Aren’t We All In It Together?

Affiliation of non-consultant career grade doctors to the Royal College of Psychiatrists

Report of the Affiliates’ Working Group

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Executive summary

In 1994, the Royal College of Psychiatrists took the first important step in attempting to address the needs of non-consultant career grade (NCCG) doctors working in psychiatry, by the establishment of Affiliate membership. As a consequence, 'staff grade ' psychiatrists who had been recruited by the Department of Health in the late 1980s to help run the National Health Service (NHS) during a workforce crisis were, for the first time, recognised by the College and invited to participate in its activities. However, despite this initiative, NCCG doctors have continued to feel marginalised, with little scope for career progression and negligible access to educational activities and other important aspects of professional development. They often report that they are unable to secure clinical cover or funding for study leave and, despite being the backbone of the NHS and providing significant clinical support to psychiatric teams, their contribution is often minimised or even ignored.

The recommendations of this report are intended radically to improve the position of and service offered to the College's Affiliates and to identify methods of encouraging greater numbers of NCCG doctors to seek Affiliate membership.

In the near future, all doctors (including those in NCCG posts) will be required to undergo regular 'revalidation', which implies that more thorough quality assurance mechanisms will be in place to ensure good standards of clinical practice. As a result of this, it is expected that continuing professional development (CPD) will form a key role in any revalidation procedures. It is therefore crucial that the College does all it can to ensure that as many psychiatrists as possible are actively involved in the educational structures of its CPD programme, via Affiliation.

It is hoped that the recommendations made in this report will be considered and disseminated at the highest levels and via all appropriate College structures. It is also hoped that, where relevant, the recommendations will be approved by the Department of Health, so that they become part of basic good practice in, for example, drawing up job descriptions for NCCG doctors. The report also recommends that a recruitment drive for Affiliateship – with the direct involvement of College members – be mounted and that administrative procedures for processing applications be streamlined to minimise the length of time between nomination and approval. Information packs will be redesigned, with a view to making Affiliateship a more attractive option.

It is recognised that the recommendations made in this report will have significant implications for consultant psychiatrists, in terms of both commitment and time. The Working Group is well aware that consultants are already stretched to meet the demands made of them, and that they often face poor morale, the increasing threat of litigation and the existence of a virulent 'blame culture'.

However, we believe that their contribution to improving standards for Affiliates is absolutely vital and, without their support and encouragement, our recommendations will stand little chance of successful implementation. To support our colleagues, we strongly recommend that a Consultants' Charter be produced by the College as soon as possible.

The Working Group has also developed Standards for Affiliates, based to some extent on the current Trainees' Charter, and it is recommended that Affiliates themselves, and all meetings concerned with their activities, should enjoy a status similar to that of the Collegiate Trainees' Committee.

Introduction

> 'The way we, the general public, judge your services, doctor, depends largely upon how good the others are who work with you.'
>
> (Carer of a psychiatric patient to a consultant)

We have deliberated on the issue raised by the above comment, in the firm belief that every member of a psychiatric team has something unique and valuable to offer to the process of caring for patients. Affiliates form an integral part of this team, often determining the quality of the services that our College members provide. Their strengths add to the strength of the team and their weaknesses erode the team's ability to function. They must, therefore, be given the attention that they deserve.

Caring for people with mental disorders is an extremely complex task, and comprehensive care involves the expertise of many disciplines. Psychiatrists are an integral part of this multi-disciplinary workforce, and their contribution is to diagnose and treat mental disorder. Provision of an effective and comprehensive service requires a robust work force, and this robustness is maintained only by constant nurturing.

The Affiliates' Working Group has approached this task with the highest standards in mind to nurture NCCG practitioners in psychiatry, who face difficulties inherent in the NCCG that call for special attention and perhaps even positive discrimination.

The intention of the Working Group was to prevent the repetition of a situation that arose in the 1960s and 1970s, when psychiatrists remaining in posts for many years without any career progression felt despair, loss of motivation and apathy.

Acceptance and implementation of the recommendations of this report will not be easy and will involve many members of the College and other organisations, including other medical Royal Colleges, the Department of Health, the British Medical Association (BMA) and local employers. Therefore, some recommendations relate specifically to their involvement (consultants, in particular, are afforded high priority): this should not be seen as exceeding our remit.

Non-consultant career grade doctors

Definition

Not all doctors practising psychiatry are eligible to become full Members or Inceptors of the College. Among those that are not eligible are many individuals in NCCG posts, including associate specialists and staff grades (sometimes referred to as staff and associate specialists), clinical and senior clinical medical officers, hospital practitioners, clinical assistants, trust grades (not recognised by the BMA), associate psychiatrists and general practitioner (GP) principals providing clinical assistant sessions. None of these grades is a consultant or training-grade post, and for this reason they are all considered to be NCCGs in this report.

Some doctors feel that the term ‘non-consultant career grade’ is uncomplimentary, if not derogatory. However, this is a nationally recognised term and it is used here in the spirit of its current standing.

Career prospects

In a report on the career structure of NCCG doctors, the Royal College of Physicians of London (1999) noted that:

- there has been no improvement in arrangements for appointments committees, job plans, study leave or career progression;
- not all NCCG doctors are members of a Royal College and even those who are do not all have the same checks;
- these career grade posts play an important role in the NHS;
- the changes essential to attract good doctors to NCCG posts, maintain standards and meet the needs of clinical governance include: monitored job plans; good career advice; career progression within the grade; and the opportunity to re-enter higher specialist training;
- external checks on training, standards and competence should also improve patient care.

A new grade of medical staff – the staff grade – was introduced by the Department of Health in 1987, to address the immediate shortage of medical staff in the NHS. It was initially intended that the number of staff grade posts should not exceed 10% of the number of consultant posts. This ceiling was eventually lifted, which led to an explosion in the creation of such posts in the NHS. Psychiatry was no exception to this trend.

