known and aim to create a CPD environment that is as good for them as it is for any other psychiatrist.

References

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