

What is a consultant?

Rodney Burnham

A successful consultant physician requires a combination of qualities – hard work and endurance alongside general medical and specialist knowledge, technical skills and the ability to work in a team. Good consultants have experience and maturity that enables them to acquire the indefinable qualities of good clinical judgment and communication skills. The recent RCP census (1999) also confirmed that many consultants have additional duties that do not involve direct patient care. They include management, undergraduate and postgraduate education, research and development, as well as the publication of findings; audit, committee work, administration and work for charities, national and international bodies are also time consuming. The attention to both delivering and receiving CME and CPD is now paramount and considerable in its time commitments. Consultants who take on these additional roles above and beyond their onerous clinical duties provide mature leadership in the NHS to improve patient care.

Consultants work many more hours than contracted and have other NHS and academic duties apart from ‘hands on’ clinical care¹. If just the 48-hour week aspect of the European Working Time Directive is considered, another 428 consultants will be required to maintain patient care within the legal limit of working hours, mainly in the acute specialties. Up to 70% more consultants would be required if existing post holders worked only to their contract and nearly 100% more if the quality requirements set out for some specialties in *Working for patients* were implemented².

It has been suggested that a new specialist grade should be created, staffed by fully trained doctors who would work alongside consultants³. Specialist posts might be a final career point or a stepping-stone to a consultant position. However, in the main the profession rejected this idea while accepting that the nature of consultant work will change from appointment to retirement^{4,5,6}. Consultants are still able to provide holistic care as well as specialist knowledge. Involvement in research during training further refines their critical faculties.

The NHS Plan has indicated the way in which the government might wish to see consultant careers develop⁷. Nursing and other health care professionals have emulated the medical profession and adopted the title consultant to describe the best practitioners in their field. These non-medical consultants value their independence. Their medical colleagues must not lose their own independence of action, which should be used only for the benefit of patients and others for whom they have some responsibility.

The many non-clinical duties of consultants are valuable to the NHS. To undertake them successfully they must have time to train for these. We need substantially more consultants, with even greater input from other health care workers, because there are too few to provide the service required now, let alone future demands. Delivery of high quality care cannot be achieved by creating an established sub-consultant grade. The role of the consultant needs to evolve in order to create the very best physicians. Patients and the NHS will be the main beneficiaries.

References

- 1 Royal College of Physicians. *Annual census, 30 September 1999*. London: Royal College of Physicians, 2000.
- 2 Royal College of Physicians. *Consultant physicians working for patients*. London: Royal College of Physicians, 1999.
- 3 Hardogan J, Staniforth M. *A Health Service of all the talents: developing the NHS workforce*. London: Department of Health, 2000.
- 4 British Medical Association. *Consultants for the future*. London: British Medical Association, 1995.
- 5 Royal College of Physicians. *Response to A Health Service of all the talents: developing the NHS workforce*. London: Royal College of Physicians, 2000.
- 6 British Association of Medical Managers. *Consultant careers: a consultation document*. Stockport: British Association of Medical Managers, 2000.
- 7 Department of Health. *The NHS plan: a plan for investment, a plan for reform*. London: Department of Health, 2000.

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