The introduction of this new grade was not without its difficulties. In 1994, the Standing Committee on Postgraduate Medical and Dental Education (SCOPME)

reported that the main problems facing staff grade medical workers were as follows:

- poor career advice before entry
- variable work content, sometimes at an inappropriately high or low level
- variable supervision
- poor educational opportunities
- no external checks on competence
- limited (or non-existent) career progression.

NCCGs in psychiatry

It is important that all individuals who provide a psychiatric service should keep their knowledge of psychiatry up to date. This applies equally to part-time psychiatrists and GP principals who conduct infrequent clinical assistant sessions as to associate specialists. It should be remembered that the closure of mental hospitals in the UK placed a large number of former in-patients in the community, sometimes with and sometimes without support from specialist mental health services.

At its annual general meeting (AGM) in 1994, the Royal College of Psychiatrists approved the proposal to establish a new grade of membership, 'Affiliateship', and the College Bye-Laws were changed accordingly. It was intended that Affiliate membership would encourage the affiliation of NCCG doctors to the College.

The Affiliates' Working Group was set up under the auspices of the Executive and Finance Committee and the Court of Electors, with administrative assistance provided by the Department of Postgraduate Educational Services. One of the Working Group's aims is to improve the situation for NCCG doctors and to help them to meet the needs of the expected revalidation of all doctors – in which continuing professional education with the involvement of the College is expected to form a key role.

Data collected during the 2001 College census suggest that over 1500 NCCG doctors now work in psychiatry. Although it is not known how many of these are staff grades, associate specialists, clinical medical officers and hospital practitioners, or how many are clinical assistants conducting fewer than five sessions per week, it is thought that the number of NCCG doctors conducting five or more sessions per week is in excess of 700. To date, 266 of these doctors have become Affiliates of the College, and a further 163 College members are in NCCG posts.

Non-consultant career grades and the College

1. The majority of the NCCG doctors working in psychiatry are not Affiliates of the College.
2. The College's eligibility criteria for Affiliate nominations are as follows:

   - candidates must be registered medical practitioners;
   - they must be practising in the UK or Ireland;
   - they must have 3 years' full-time experience in psychiatry in specified grades, or the part-time equivalent; of these 3 years, a maximum of 2 years must have been spent in an approved senior house officer (SHO) post;
   - they may be in NCCG posts such as associate specialist, clinical assistant or staff grade;
   - nominations must be received by 30th September each year; that is, once a year, although we are aware that on two occasions the College has dealt with nominations more than once a year;
   - nominations must be supported by a citation made by two subscribing Members or Fellows of the College;
   - the maximum number of new Affiliates allowed per year is 25 and the total number allowed is 700.

3. The restrictions listed in point 2 have led to a belief among NCCG doctors that College policy is geared more to their exclusion than inclusion.
4. The College's recognition of NCCG doctors working in psychiatry is re-emphasised through its agreement to establish an International Affiliate grade.
5. The extent to which NCCG doctors appreciate that the revalidation process will apply to every doctor working in the UK, irrespective of their grade or speciality, is not known. They might also not be aware that the medical Royal Colleges will probably play a key role in revalidation, through CPD.
6. Judging by the numbers of information packs for Affiliates sent out compared with the numbers of completed nominations returned, it is clear that many NCCG doctors do not proceed beyond seeking the initial information. This might be the result of:

   - the poor presentation of the information pack, which lacks full details of the benefits of Affiliateship;
   - a perception that Affiliateship is poor value for money;
   - the possible difficulty of getting two consultants together to agree on and complete a joint citation for the nomination;

- the apathy and indifference of NCCG doctors caused by their current work circumstances;
- the long delay (up to a year) before hearing whether a nomination has been accepted or rejected;
- the lack of encouragement from consultants.

7. Attendance at the College's annual Affiliates' meeting has been very poor. There may be several reasons for this:

   - Affiliates might be unable to attend because of work pressures;
   - they might not be able to obtain leave or funding;
   - the agenda might be neither interesting nor appealing;
   - they might lack encouragement and feel isolated, and consequently apathetic.

8. Reaching NCCG doctors who are neither Members nor Affiliates of the College will not be an easy task. However, it may be made possible through the College members with whom they work. Their consultants could take on the vital role of encouraging Affiliation.
9. In its recently updated *Notes for College Assessors on Appointment Committees for the Staff Grades* (which will be posted on the College website in mid-2003) the College defines eligibility to be appointed to the grade as having a 'minimum of three years' experience in the SHO grade, which may not be entirely within psychiatry. Some experience in psychiatry is essential'.
10. Although all job descriptions for staff grade posts should be approved by the College's regional advisory mechanism, not all are actually submitted for approval: in some cases it seems that employers are unaware of this requirement, and in others that they consider it to be a delaying bureaucratic annoyance. For this and other reasons, job content and quality vary from post to post. Preliminary enquiries have revealed that the practice of establishing a new staff grade post has changed, in that the involvement of the Postgraduate Dean's Office and the regional manpower committees is no longer followed. Some employers inform the Dean's Office as a matter of courtesy, but others do not.
11. New posts are no longer reviewed after the first 12 months. It has been said that NCCG doctors are the 'forgotten tribe' (Royal College of Physicians of London, 1999). Their working environment depends entirely on the consultants with whom they work and the managers of their institution – clinical or medical directors with no external checks and balances.

Affiliate membership

Originally, the College's Charter did not permit its involvement with non-members. However, through Affiliate membership most NCCG doctors working in psychiatry could benefit from the College's services and activities. This is particularly important for meeting the requirements of clinical governance and revalidation. The Affiliates' Working Group aims to recruit as Affiliates all eligible NCCG doctors who are not members of the College.

The Affiliates' Working Group interprets 'affiliation' in its broader meanings of alliance, association and union. Such affiliation must be for mutual benefit, and hence the dialogue should be bilateral and not unilateral.

