priate ward with staff who feel they have been duped. Their skills are not appropriate to his needs; the more so as clinical areas become more specialised. The patient's increasing demands were, in this case, increasingly more aggressively expressed. Our subsequent enquiries revealed that he had been specifically threatening to a female doctor at one of the other hospitals. It is clearly necessary to remove such patients from these wards.

On the other hand, the liaison psychiatry service to which he might have been referred has been compromised by lack of resources and by policies that require it to distance itself geographically and professionally from the district general hospital. It was in no position to respond to a referral. Also, the patient had travelled some distance from his true home base. After he was presented with the evidence of his behaviour, he told us that he had a general practitioner and a psychiatrist in a particular part of the country. He undertook to consult them for the help he acknowledged he needed. Telephone calls confirmed that a man who displayed the *modus operandi* that we had witnessed was known to that practice so a full discharge summary was sent, with a copy to the psychiatrist.

We leave it to others to judge how well we discharged our duty of care to this man.

S MICHAEL CRAWFORD
Consultant Medical Oncologist

G JEYASANGER
Staff Grade Practitioner in Medical Oncology

MARIE WRIGHT
Ward Manager

Airedale General Hospital, Keighley

Clinical & Scientific letters

Letters not directly related to articles published in *Clinical Medicine* and presenting unpublished original data should be submitted for publication in this section. Clinical and scientific letters should not exceed 500 words and may include one table and up to five references.

A survey of Continuing Professional Development (CPD) in palliative medicine

All doctors are required to undertake Continuing Professional Development (CPD).[1] The medical workforce in palliative medicine is diverse, with many doctors working on a part-time basis but with the same CPD requirements as those working full time.[2–4] A survey was undertaken to establish whether doctors had fulfilled their CPD requirements and to identify problems or difficulties experienced by doctors in undertaking CPD.

A questionnaire was sent to all doctors working in non-training posts requesting information on CPD undertaken in the previous year. Questions were also asked regarding knowledge and understanding of appraisal and revalidation.

The response rate was 53% (381/721). Palliative medicine was the main post for 276 (72%) respondents and 169 (44%) were on the Specialist Register; 214 (56%) held contracts with a hospice or charity; 159 (42%) with the NHS; four with a university (1%). The subgroup most likely to have fulfilled CPD requirements were those on the Specialist Register (64%), and those least likely were those holding a contract with a charitable organisation (33%) (Table 1). A higher proportion of those registered with the Royal College of Physicians (RCP) than in the overall group keep a record of CPD (94%), although only 74% understood College CPD requirements. Only 58% of those registered with the RCP met the criteria for external CPD and 62% for internal CPD. This was, however, higher than for the overall group. For those on a part-time contract (62%), CPD was being undertaken both in work and in their own time – 98% were performing 50% or more of their CPD in their own time.

Fifty-five per cent of respondents stated that their contract was held by the charitable sector, of whom 27% were on the Specialist Register. This subgroup had the lowest percentage for keeping CPD records (81%) and were least likely to understand College CPD requirements (49%) with only one-third achieving requirements for CPD points.

Qualitative comments from this group included:

> 'Does this apply to me? I am only part time at the hospice.' (NCCG 4)
>
> 'I have never been told how to register for CPD … everything is geared up

Table 1. CPD points gained by doctors working in palliative medicine.

Doctors		Percentage meeting minimum CPD point requirements
Overall	External	43
	Internal	43
RCP registered	External	58
	Internal	62
On voluntary contract	External	33
	Internal	31
On NHS contract	External	55
	Internal	58
Palliative medicine as main job	External	50
	Internal	53
On Specialist Register	External	64
	Internal	69

> for consultants and there is nothing for those of us who have to stay behind and do the work.' (NCCG 10)

Overall, only 43% of respondents were meeting CPD requirements (median 25 credits; range 5–375 hours).

This study highlighted enormous variation in the planning, participation in, and recording of, CPD for palliative medicine doctors. There was also a lack of understanding as to what constituted internal CPD, eg multidisciplinary ward rounds/audit meetings, and therefore it is possible that respondents were meeting requirements for internal CPD but unaware that they were doing so. More information is needed on CPD requirements and how these can be fulfilled; although this survey was carried out in palliative medicine it may reflect the situation in many other specialties.

References

1 General Medical Council. *Tomorrow's doctors*. London: GMC, 2003.
2 Cooper N. A survey of non-training grade doctors in Yorkshire. NHS Yorkshire Deanery, 2002.
3 Bashook PG, Parboosingh J. Recertification and the maintenance of competence. *BMJ* 1998;**316**:545-8.
4 Department of Health. *Choice and opportunity – modernizing medical careers for non consultant grade doctors*. London: DH, 2003.

MARI LLOYD-WILLIAMS
Honorary Consultant in Palliative Medicine, University of Liverpool Medical School

SUZANNE KITE
Consultant in Palliative Medicine, Leeds Teaching Hospitals Trust

FIONA HICKS
Consultant in Palliative Medicine, Leeds Teaching Hospitals Trust