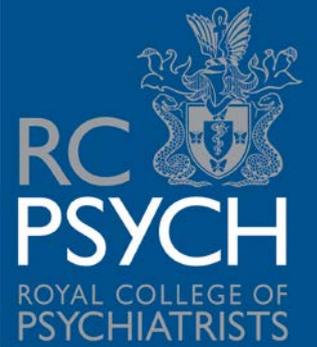


CR179



# Valuing expertise and experience: specialty doctors and associate specialists in psychiatry

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Laurence Mynors-Wallis, Aideen O'Halloran,  
Raj Rama Iyer and Wendy Burn

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# Authors

<b>Dr Laurence Mynors-Wallis</b>	Registrar, Royal College of Psychiatrists
<b>Dr Aideen O'Halloran</b>	Specialist Advisor for Workforce, Royal College of Psychiatrists
<b>Dr Raj Rama Iyer</b>	Chair of the Specialty Doctors Committee, Royal College of Psychiatrists
<b>Dr Wendy Burn</b>	Dean, Royal College of Psychiatrists

# Introduction

There are over 2000 specialty doctors and associate specialist psychiatrists working in the UK. These are psychiatrists who, for a variety of reasons, have chosen to work in specialty doctor and associate specialist career-grade posts rather than as consultants. Specialty doctors and associate specialists have a range of experience and qualifications. Over 800 are members of the Royal College of Psychiatrists, some have moved into psychiatry from other specialties, and some have chosen not to proceed through the formal training schemes. Many of these doctors have considerable expertise and years of clinical experience in psychiatry.

The Royal College of Psychiatrists recognises the enormous and valuable contribution that specialty doctors and associate specialists in psychiatry make to the care of patients and to the running of successful mental health services. The College fully endorses the Department of Health's view that 'We need to maximise the potential of this important group of doctors – who offer the employer a flexible, motivated and stable medical workforce – by ensuring that they are valued and can develop their skills' (Department of Health & NHS Employers, 2008: p. 6).

Specialty doctors and associate specialists usually work in multi-disciplinary teams that always include a consultant psychiatrist and sometimes training grade psychiatrists. The role these doctors have within teams and the degree of clinical independence will vary depending on individual training and expertise.

Specialty doctors and associate specialists often feel undervalued and unsupported. The purpose of this report is to set out the essential roles that these doctors can play within service delivery, how they can be supported in maintaining and developing their skills for the benefit of patients, and exploring opportunities for career development.

The Department of Health set out clear guidelines in its policy document *Choice and Opportunity* (Department of Health, 2003) to ensure that everyone delivering patient care is assessed and developed in their role. For non-consultant career-grade doctors, this provides a route to the Specialist Register, with a clear pathway for progression and an understood role in the workplace.

The NHS Employers position paper, *The Future of the Medical Workforce* (NHS Employers, 2007), called for more flexible and better-defined career pathways and roles that are both fulfilling for doctors at every level and that meet the needs of the service. The development and support of the specialty doctor role as a meaningful and attractive career option was seen as vital to achieving this aim. The new contract was designed to facilitate the integration of specialty doctors into medical teams, operating on similar terms and conditions of service to other medical groups and being more involved in planning their working time. The specialty doctor would

have designated time within their job plan for professional activities and an annual appraisal to ensure their development needs are identified and planned into their working time.

The Department of Health & NHS Employers (2008) use the term 'specialty doctors' in their guide to good practice to refer to doctors within the Modernising Medical Careers framework who have completed the equivalent of at least 4 years of postgraduate training and who are neither in deanery-approved training posts nor hold a consultant appointment. The document highlights the stability that specialty doctors can bring to the workforce and the need to value them.

'The current career grade workforce is responsible for providing a significant proportion of the service delivered by medical staff and is therefore a key part of the medical workforce.' (Department of Health & NHS Employers, 2008: p. 6)

Parity of esteem is a term used with regard to mental and physical illness and should apply between consultants, specialty doctors and associate specialists.

# Clinical work

Specialty doctors and associate specialists play a crucial role in delivering high-quality care within teams. Reflecting their often broad-based training and experience, they can undertake a wide variety of tasks. These include the usual clinical roles such as assessment, formulation, diagnosis and risk management, as well as important roles within the implementation of the Mental Health Act 1983, such as approved clinicians and responsible clinicians.