All non-Affiliate NCCG doctors should be made aware of the availability of Affiliateship, of what it offers and of the possible consequences for them of not becoming Affiliates. The College cannot, and perhaps should not, take on this task by itself. Clinical governance is a matter for employers, and revalidation is a matter for the General Medical Council (GMC). Therefore, the College's responsibility is to offer a programme for Affiliates that addresses the needs of both clinical governance and revalidation. It is the responsibility of the employer's to ensure that the NCCG doctors in their employment comply with these requirements.

Inevitably, Affiliateship will have cost and revenue implications – both direct and indirect - for all concerned, including the College. The extent of these is not known at this stage, but for the College they will depend on which recommendations are accepted, whereas for employers they will depend on existing resources.

Structure of the committees representing Affiliates

At present, no structures have been set up, either within the College or at local or divisional level, for committees representing Affiliates or for representation of Affiliates on existing College committees (see Appendix 1). It is proposed that the following committee structures be established for Affiliates (Fig. 1).

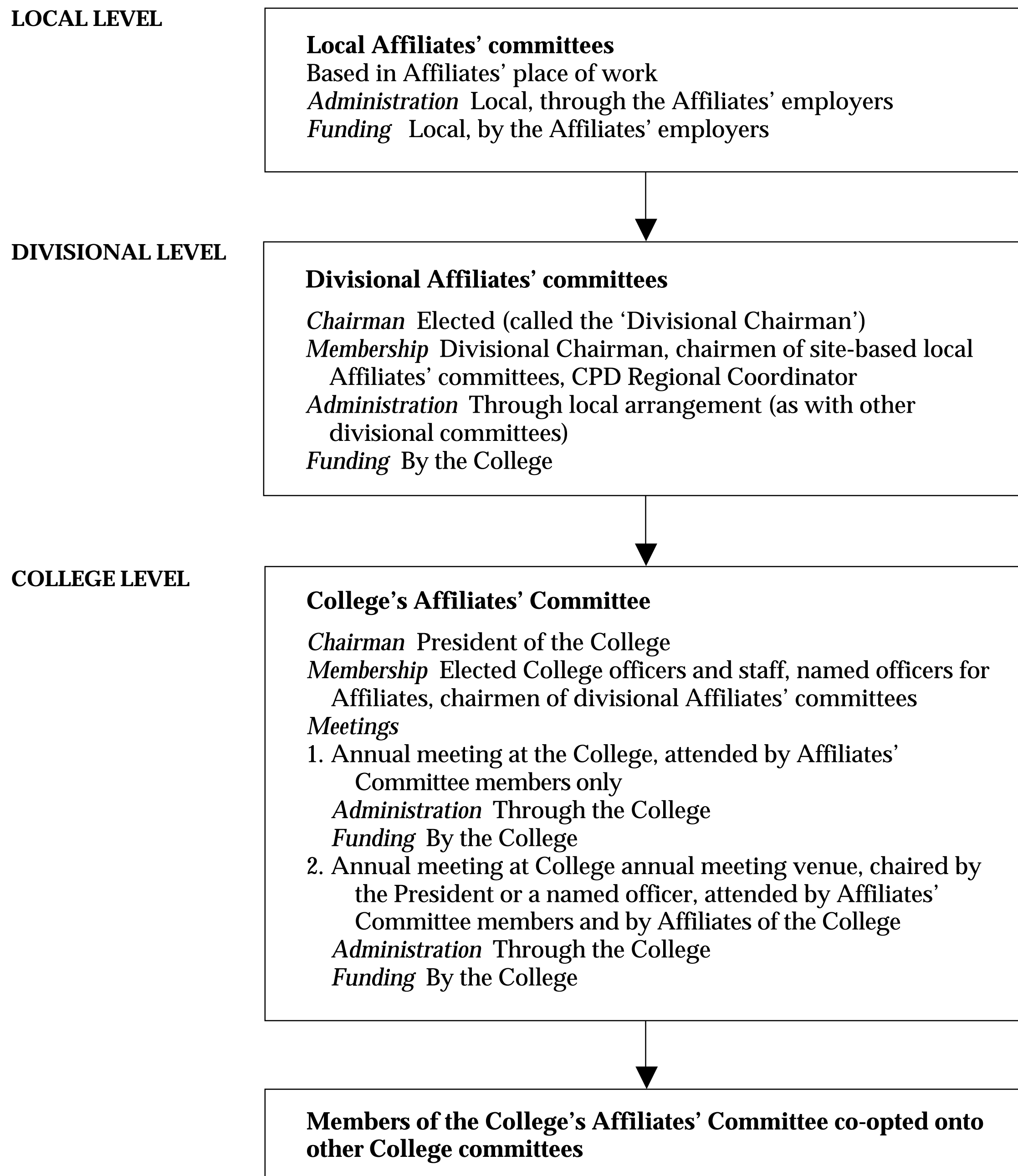

Fig. 1 Proposed structure for for committees representing Affiliates.

Local level

All Affiliates should be represented by local Affiliates' committees, which meet quarterly and cover individual trusts or institutions. Local Affiliates' committees covering very large, multi-disciplinary trusts have the disadvantages that Affiliates might be scattered over a huge geographical area and that much of the committee's agenda will not be relevant to each individual's own work. Committees covering single health care institutions or organisations may be preferable, because they are likely to meet locally and to focus on issues specifically related to the Affiliates' place of work. Each committee should be chaired by an Affiliate with local administrative support. The Affiliate mentors and the CPD local coordinator should be members. Administrative costs should be borne by the employing organisations (the trusts or institutions). Minutes should be sent to the appropriate divisional Affiliates' committee, the trust's senior medical staff committee and its medical/clinical director.

Divisional level

The chairman of each local Affiliates' committee within the College's divisions should form a divisional Affiliates' committee. This should meet twice a year, under the chairmanship of an elected Affiliate and attended by the divisional chairman and CPD regional coordinator. Standing items on the agenda should include minutes of the local Affiliates' committees. The chairman of a divisional Affiliates' committee should be a non-voting member of the divisional executive.

