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A Suggested Plan for Specialist Doctor's Professional Growth and Development

Ahmed Nadeem Abbasi and Bilal Mazhar Qureshi

After acquiring postgraduate qualification, a specialist doctor commences his or her continued professional education. The ultimate beneficiaries of professional healthcare education are patients. The provision of a patient-centered quality healthcare is the aim and objective of an ideal professional growth plan. At the planning stage, an accurate understanding of the quality management system is required. A team of dedicated professionals take the responsibility of implementing this plan, which is in actual fact a component of the quality improvement process.

Designated responsibilities in a professional plan can be narrated as specialized roles, which focus particularly on a specified domain.¹ In the proposed plan, domains are broadly classified under the heading of four broad divisions.

Components and contents of structured Clinical, Administration, Research and Teaching/Training (CART) plan can vary from one specialty to another. A flexible inclusive approach is being recommended as innovation is always accompanied by teething issues during the initialization phase. Optimization of resource allocations is also a subject of great interest in the process of setting up directions for the healthcare professionals.²

Effective and efficient team efforts are required in order to achieve this goal.³ Some special aspects of healthcare quality are applicable as pivotal moving factors in Low and Middle Income (LMI) countries. Economic evaluation models are being studied in great depth and their complexities may also play a detrimental role in the development of an individual professional's career growth. Only cost-effective options of healthcare provision can be administered and implemented in countries with limited resources.⁴ Contemporary literature addresses the issue of quality from various aspects. Communication skills and standards of conduct are nominated as important factors of relevance in quality improvement process of professional development.⁵

Various models of continuing professional growth and development are available for reference. Here, the CART plan is being based on an equal distribution of tasks among all four components, *viz*, clinical, administrative, research and teaching. On the basis of this proposed structure, it can be named as "The 'CART - 25%' Plan of Professional Development". One can question himself or herself if appropriate and optimal services are being delivered to patients with a strategic vision of future developments in his or her own territory? Once a plan is agreed upon in principle, the proportion of time and tasks can be discussed during the subsequent briefing sessions. It is imperative to start with a set proportion of all four components of the CART plan, as per one's own understanding and requirements. The postulated 25% equal proportioned CART may not be an agreeable option for most of the professional colleagues. The postulated CART plan with 25%, *i.e.* a quarter equally partitioned four quadrants, offering equal weightage to the four component responsibilities as the ideal CART plan. This proposed plan is not expected to be a perfect one which will be applicable on all individuals under all eventual circumstances. Therefore, appropriate modifications can be considered by an individual or a competent board of professionals who are designated to perform this task. In LMI countries, a specialist doctor plays a pivotal role in the establishment of quality systems and processes. One of the most important factors in professional development and growth of specialist is implementation of a plan. There are certain professional factual points for the consideration of any institutional core decision-making body. It is in the wider and long term interest of the institution to make a jargon-free clear (in all respects of clarifications) appraisal document. An institution can make this process of appraisal as a means of constant improvement in the PDP (Professional Development Plan) of an individual's career. This is only possible if one avoids unnecessary paper work, jargon terms and lengthy forms. At each professional entity, a simplified CART-based plan can be appraised with a view of constant improvement. The individual is expected to be focusing on a patient-centered approach in order to provide a clear definition of an individual specialist's patient-centeredness, producing a document covering clearly defined job role. A monitoring process is recommended with proposed professional development plan avoiding term assessment processes. This particular area has its own weightage and it will be considered as an important component of the appraisal

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process. All administrative tasks and responsibilities will be pre-designated by the board to individual staff member. All tasks are to be documented in job role document and the accountability process will be based on "FAIR" foundations.

A designated time period has to be predefined by the executive board for all administrative responsibilities. If due to any reason or reasons, the specified administrative responsibility will not be fulfilled up to a preset and pre-discussed minimum standard, a change in task and or person is to be considered. This strategy will guarantee progression of modernization process in continuum. Managerial skill development is regarded as the essential tool for all healthcare decision makers as specialist doctors are not an exception. After going through various practical day-to-day managerial issues, it is recommended to follow the list of skills, which are required to be learnt via interactive sessions facilitated by experts in their respective fields of management sciences. A specialist doctor has to play the role of a manager with administrative responsibilities. If the managerial skills are fully developed then our oncologist can interact effectively with problems encountered in the establishment and delivery of modern healthcare.

The executive board can take a direct regulatory role in terms of implementation of these skill development learning sessions. The list of the managerial skills include communication skills, negotiation skills, time management, change management, implementation of quality in healthcare, conflict resolution, assertiveness without aggression, goal setting, leadership skills, economic evaluation models, team building, caring the carers, and training the trainers.

It can be designated as a mandatory responsibly of the resource development section to make sure that required skills are being inculcated to all individuals who will be playing a decisive role in the planning processes of all aspects of organizational issues. One can expect a positive change in staff members who will go through the above mentioned skill development workshops.

In developing countries, this part of the professional development plan merits prime attention of planners. Requirement of preset standards as per international guidelines will be our main objective. Some flexibility may be exercised in the first few months of the appointment as research culture is not very well established in the country. Such institutes can take leadership role and can act as a trend-setter of relevant research geared towards getting answers to loco-regional patient-care needs. One of the examples, which can be quoted is research towards high quality cost-efficient evidence-based practices can be prioritized in academic institutions. Regular academic session conduction and active participation shall be monitored via quarterly or bi-yearly appraisals.

Apprenticeship-styled teaching alone can only lead to the production of ill-trained visionless doctors who will not be able to deliver modern specialised healthcare to their patients. Contribution towards the professional growth and development of colleagues will be structured as an integral component of institutional goals. Appraisal process can make sure that efficient and effective implementation of educational tasks is being met as per minimum standards and benchmarks set in job role document. One cannot emphasize more on this subject of skill development training delivered via the most modern educational methodology. Adaptation of structured teaching as a component of learning-objective-based professional development and growth programme is recommended.

Overall acceptance of professional development plans are generally a challenging task. Staff perceptions play an important role in this regard. All stakeholders' ratification of integrated care teams requires continued efforts aimed at improving their experiences related to the proposed plan.⁶

In order to implement the above mentioned proposed CART plan, a thorough briefing of each component of four sections would be performed before the date of commencement of new appraisal term. It is recommended to have a two-phase briefing session, which can be performed at the time of drafting phase of the plan. Once all items mentioned in the four sections are being discussed and endorsed by the individual professional colleague, one can set a fixed term for interim midway appraisal. Most of the institutes follow an annual appraisal scheme. A six-monthly appraisal duration term with the provision of an interim mid-term appraisal should be performed after three months of commencement of this plan.

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