Specialty doctors and associate specialists, like all other psychiatrists, contribute to the assessment and management of the comorbid physical healthcare needs of their patients. Specialty doctors and associate specialists are often highly productive, seeing large numbers of patients – in both out-patient and community settings – and are able to offer holistic care.

The Royal College of Psychiatrists' report, *Safe Patients and High-quality Services* (Mynors-Wallis, 2012), sets out workload guidance for a consultant-delivered service, which allows consultants to deliver the high-quality care that patients have a right to expect. Consultants need support from trainee and specialty doctors and associate specialists to deliver this clinical care.

The College has a key role in working with employers to ensure that specialty doctors and associate specialists are supported and their skills developed to deliver the high-quality, personalised care that their patients expect and value.

# Revalidation, continuing professional development and appraisal

## REVALIDATION AND CONTINUING PROFESSIONAL DEVELOPMENT

Revalidation for all doctors started in December 2012. It provides a very clear framework within which specialty doctors and associate specialists can be supported in maintaining and developing their skills.

The Royal College of Psychiatrists is clear that specialty doctors and associate specialists require the same support for their revalidation and continuing professional development needs as consultants (Royal College of Psychiatrists, 2012). This means that a full-time specialty doctor and associate specialist in the National Health Service (NHS) requires a minimum of one programmed activity for revalidation and continuing professional development. Specialty doctors and associate doctors in non-NHS settings need an equivalent amount of time for revalidation and continuing professional development. Employers are expected to support training opportunities for specialty doctors and associate specialists. Specialty doctors and associate specialists are expected to meet the same standards for revalidation as all career-grade doctors. These standards are set out in the College guidance on revalidation (Royal College of Psychiatrists, 2012) and include quality-improvement activities, feedback from colleagues and patients, continuing professional development and reviewing complaints and significant events.

## APPRAISAL

Specialty doctors and associate specialists should consider becoming appraisers.

The process of revalidation is built on the provision of high-quality appraisals delivered by trained appraisers. All specialty doctors and associate specialists should be trained in the skills of being an appraisee and many can also take on the role of appraiser. The role of an appraiser is one that requires specific skills that are developed through training and experience and maintained through ongoing monitoring. Specialty doctors and associate specialists should be encouraged to take on appraiser training as it will enhance their own understanding of the appraisal process and also fully engage them in the important process of maintaining the standards of medical care through revalidation.

# Supervision

Specialty doctors and associate specialists work in multidisciplinary teams that include a consultant psychiatrist. Specialty doctors and associate specialists should expect to have supervision as do other members of the team. Guidance on supervision for career-grade doctors is given in the Royal College of Psychiatrists' Position Statement, *Supervision for Career-grade Psychiatrists in Managed Settings* (Cope, 2010).

A specialty doctor and an associate specialist would be expected to receive both clinical and managerial supervision. Clinical supervision is the opportunity to discuss with peers (including consultants) the care of clinical patients. Examples of activities which should be incorporated into clinical supervision include case-based discussions, direct observation of practice and critical appraisal of evidence. Regular clinical supervision should occur no fewer than four times a year in a peer group or in an individual setting.

Each employing organisation has their own definition of managed supervision. Broadly, it involves discussion with line managers (often a consultant psychiatrist), case-loads, whether care is following agreed policies, the results of audits, etc.

Supervision should not be seen as a hierarchical, authoritarian process, but as a way of assisting doctors in achieving high standards of care for their patients.

# Leadership

Specialty doctors and associate specialists have focused on clinical work with patients and often because of lack of time have not embraced the leadership opportunities available. These doctors are highly trained clinicians who often have a wealth of experience which equips them to undertake leadership roles within teams and within organisations. Leadership is no longer seen as an activity undertaken by one or two individuals (King's Fund, 2011) – it is a task that should be distributed among professionals.

The Department of Health (2003) recommended over 10 years ago that specialty doctors and associate specialists be developed for leadership roles.

Specialty doctors and associate specialists can play a key role in setting standards within teams, monitoring and delivering these standards, ensuring that the clinical care delivered is based on the best available evidence, supporting colleagues, raising concerns and developing cohesion and morale within the team to ensure the delivery of high-quality care. These roles should be embraced. Some specialty doctors and associate specialists have become involved in service planning and in developing innovative services. The Royal College of Psychiatrists is playing a key role in developing this aspect of the specialty doctor and associate specialty role through the Leadership and Management Committee and the Specialty Doctors Committee. This will be to the benefit of patients, multidisciplinary teams and the doctors themselves.