College level

The College should establish a College Affiliates' Committee similar to the Collegiate Trainees' Committee (CTC). This should comprise: the named College Officer for Affiliates; the chairmen of the divisional Affiliates' committees; and Affiliate representatives to College Council and to the College's CPD Committee from each divisional Affiliates' committee. The College Affiliates' Committee should meet twice a year, once at the College and once at the venue of the College's AGM.

The meeting held at the College would be chaired by the President, with other elected College officers and the College's Chief Executive in attendance. This meeting would replace the current annual Affiliates' meeting. The meeting held at the AGM venue should be open to all Affiliates (it is hoped that this meeting will provide an added incentive for Affiliates to attend the AGM itself).

It is appreciated that the AGM is one of the busiest occasions for College officers and staff, and that they therefore may not be able to attend. If the President is unavailable, the named College officer for the Affiliates should chair the meeting.

It is recommended that a sponsor be sought for the meeting held at the AGM, following the model of sponsored satellite symposia.

Affiliates’ mentors

It is recommended that a mentoring system be set up at the Affiliate’s place of work. Each mentor should oversee no more than six Affiliates, and should allocate half a session per week to Affiliates (which amounts to 26 sessions per mentor per year, giving each Affiliate 4.3 sessions per year).

As regards funding, a mentor at the top of the current NHS pay scale will cost extra £3000, which amounts to £500 per Affiliate. For a new Affiliate appointment, this extra should be added as ‘on cost’, but for existing Affiliates ‘new money’ will be needed. Extra funding should be obtained from purchasers on grounds of clinical governance and quality for both new and existing posts.

The role of the mentor is as follows:

- to ensure maintenance of CPD, clinical supervision and appraisal;
- to be available for advice;
- to act as troubleshooter/advocate;
- to provide a minimum of one face-to-face contact per year;
- to attend local Affiliates' meetings;
- to work hand in hand with regional advisers, divisional chairmen, and divisional and trust CPD coordinators;
- to conduct an exit interview with out-going Affiliates and to inform an Affiliate’s line manager of any problems that should be remedied.

Standards for Affiliates

Psychiatric training, education and research are at the heart of the College's business. In setting standards on these issues, more often than not the College is perceived as not being aware of 'real-life problems' in providing a service despite severe difficulties. This is to be regarded as 'healthy tension'. Standards on these issues apply to all practising psychiatrists, irrespective of their speciality and grade. Standards should be measurable, to enable informed judgement of the quality of what is on offer. Informing all psychiatrists and their employers of the standards governing the situation of NCCG Affiliates would make known the personal development plan (PDP) needs of Affiliates, prompt Affiliates to be proactive in seeking to meet these needs, and foster the provision of high-quality clinical supervision and continuing postgraduate education. These in turn should promote the highest standard of patient care.

The following are target standards for Affiliates:

1. individual clinical supervision with a named consultant (clinical supervisor) for 1 hour per week (justifiable local circumstances may lead to alternative local arrangements);
2. ready, regular access to an approved local postgraduate educational programme;
3. funded study leave for courses, conferences and meetings that are relevant to their individual PDP portfolio;
4. encouragement to become involved in local research and clinical audit;
5. constructive positive and negative feedback on progress, with a minimum of 3 months' notice to act on such advice;
6. regular and meaningful access to a local mentor, at least once a year;
7. supervision and support in handling an appropriate clinical case-load;
8. appropriate working conditions, hours of duty and access to resources to provide services, at least in line with BMA, College and government guidelines;
9. representation through adequate medical advisory and managerial committees;
10. active local peer-group support;
11. to be treated with consideration and respect by all professional colleagues, irrespective of status, gender or race.

Quality assurance

Setting standards is important but the process is incomplete until verification of their implementation. Furthermore, standards should be reviewed periodically to ensure that they do not become outdated and inappropriate.

When the staff grade was established, local postgraduate deans were involved both in establishing the posts and also in reviewing each new post (not the post-holder) after 12 months. The College was included in this review through involvement of regional advisers and the chairmen of the regional speciality advisory committees, who were likely to have been College members. Following major changes to the regional health authorities, the regional speciality advisory committees were disbanded and a mechanism for the initial review of posts (after the first 12 months) was lost.

Consequently, at a time of significant expansion in the staff grade, the only check that ensured the quality of these new posts has disappeared.

New staff grade posts are established to meet local needs, often the need to bolster the workforce. Therefore the emphasis can be on establishing the job and filling the vacancy rather than on ensuring that standards are being met.

As mentioned earlier, not all job descriptions for staff grade posts are ratified by the College via the regional advisory mechanism. Furthermore, those that are ratified are approved on a case-by-case basis, as there is no standard job description against which they can be evaluated.

The College is aware that the existence of published standards governing the basic and higher specialist trainees has not prevented variations from place to place. It is also aware of the criticism expressed by some members when senior registrar grades were considered to be supernumerary after senior registrars lost their clinical sessions.

If NCCG Affiliates are afforded priorities similar to those enjoyed by trainees, their clinical input will be reduced as ring-fenced time for clinical supervision, CPD, administration and audit will have to come out of the time allocated to clinical activities. This is not likely to be popular among consultants and employing authorities.

Adoption of the recommendations of this report will involve College members of consultant status and will make further demands on their already overstretched commitments. The College needs to be sympathetic to this issue, bearing in mind that in resources - both financial and workforce – will be necessary.

Reinstatement of the review of newly established posts is not likely to increase the workloads of most regional advisers, as they are based on deaneries since changes to the boundaries of the regional offices; the Trent Division is an exception, where one regional adviser serves the whole of the region. It will, however, be a new role for them.

Reliance on local appraisal and job-plan review for quality assurance is not acceptable, since it would be done by the employer or its agents. Quality assurance requires external independent involvement.

