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# Continuing professional development as consultants

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Continuing professional development (CPD) is a professional obligation of clinicians aiming to ‘*improve the safety and quality of care provided for patients and the public*’ and ‘*covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice*’ (General Medical Council UK, 2020). The professional practice of clinicians is highly variable and may include clinical practice, management, education, academia and research, media and public engagement, advisory to charities and pharmaceutical companies, politics, and working for the government. Despite the varied role of clinicians, literature suggested that clinicians undertake the majority of their CPD in their specialist areas, although many clinicians are also interested in undertaking CPD in areas outside their specialty (Maher et al., 2017).

The year of 2020 was a challenging and sobering year for clinicians across the world with redeployment of clinicians from many specialities to undertake activities they were less familiar with (Seah, 2020). The phrase ‘CPD’ took on a new personal meaning through the change of my role as a consultant dermatologist during the COVID-19 pandemic and an unsuccessful application for a National Institute for Health Research (UK) advanced research fellowship so that I can establish myself as an independent researcher.

I volunteered to help with COVID-19 research at my employing hospital, but unexpectedly found myself becoming a site principal investigator for the UK

nationally prioritised Randomised Evaluation of COVID-19 Therapy (RECOVERY Trial) that led to the discovery of dexamethasone as a treatment for COVID-19 hospitalised patients requiring oxygen therapy or ventilation support (RECOVERY Collaborative Group et al., 2021). It was a baptism of fire learning to manage and deliver the clinical trial while frantically trying to familiarise myself with the literature on pharmacology of trial medicinal products, human physiology and COVID-19 literature. I sought the counsel from my hospital’s senior research nurses, and research manager to jointly govern and deliver the trial at my hospital; and I also talked to colleagues and doctors in training to learn about the practicalities of managing COVID-19 patients in clinical settings. I kept records of my CPD related to COVID-19, reflected upon these experiences in my learning portfolio and discussed these experiences in my annual appraisal. These records also serve as evidence to justify my practices outside my area of specialism. Although I may possess relevant transferable skills and experience that facilitates me to lead and undertake work outside my speciality during the unprecedented time of the pandemic, it is important to maintain insight about our own limitations; learn from different resources; seek and accept help from others in a position of knowledge and experience whoever they may be, as this is crucial for delivering a safe service.

Despite my portfolio of varied research experience and higher research degree, I once held the wishful thinking that I could directly transition into an independent researcher due to my clinical role as a consultant. The feedback I received from the unsuccessful advanced

research fellowship application has encouraged much needed reflexivity into my own strengths and limitations, and successfully challenged the naïve viewpoint that I once held. A consultant transitioning into an independent researcher is not an automatic process, but requires the progressive development of experience and credentials to justify the award of an advanced fellowship and it is ok to start from the beginning.

The literature described three broad categories of career paths: progressive, by chance and enthusiasts (Tuononen et al., 2018). CPD was crucial to my progressive career development into a consultant dermatologist and help me keep abreast with the latest evidence based clinical practices. Just-in-time CPD was important for me to discharge my leadership role as a site principal investigator in the RECOVERY Trial that I took on by chance as it was important for me to become knowledgeable about the topic and take responsibility about every aspect of the trial delivered at my site. I am enthusiastic about research and CPD is one of the many tools that can help me build the skills necessary to pursue clinical academia.

In conclusion, CPD is not just a professional obligation to keep ourselves up to date about evidence based practices in our specialty to deliver safe and high quality patient care, it is also a valuable tool to help us maintain our generalist knowledge outside our specialty (which we may rely upon if we get redeployed) and prepare us to reconfigure our career path.

#### Note on Contributor

Dr Simon Tso is a consultant dermatologist at the South Warwickshire NHS Foundation Trust, United Kingdom. He was responsible for conception and design of the work reported in the manuscript, reviewed the literature, drafted the manuscript and approved the final version of the manuscript submitted.

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#### Declaration of Interest

The author report no conflict of interest. The author is responsible for the content and writing of the article.

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