

special
article

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The continuing professional development needs of 'retired' psychiatrists

A postal questionnaire survey of a sample of members and fellows of the College listed as retired revealed that 56% are still engaged in some work, but only 11% are registered for continuing professional development (CPD). Thirty-eight per cent intend to apply for re-validation to remain on the Specialist Register. Their CPD needs are, therefore, important.

Many psychiatrists who have retired from the NHS continue to do some clinical work on a part-time basis, or act as second opinion appointed doctors, sit on mental health review tribunals, etc. According to the College's membership database there are over 900 Members and Fellows who have notified the College that they are retired and so are paying a reduced subscription. At the request of the College's CPD Committee I carried out a postal questionnaire survey of the CPD needs of retired Members and Fellows. From the membership database a list was made of all those aged under 70 who had informed the College that they had retired. From the 361 names obtained, a random sample was drawn and questionnaires sent out in mid-November 1999. Reminder letters were sent to non-respondents in early December. This report is based on the questionnaires returned by the end of February. A copy of the questionnaire is available from the author upon request.

Results

Of the 115 questionnaires sent out, two were discarded because the members concerned were still working. There were 80 men and 33 women in the sample. Eighty-five questionnaires (75%) were returned. The return rates were similar for men (75%) and women (76%).

Question 1 – are you engaged in any of the following list of activities?

The replies are shown in Table 1. The final column shows the number registered for CPD who are engaged in each activity. More women (56%) were fully retired, that is, not engaged in any of the list of activities, than men (40%).

Question 2 – are you registered for CPD?

No women and only nine men said yes, 11% of all respondents. For these nine, the replies to the subsidiary questions about difficulties in meeting the current CPD requirements were as follows:

	Yes	No
(a) For external events?	4	5
(b) For internal events?	6	3

For 76 respondents not registered, the replies to the subsidiary questions "which factors influenced your decision?" are shown in Table 2. Forty-seven (62%) stated that 'other' reasons influenced their decision, and these included fully retired (14), soon going to be fully retired (6), health problems (4), CPD not relevant to present activities (4), lack of time (3) and not knowing about local CPD arrangements (2).

Question 3 – if in future CPD requirements are based on personal development plans subject to peer review, would you be interested in joining a local group of retired psychiatrists for this purpose?

Thirty-one (36%) said yes and 43 (51%) said no. The number of retired psychiatrists who would like to participate in a personal development plan peer group to plan and review their professional development plans is large enough to make it worthwhile trying to facilitate setting up such groups.

Question 4 – will you be applying for revalidation to remain on the Specialist Register?

Thirty-two (38%) said yes and 40 (47%) said no. The number of respondents who intend to apply for re-validation is far greater than the number registered for CPD. If participation in CPD is deemed essential for re-validation, then ways must be found to enable those who wish to continue to undertake clinical work and related activities to fulfil the appropriate CPD requirements.

Comments

Comments were received from 40 (47%) of respondents, 27 men and 12 women. Eight of the respondents sent letters enquiring about CPD and several others sent letters describing their present activities. One letter pointed out that retired psychiatrists acting as second opinion appointed doctors, tribunal members and in other ways are providing services that those working full-time do not have time to do.

Non-respondents

The response rate was good, 75%, which was encouraging. The 25% who did not reply had a similar ratio of men to women and the age range also was similar. Five

**Table 1. Question 1 – Are you engaged in any of the following list of activities?**

	<i>n</i>	(%)	Registered for CPD (<i>n</i>)
NHS hospital or clinic practice	11	(13)	3
Private practice	16	(19)	4
Preparing medico-legal reports	22	(26)	4
Mental health review tribunals	15	(18)	4
Mental Health Act Commission member	2	(2)	1
Second opinion appointed doctor	16	(19)	2
Court of Protection	3	(4)	0
Other	18	(21)	3
None of the above	37	(44)	0

CPD, continuing professional development.
Other included a wide range of clinical, research, advisory and managerial activities.

(17%) of those who did not respond were registered for CPD compared with nine (11%) of those who replied. No more is known about the non-respondents.

Conclusions

Over half of those retired Members and Fellows who responded to the questionnaire were undertaking some work, most of which would require them to maintain their specialist status, however, very few were participating in CPD. Many are engaged in activities that rely on those partly retired, such as mental health review tribunals and Mental Health Act second opinions. The survey did not include those aged 70 and over, some of whom may be working. The CPD needs of the retired are

Table 2. Factors affecting the decision not to register for continuing professional development

	Yes (%)	No (%)
Lack of access to local meetings?	9 (13)	21 (28)
Cost of meetings?	15 (20)	20 (26)
Other (please specify)	47 (62)	

obviously important if these psychiatrists are to continue to provide part of the overall mental health service.

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