Career progression in NCCG posts

At present there is no established structure for career progression for NCCG doctors. The Royal College of Physicians of London (2000) recommends that all candidates applying for NCCG posts should be advised that:

(a) they are not training posts;
(b) it will be difficult to obtain a training post after they have accepted an NCCG post;
(c) if they do want a subsequent training post, they should aim to obtain it within 12 months of taking an NCCG post.

This is sensible advice. It should also be noted that NCCG doctors who wish to sit for the MRCPsych Examinations must be in posts that have received educational approval by the College.

Some post-holders, such as clinical assistants who are GP principals (irrespective of the number of sessions), view their clinical assistantship as a long-term position. Others remain in NCCG posts for longer than they had hoped they would. At present, there is no defined career path, and hence career progression, for such post-holders. The Royal College of Physicians expects those in long-term staff grades to progress to become associate specialists, but this has its own drawbacks.

The associate specialist grade is unique, in that these are personal appointments that can be established when pressure of work demands an additional consultant, but another consultant appointment is not possible.

Staff grade posts currently qualify for 'optional points' and associate specialists qualify for 'discretionary points'. Their pay scales are also different. However, the BMA is enthusiastically pursuing negotiations for a 'single-spine' grade and structure to cover both grades.

The lack of a career structure makes if difficult for a post-holder to anticipate career advancement and improved conditions; this may cause despair, loss of motivation and apathy.

During discussions on establishing a new grade to be called 'associate consultant' it was noted that the College could not proceed alone on this issue and would have to consult other Medical Royal Colleges. Lack of support from the BMA for such a concept makes it highly unlikely that such a grade will be supported nationwide. It was also noted that if the grade were called 'associate consultant' as suggested, the posts might become too similar to consultant posts and therefore it would be advisable to consider a different name.

Consultants

The Affiliates' Working Group believes that consultants should receive our attention in these deliberations because of the special position that they occupy in psychiatric teams. To assume that they would be in a position to absorb all of the recommended changes would be a mistake.

The College is well aware that, for some years now, a proportion of consultant posts have remained vacant. This is a particular problem when the vacancies cluster in certain parts of the country. Although the total number of posts has increased in recent years, vacancy figures remain the same. This indicates that there are insufficient numbers of people eligible to take up the available posts.

Although there has been a recent increase in national training numbers (NTNs) in psychiatry, it is not yet certain whether there will be a proportionate increase in SHO numbers to feed into the system.

The increase in work pressures that consultants have been experiencing is well documented. These pressures, combined with the 'blame culture', increasing litigation, rising public demand for psychiatric services, and media scrutiny, do not offer a promising prospect for consultants.

It is inevitable that consultants play a key role in the implementation of the recommendations in this report. Given the above scenario, if more is expected of them in relation to the nurturing of Affiliates, their response is not likely to be enthusiastic and these recommendations will be ignored.

Recommendations and implementation strategy

In 2001, the College approved the establishment of an Affiliate Working Group, under the Chairmanship of Dr Ranjit Baruah, Deputy Registrar, to consider all issues relating to Affiliates, and to make various recommendations aimed at improving the working lives of this group of doctors.

As a result, this Working Group produced the current report, which has been widely disseminated throughout College structures. The following represents a summary of all recommendations made by the Working Group, starting with ten that the College and the Working Group suggest should be given priority. For ease of reference, each of the recommendations extracted from the Working Group's report is listed, its financial implications have been added and an implementation plan suggesting ways in which each recommendation may be acted upon and/or taken forward has been included. These recommendations and the implementation strategy were approved by Council in October 2002.

Prioritised recommendations

1. *Rather than designing a model job description for Affiliates, the College should require that regional advisers assess all new NCCG job descriptions against the checklist shown in Appendix 3.*

   Implementation plan Regional advisers should receive a copy of the checklist shown in Appendix 3, so that they can take appropriate action on all NCCG job descriptions. Copies of this checklist will be included in any information packs provided to regional advisers.

   Financial implications There are no significant financial implications inherent in this recommendation.

2. *The Affiliate Information Pack should be redesigned, with input by Affiliates.*

   Implementation plan It is recommended that Dr R. Baruah be asked to identify three Affiliates to work with the Department of Postgraduate Educational Services on redesigning the information pack. The redesigned pack should be sent to all newly registered Affiliates.

   Financial implications Travel expenses may be incurred in respect of the three Affiliates recruited to work on this project, but these should not exceed £1000. We anticipate that the redesign costs will be low, since this work can be undertaken in-house.

3. *The College should: reconsider the criteria for entry into Affiliateship, with a view to making these focused on 'inclusion' rather than 'exclusion'; widen eligibility by opening*

it up to NCCGs who conduct two or more psychiatric sessions per week; and remove the ceiling on maximum numbers allowed into Affiliateship at any one time.

Implementation plan The Scoping Group is currently looking at the College Constitution, which will result in a number of proposed amendments to the College Bye-laws. The Department of Postgraduate Educational Services will, with Dr R. Baruah, prepare amendments to the Bye-laws and Regulations. These will then be forwarded to the Scoping Group with a view to submitting them – together with a batch of other proposed changes – to the College AGM in 2003 and to subsequent consideration by the Privy Council in 2004. It will be proposed to the Privy Council that the current ceiling on the number of Affiliates who can be registered with the College at any one time be removed.

Financial implications If the Privy Council agrees to removing the ceiling on maximum numbers, this could have a positive effect in terms of increased registration and subscription fees paid to the College by new Affiliates.

4. *Initiate a recruitment drive for Affiliateship by involving College membership, be in a state of administrative readiness to process nominations and make flexible use of the Court of Electors for the elecetion of new Affiliates.*

Implementation plan The Department of Postgraduate Educational Services will make further attempts to identify NCCG doctors who are eligible for Affiliateship. This may be done through the mechanism of the College census, or via approaches through the regional structures of the College such as via CPD regional coordinators, chairmen of divisions, regional advisers and regional representatives. Such work can be undertaken during the second half of 2003, in anticipation of the Privy Council's agreement to extend the number of Affiliates, possibly early in 2004.

