Advances in Psychiatric Treatment (1999), vol. 5, p. 1–2

Editorial
Do not crush butterflies

Andrew Sims

Butterflies are beautiful creatures that spend most of their short life getting on with their own business. Admittedly, this 'work' mostly consists of eating, drinking and procreating – not a bad life! I do not know, but I rather expect that 70% of butterflies are assiduous in carrying out their limited range of functions, 15% go over the top in terms of eating, drinking and copulating and 15% are sluggards and under-achievers. A policy aimed at improving the performance of this bottom 15% entailing catching all butterflies in a net, tagging them, measuring and directing them only to certain designated flower beds in the garden, is likely to have highly detrimental consequences for the 70% who are just getting on with their job. They will probably fly no more. Do not crush butterflies.

I listened to a most interesting lecture on performance-related pay – an unusual experience for a psychiatrist. It concluded that perhaps 10% are motivated by performance-related pay and improve their already high performance; perhaps another 70% feel they are doing a reasonable job already, but do not expect that the authorities will recognise this and are therefore mildly demotivated by performance-related pay; the other 20% are underperforming already and introduction of performance-related pay will make them do even worse. Overall, therefore, performance-related pay does not increase the performance of a workforce, but it is a very effective way of pegging salaries.

The medical profession faces the possibility of accreditation, validation or re-certification. The aim is to improve performance especially of the small, delinquent minority. The rationale is that if you monitor the whole profession, you will spot underperformers at an earlier stage and be able to rectify this. It is crucially important, however, that whatever method is used to assess performance in order to ginger the recalcitrant does not destroy the productivity of those who are doing a good job to a high standard. Most doctors in Britain work hard for their patients for longer hours than the national employment average. It would be disastrous to impose such a heavy burden of monitoring on working practices that the mean level of medical performance was standardised downwards – perhaps to that of the old Soviet Polyclinic.

How can one improve performance of the few without destroying the enthusiasm and creativity of the majority? The answer is not to use the same method for both. A safety net is required to identify and catch under-performers, but if this is used on the productive majority it will have adverse consequences. For the majority, maintaining and improving standards depends upon self-regulation – and by this I do not mean self-regulation by the medical profession, but self-regulation by the individual doctor of his or her own practice. This is the direction I hope that our programme of Continuing Professional Development (CPD) will take; CPD needs to be owned by doctors, managed by medical organisations and devolved as much as possible to local level. Comprehensive feedback to individuals concerning their own performance will inform them on how they are doing.

Devolving CPD locally does not just mean setting up regional mechanisms for CPD, nor even trust-level CPD programmes, but CPD becoming the concern, and the property, of every practising clinician. Structure is necessary so that the individual receives information concerning how he or she is doing – the multiple choice questions at the end of papers in this journal are an embryonic form of this. *Advances in Psychiatric Treatment* can play a useful part in both CPD and self-regulation of information gained, if used consistently. It is, of course, only one part and it may not make much contribution to acquiring skills or changing attitudes.

Continuing professional development needs to be planned and the details worked out at a personal level, to be informed by feedback concerning one's own performance and to be part of the agenda shared with peers and colleagues. There have been discussions as to whether 'mentoring' or 'buddy' systems work best – that is, either a junior colleague receiving help and appraisal from someone more

senior or, alternatively, two or more equals trying mutually to improve their practice. Obviously, for CPD, the individual's needs, aspirations and preferences, should be discussed with a medical director or equivalent as part of the management process. However, it is imperative that ownership must remain with the profession, and ultimately with the individual doctor concerned.

For these reasons of ownership and self-regulation by the individual doctor, I see CPD, and validation for quality of clinical standard, which is clearly closely associated with it, as functions of the Royal College of Psychiatrists and not any other body. The President of the College has been to considerable lengths to find out what members find helpful and unhelpful about the College. Hopefully, most members have a sense of ownership concerning the College; they have certainly been told often enough that there is no College apart from them. If the delivery of CPD content and registration comes from the College, members consider this belongs to them and they can influence it. The programme can be individually tailored and provided at local level, and therefore owned by each doctor, then CPD will become accepted proprietorially and welcomed, rather than being seen as emanating from 'them' and rejected.

Similarly, monitoring of individual doctors' standards, for the vast majority of doctors who are performing well, will be most effectively carried out by the process of self-regulation. This should involve the doctor receiving usable information indicating their own performance and then, using either a mentoring or buddy system acceptable to him or her, working out how their individual CPD programme can help to maintain and improve their effectiveness in patient care.

https://doi.org/10.1192/apt.5.1.1 Published online by Cambridge University Press