Job planning should support the process of allowing specialty doctors and associate specialists to undertake leadership activities. There are now many specialty doctors and associate specialists who have taken on formal management roles within organisations. Leadership roles include formal management positions together with leadership roles in education, audit, quality improvement and service redesign.

## RESEARCH AND INNOVATION

Some specialty doctors undertake research all on their own but more commonly as part of a research team or network. Ideas developed through research can lead to new and innovative services.

# Training

## EDUCATION

Specialty doctors and associate specialists undertake a variety of educational roles. They are often involved in training multidisciplinary team colleagues, medical students, training grade doctors and each other. Specialty doctors and associate specialists can play key roles in local journal clubs and other educational activities, including tutor roles.

Specialty doctors and associate specialists should be offered the opportunity to receive training for these educational roles to the same standard as that of consultant psychiatrists.

## CERTIFICATE OF ELIGIBILITY FOR SPECIALIST REGISTRATION

Some specialist doctors and associate specialists are on the Specialist Register. Others will seek to be placed on the Specialist Register through the Certificate of Eligibility for Specialist Registration (CESR) route. This is to be encouraged because it is a rigorous standard of training and experience against which the doctor is assessed, which ensures that doctors on the Specialist Register have the broad-based training and experience required to make independent decisions. In addition, the process itself can be a valuable opportunity for identifying areas and experience within the individual doctor's training that need to be further developed. A CESR application can be a useful structure around which continuing professional development and personal development plans occur.

Employers should be encouraged to facilitate the process of obtaining a CESR for specialty doctors and associate specialists who wish to develop their skills using this framework. Specialty doctors and associate specialists may need additional study time to prepare for the CESR process, and some may need secondments or extra training to gain the relevant competencies and experience. Employers should support their specialty doctors and associate specialists to achieve a CESR because patients will benefit from the additional skills obtained by the doctor.

## CAREER PROGRESSION

The closure of the associate specialist grade for new entrants removed a natural career progression for the former staff grade doctor role. It is the case, however, that Foundation Trusts and non-NHS employers can appoint

specialty doctors to more senior positions. Some organisations continue to appoint doctors to an associate specialist grade, and some have brought in a senior specialty doctor grade. Some specialty doctors and associate specialists, having obtained their CESR, may decide that they wish to move into a consultant role.

# Involvement with the College

The Royal College of Psychiatrists has a Specialty Doctor Committee, the Chair of which sits on the College Council. There are specialty doctors and associate specialists on all the key College committees to ensure that the voice of this important group of psychiatrists, who play a significant part in delivering care to patients, is heard and contributes to the formation of College policies.

Over 1000 specialty doctors and associate specialists are affiliates of the College, which enables these doctors to take further advantage of the training, support and educational activities of the College.

In 2013, the College established an award to celebrate the specialty doctor/associate specialist of the year.

## REGIONAL AND NATIONAL WORK

The Royal College of Psychiatrists welcomes the contribution that specialty doctors and associate specialists can make to the running of the College, including setting of standards of care and their involvement in processes that monitor such care, for example within quality networks. Many specialty doctors and associate specialists represent their trust on regional and national groups. Involvement in regional and national work can often enhance their care of patients, reflecting the fact that although this can take time from day-to-day clinical work, by doing such activities doctors often learn new ideas and often deliver as much, if not more, clinical work, reflecting their enthusiasm and personal energy. Employers should be encouraged to provide specialty doctors and associate specialists the same opportunities for doing this work as their consultant colleagues, and support them in the necessary training to undertake such tasks.

# Conclusions

This important report seeks to draw a line under the position in which many specialty doctors and associate specialists found themselves as undervalued clinical workhorses. Specialty doctors and associate specialists should play a key role within their teams and organisations, and their skills utilised in the same way as their consultant colleagues. Almost all specialty doctors and associate specialists will continue to play an important role in delivering high-quality patient care, and indeed they and their patients value this. However, these clinical roles will be better supported and enhanced by recognising the wider contribution that this important group of doctors can make.

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