Financial implications It is proposed that Council should consider halving, or even waiving altogether, the registration fee for new Affiliates during 2004, to provide an incentive to potential Affiliates.

Council agreed in April 2003 that the initial registration fee for Affiliates should be waived until the end of 2004, to coincide with the recruitment campaign.

5. *Adopt a more flexible approach towards approval of nominations for Affiliateship, aiming for a drastic reduction of the time-lag between nomination and approval.*

Implementation plan In line with a similar procedure which currently exists for Inceptors, it is recommended that it should be routine for new Affiliate nominations to be approved by the Court of Electors, without the need for further consideration by other relevant committees. Only where there are difficulties and/or exceptional circumstances should Affiliate nominations be referred for consideration to the Fellowship Sub-Committee.

Financial implications There are no financial implications inherent in this recommendation – on the contrary, it should enable the College to increase the number of Affiliates registered each year and to process Affiliate nominations much more efficiently, thus generating more income.

6. *Adopt the Committee structure for Affiliates indicated in the report, and consider co-option onto various College committees, with the broad aim of affording a higher profile for Affiliates and a status broadly equivalent to that of the Collegiate Trainees' Committee.*

   Implementation plan It is recommended that the Affiliates' Committee should become a special committee of Council, with regional representation (mirroring the situation of the Collegiate Trainees' Committee). Each division should be asked to ensure that its divisional Affiliates' committee is chaired by an elected Affiliate and attended by the divisional chairman and a CPD regional Coordinator. Standing items on the agenda should include the minutes of the local Affiliates' committees. The Chairman of the divisional Affiliates' committee should be a co-opted member of the divisional executive, which should be responsible for the establishment of the local Affiliates' committees. It may be useful to co-opt College members who are in NCCG posts to divisional committees.

   There is reference in the report to a 'named officer' for Affiliates, who will chair the new College Affiliates' Committee. Council should decide whether this should be one of the College officers (including sub-deans, deputy registrars and vice-presidents) or whether, following the current College protocol, an advertisement should be placed in the *Psychiatric Bulletin*, as a result of which the Chairman will be appointed via competitive interview. The Chairman should be a co-opted member of Council. The new College Affiliates' Committee should decide at one of its early meetings which existing College committees should have representation from within its membership.

   Financial implications These will include travel expenses and catering costs.

7. *Establish an 'evidence base' for future reference and review, by conducting a postal survey of a random sample of one in four NCCG doctors identified using the College's database and sent a questionnaire (Appendix 2).*

   Implementation plan It is recommended that a postal survey should be carried out in 2005, once the recruitment drive to attrract more Affiliates has taken place (see recommendation 4 above).

   Financial implications The cost of this exercise will be presented to the Executive and Finance Committee at the appropriate time.

8. *The College should establish a database of NCCG doctors, using data from the College's most recent workforce census organised on the basis of College divisions. This should be updated annually with a view to identifying non-Affiliate NCCG doctors.*

Implementation plan The primary information is already collected by the College census and collection is ongoing. The College's membership database, Concept, will collect ongoing information about NCCG doctors. Such data may be used to compare the College Concept database of registered Affiliates with information from the most recent College census.

Financial implications This will involve staff time and is likely to be undertaken after the production of the 2004 College census.

9. *The College should periodically host induction days for new Affiliates.*

   Implementation plan The new College Affiliates' Committee will be asked to clarify what the content of such induction days should be. Following consideration of this matter, a proposal will be submitted to the Executive and Finance Committee.

   Financial implications To be confirmed.

10. *It is recommended that every NCCG post that qualifies for Affiliate status should have an identified study leave budget. This budget should form a part of 'on cost' for each post.*

    Implementation plan This is a 'terms and conditions' issue for the employer; however, the College will write formally to the BMA, asking it to look into the proposal.

    Financial implications There are no financial implications inherent in this recommendation, since it is outwith the College's direct remit.

The foregoing ten recommendations are in no particular order of priority, but the Working Group believes that each of these should be prioritised over the following recommendations (also made by the Group and listed in its report).

Other recommendations

- *That this report receive attention at the highest level within the College and that its contents be actively disseminated.*

  Implementation plan The report is already receiving attention at the highest levels of the College and has been widely disseminated throughout College structures, including divisions, faculties and sections.

- *This report should not be regarded as a one-off exercise: the position of NCCG doctors requires regular monitoring and review informed by evidence of changes. A review is recommended after 2 years and at 5-yearly intervals thereafter.*

  Implementation plan The exercise should be reviewed in October 2004.

- *Approval of these recommendations should be sought from the Department of Health before final dissemination, so that they become a set of requirements for employers.*

Psychiatric medical staff have unique roles that are not common to other medical specialities. Therefore, it is further recommended that Department of Health approval be obtained by involving the National Director for Mental Health, and that all employers of NCCG doctors be notified by the Department of Health.

Implementation plan Copies of the report and the College's implementation plan will be forwarded to the National Director for Mental Health and other relevant officials at the Department of Health.

- *It is recommended that this report be sent for consultation with the College's divisions, faculties, the Collegiate Trainees' Committee and regional advisers under the authority of the Executive and Finance Committee, with a deadline for receiving comments. Comments received by the Executive and Finance Committee should be passed on to the Working Group for incorporation, where appropriate, into a final report to be submitted to the Executive and Finance Committee and subsequently to Council.*

  Implementation plan: This has already been done.

- *To ensure that this important group of service providers is appropriately catered for, the College must involve its members by imaginative dissemination of information and by promoting 'ownership' of the issues by both the College and its members.*

  Implementation plan This is ongoing.

- *Affiliateship should remain voluntary.*

  Implementation plan This recommendation has already been accepted.

- *The College should adopt the proposed structure for Affiliates' committees (p. 14: Fig. 1) and consider co-opting representatives of the College Affiliates' Committee onto other College committees (see Appendix 1). These measures might raise the profile of Affiliates and increase Affiliate membership, and would afford the College Affiliates' Committee status broadly equivalent to that of the CTC.*

  Implementation plan It is recommended that the committee structure be adopted.

- *It is recommended that local mentorship schemes (mentors at place of work) be set up and that the resultant costs be regarded as 'on cost' additions to each job.*

  Implementation plan The College is already working on developing mentoring schemes for newly appointed consultants, and the Department of Health's Doctors' Forum Mentoring Working Group is in the process of developing a speciality-wide mentoring support scheme that will involve all workers throughout medicine and will therefore include Affiliates. Regular reports on progress of this mentoring scheme will be made to the appropriate College committees.

- *The College should adopt the proposed Standards for Affiliates*

  Implementation plan Council should be invited to adopt the Standards at its next meeting.

- *The financial implications for the College of the recommendations in this report should be examined on the basis of numbers expected to join the Affiliateship.*

  Implementation plan The financial implications for the College are not unduly excessive, and will be based on numbers expected to join the College.

- *It is recommended that the original method of reviewing newly established staff grade posts be revised (to accommodate the loss of the regional speciality committees) and extended to all NCCG posts. The Postgraduate Dean's Office, through the regional advisers, should be responsible for the review procedure, by initiating reviews, receiving the reports and implementing any requisite action. The College's divisional chairmen should take the role originally occupied by the chairmen of the regional speciality committees.*

  Implementation plan This recommendation will be considered at the autumn 2003 meeting of regional advisers and their deputies.

- *It is further recommended that the College involve postgraduate deans in setting up a mechanism similar to that of College approval visits to training schemes, to review every 5 years all NCCG jobs that qualify for Affiliateship.*

  Implementation plan The College will ensure that this matter is considered at the next joint meeting between the College and the Conference of Medical Postgraduate Education Deans (COPMeD).

- *It is recommended that all matters relating to Affiliates and NCCG doctors (such as written reports and ratification of job descriptions) be dealt with within 21 working days.*

  Implementation plan It might not be practical to impose these timescales on NHS trusts and postgraduate deaneries. The College administration will endeavour to continue to deal with all Affiliate matters as promptly as possible.

- *It is recommended that the College consider reducing the registration fees for Affiliates attending the College's AGM. The reduction should be pro rata, assuming that the standard charges apply to full-time consultants on their first-year consultant salary, and taking into account the Affiliate's salary scale as well as the number of sessions worked.*

  Implementation plan The College already charges a reduced rate for both Affiliates and Inceptors to attend the AGM. [Charges have not yet been finalised for 2003.]

- *The advice of the Royal College of Physicians (p. 9 of this report) should be adopted by our College and put into practice.*

  Implementation plan If all of the recommendations made in this report are implemented by this College, then those made by the Royal College of Physicians will not only have been met, but significantly exceeded.

- *Liaise with the BMA to initiate negotiations by the BMA to remove obstacles that currently impede the progression of staff grade doctors to associate specialist grade.*

  Implementation plan: It is suggested that this report be sent to the BMA, together with a request that they consider this recommendation.

- *Staff grade posts should be redesignated as senior staff grade when the following conditions have been met: the post-holder has performed satisfactorily for the first 6 years in the post, has obtained the first optional point and can provide evidence of participation in a College-registered PDP; and the post has received both a satisfactory review after the first 12 months of its establishment and a satisfactory review at 6 years.*

  Implementation plan It is suggested that this report be sent to the BMA, together with a request that they consider this recommendation.

- *Provided that the post has a current satisfactory review, posts at senior staff grade should be redesignated as associate specialist grade when the post-holder has performed satisfactorily for a further 5 years at senior staff grade and has evidence of continued participation in a College-approved PDP programme.*

  Implementation plan It is suggested that this report be sent to the BMA, together with a request that they consider this recommendation.

- *In the event of a 'single-spine grade' being introduced, redesignation to associate specialist grade should be automatic, subject to the conditions described above.*

  Implementation plan It is suggested that this report be sent to the BMA, together with a request that they consider this recommendation.

- *If any post receives unsatisfactory reviews, its shortcomings should be listed and sent in writing to the employing authority, the medical director, the consultant to whom the post-holder reports, the local mentor, the regional adviser and the College's divisional chairman. These bodies will be given a period of 12 months to rectify the problems, after which the post should be re-reviewed.*

  Implementation plan It is suggested that this report be sent to the BMA, together with a request that they consider this recommendation.

- *In the event of situations needing sanctions, an inspection group should be authorised to make those sanctions. [If this recommendation is approved, the members of the*

inspection group will need to be agreed by the Court of Electors, as advised by Dr Baruah.]

Implementation plan It is suggested that this report be sent to the BMA, together with a request that they consider this recommendation.

- *The College should actively consider publication of a Consultants' Charter.*

  Implementation plan This matter should be considered by the autmun 2003 meeting of Council.

Appendix 1 Representation on College committees

College body	Collegiate Trainees' Committee representatives	Affiliates' Committee representatives	
		Current	Proposed
Council	3 officers	2	2, plus a named officer
Executive and Finance Committee	Chairman	0	1 of the 2 on Council
Annual Meeting Steering Group	2	0	1
Programmes and Meetings	1	0	1
Public Education	1	0	1
Parliamentary Liaison Sub-Committee	1	0	1
Patients' and Carers' Liaison	1	0	1
Public Policy	1	0	1
Ethics Sub-Committee	1	0	1
Mental Health Law Sub-Committee	1	0	1
Informatics Sub-Committee	1	0	1
Special committees			
Board of International Affairs	1	0	1
Ethnic Issues Committee	3 SpRs	0	
Collegiate Trainees' Committee		0	0
Patients' and Carers' Committee	1	0	
ECT Committee	1	0	1
University Psychiatry/Research Committee	1	0	1
Examinations Monitoring	1	0	1
OSCE Working Party	1	0	1
Faculty Executive Committees			
Child and Adolescent	1	0	1
Forensic	1	0	1
General and Community	1	0	1
Learning Disability	1	0	1
Old Age	1	0	1
Psychotherapy	1	0	1
Substance Misuse	1	0	1
Section Executive Committee			
Liaison Psychiatry	1	0	1
Social and Rehabilitation	1	0	1
Other Committees/Working Parties			
European Forum for all Psychiatric Trainees	4	0	1
Website Working Party	1	0	1
Special interest group			
Women in Psychiatry	0	0	1
Court of Electors			
Education Committee	1	0	1
Specialist Training Committee	1	0	1 co-opted

contd…

College body	*Collegiate Trainees' Committee representatives*	*Affiliates' Committee representatives*	
		Current	*Proposed*
Tutor and Training Programme Director's Sub-Committee	1	0	1 co-opted
Overseas Doctors' Training Committee	1	0	1
Basic Specialist Training Advisory Sub-Committee	1	0	
CPD Committee	1	1 Affiliate, 1 NCCG	1 Affiliate, 1 NCCG

Appendix 2 Questionnaire for NCCG doctors

Questionnaire for non-consultant career grade doctors

(Where options are given, please encircle the one that is applicable. Please continue longer answers on a separate sheet if necessary)

1. **What is your job title?**

2. **How many years' experience in psychiatry did you have before taking up an NCCG post?**

3. **How many years have you worked as an NCCG?**

4. **Where did you obtain your basic medical qualification?** UK / Overseas

5. **Have you any postgraduate qualification in psychiatry?** Yes / No

   If yes, please describe

5. **What is your speciality?**

   General and community
   Forensic
   Child and adolescent
   Learning disability
   Old age
   Substance misuse
   Psychotherapy

   Please specify if you work in a sub-speciality (e.g. rehabilitation, motherhood mental illness)

6. **How many sessions per week are you contracted for?**

   >11 11 10 9 8 7 6 5 <5

7. **Are you on call out of hours?** Yes / No

   If yes:

   What is the frequency of rota?

   How is the time reimbursed? Time off in lieu / Extra sessional payment

3. **Do you receive regular clinical supervision?** Yes / No

   If yes, how often?

   If no, please give reasons

4. **Do you attend regular postgraduate educational activities locally?** Yes / No

   If yes, how often?

   If no, please give reasons

5. **Do you attend external postgraduate educational activities?** Yes / No
   If yes, how often?
   If no, please give reasons

6. **Was your job description approved by the regional adviser or deputy?** Yes / No

7. **Has your job content changed since your appointment?** Yes / No
   If yes, which of the following best describes the new content? Improved / Deteriorated
   Please describe how

8. **Which of the following best describes how you think of your current job?**
   Short term
   Medium term
   Long term
   Permanent

9. **Have you been appraised?** Yes / No
   If yes, when? (month and year)

10. **What were your career aspirations when you entered psychiatry?**

11. **What are your career aspirations now (if applicable)?**

12. **Are you aware that NCCGs without College membership can apply for Affiliateship to the College?** Yes / No
    If yes, are you an Affiliate of the College? Yes / No
    If not, what prevented you from seeking Affiliateship?

13. **Would you be interested in learning what Affiliateship could offer?** Yes / No

14. **Do you think that the Royal College of Psychiatrists should have any role in the professional lives of NCCG doctors**? Yes / No
    If yes, please list how
    If no, please list why not

Appendix 3 Job description checklist

Job description: information checklist

The job description of any NCCG appointment for 3 months or longer should be approved by the regional or deputy regional adviser. The following checklist concerns explicit statements about the post described. These statments cover the minimum information that must be given. Each box must be ticked 'Yes' for the job description to be approved.

	Information provided?	
Information required	***Yes***	***No***
The location of the base	______	______
Office accommodation	______	______
Secretarial support	______	______
Access to information technology	______	______
Ring-fenced time for:		
Clinical supervision	______	______
CPD	______	______
Administration	______	______
Audit	______	______
Cover for absences of:		
Self	______	______
Others	______	______
Leave eligibility:		
Annual leave	______	______
Study leave	______	______
Sick leave	______	______
Professional/Special leave	______	______
Compassionate leave	______	______
Travelling expenses	______	______
Alternative transport arrangements for non-drivers on essential journeys	______	______
Description of the services with names of the key people	______	______
Name of the consultant responsible for the post-holder (and name of the clinical supervisor, if different)	______	______
Names of consultants (if working with more than one)	______	______
Name of the person to whom post-holder has managerial accountability	______	______
Is number of beds to be covered reasonable?	______	______
Number of day patients to be seen and other day care services to be provided	______	______

Information required	Information provided? Yes	No
Number of out-patient clinics per week and indication of ratio of new patients to follow-up patients per clinic	________	________
On-call commitments:		
During working hours	________	________
Frequency	________	________
Out of hours	________	________
Frequency	________	________
Will the post-holder be resident when on call?	________	________
Will the post-holder have time off in lieu or payment if on call out of hours?	________	________
Will the post-holder be first or second on call?	________	________
Frequency	________	________
Number of sessions	________	________
Frequency of appraisal	________	________
Bilateral consultation and negotiation if changes to the job content are proposed	________	________

References

Royal College of Physicians of London (1999) *Non-Consultant Career grade Doctors: Recommendations for Improvement in Career Structure*. London: Royal College of Physicians of London. http://www.rclondon.ac.uk/pubs/comm_nccg.htm

Standing Committee on Postgraduate Medical and Dental Education (1994) *Meeting the Educational Needs of Staff Grade Doctors and Dentists*. London: SCOPME.