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Becoming a new consultant: how to make it work for you

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Becoming a new consultant is more demanding than ever. This is a time when the NHS is rapidly evolving and new challenges, for example Modernising Medical Careers (MMC) and appraisal and validation, are contributing to this difficult transition. This conference was set up to provide practical support for soon to be and newly appointed consultants facing the new responsibilities of the position. There were 140 delegates from across the UK including non-medical specialties. The programme was divided into four sessions. The session chairs and speakers were enthusiastic and engaging which helped make this day highly productive.

Making it work for you

This session began with a concise overview on negotiating a consultant's job plan and how it can be moulded to improve work/life balance. Juggling direct clinical care, supporting programmed activities that underpin this care, additional NHS responsibilities and external duties can appear daunting and unmanageable. This means that a thorough understanding of the consultant contract and job planning is vital. Successful career evolution and development depends on mutually agreed aims and objectives with a clinical manager evaluated on a continual basis. Useful tips included accessing key sources of information, such as the British Medical Assocaition's local negotiating committee pre-appointment. For newly appointed consultants, the importance of keeping a detailed diary of all professional activities was emphasised in order to ensure that the actual, rather than perceived, workload is recognised.

Clive Constable provided a most helpful and motivating summary of the National Clinical Excellence Awards Scheme. This scheme recognises and rewards NHS consultants and academic general practitioners who demonstrate a commitment to high-quality patient care and to continuous improvement of the NHS 'over and above' the standard expected of their role. How to qualify for an award and the role of the Royal College of Physicians (RCP) in this process was explained clearly and tips for applying for RCP support were useful. For example, sufficient supporting evidence of an awardable contribution should be highlighted, not merely stating that you are a member of a committee.

Jean McEwan spoke about less than full-time flexible training (LTFT). Although this group of trainees comprises less than 6% of the total number and medical specialties have relatively few LTFT trainees, this is a politically important group. Nearly all (97%) LTFT trainees are women. Many physicians want to work fewer hours, for a variety of reasons, but arranging flexible training is still difficult. There is a range of options available within flexible training: part time, flexi time, annualised hours, compressed hours, staggered hours, job sharing and home working. Thirty-seven per cent of trainees have children and for 33% of these, deficient childcare limits the ability to work. An important question raised by McEwan was whether one really wants to work LTFT? Childcare support should be seen as an investment and the key to a successful work/life balance may be to share, delegate and employ others.

This session was completed by Mike Cheshire, who engaged the audience with an informative discussion on appraisal, revalidation and personal development plans. The core role of the consultant, namely to provide high-quality patient care, and the methods in place to help ensure this were explained. The General Medical Council (GMC) plans to introduce the licence to practise in autumn 2009. This is the first step towards the introduction of revalidation and aims to provide patients and employers with regular assurance that their doctors are up to date and fit to practise.

Working with colleagues, managers and patients

One of the most radical changes over the last few years affecting consultants has been the introduction of the MMC programme intended to ensure a transparent and efficient career path for doctors. However, so far, the transition has been complicated and arguably chaotic. The balance between supply and demand of doctors remains unresolved. In the meantime, it is imperative that for a smooth, successful transition consultants are familiar with the system and identify potential bottlenecks.

This was a constructive, interactive session led by Philip Ayres who dissected the core skills required for successful teamwork and the differences between difficult colleagues and difficult behaviour. A helpful tip was to identify another consultant with whom you can work closely with to swap ideas and challenge each other.

Specialist registrar training prepares trainees from a clinical perspective, however, most have limited knowledge about organisational systems, trust priority, financial pressures and business planning. Soon Song shared her personal experiences of working with managers and presented the RCP consultants and managers programme. This programme involved 40 paired consultants/managers working together over 12 months towards a common goal. Although at times working with managers can be frustrating, multidisciplinary working involving medical and

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non-medical managers is unavoidable. Practical tips included awareness of the NHS structure, service planning and anticipation of potential hurdles. Similarly, working with primary care trusts (PCT) is a skill that many new consultants have limited experience of before embarking on the consultant job. Mike Maguire provided a factual account of the commissioning process within the NHS and helpful, practical suggestions.

Conference programme

MAKING IT WORK FOR YOU

Negotiating your job plan
Mr Martin Harvey, senior industrial relations officer, British Medical Association

Clinical Excellence Awards
Mr Clive Constable, director of professional affairs, Royal College of Physicians (RCP)

Working flexibly
Dr Jean McEwan, improving working lives officer, RCP

Appraisal, revalidation and personal development plan
Dr Mike Cheshire, clinical vice president, RCP

WORKING WITH COLLEAGUES

Dealing with difficult colleagues
Dr Philip Ayres, deputy medical director, The Leeds Teaching Hospitals NHS Trust

Helping juniors survive MMC/labour force planning
Ms Clare Chapman, director general of workforce, Department of Health

WORKING WITH MANAGERS

The RCP consultants and managers programme
Dr Soon Song, consultant physician, Northern General Hospital, Sheffield

WORKING WITH PCTs

Working with PCTs/NHS reconfiguration
Mr Mike Maguire, director of commissioning, Bolton PCT

WORKING WITH PATIENTS

What patients want from a consultant PALS
Ms Helen Hand, patient and public involvement lead, Ashton, Leigh and Wigan PCT

Medical Defence Unions
Dr Chris Evans, chairman, Medical Defence Union

General Medical Council
Mr Paul Philip, deputy chief executive and director of standards and fitness to practise, General Medical Council

Pitfalls and privileges of a medical career
Professor Parveen Kumar, associate director international education, RCP and professor of medicine and education, Barts and the London School of Medicine and Dentistry

It was useful to be reminded by both Helen Hand and the GMC of what patients want from their doctor, and how expectations and dynamics change in the consultant role. Good communication is obvious but some consultants find this easier than others. Video diaries are a useful exercise to help improve this essential skill. This is an era of more GMC and NHS legislation and the talk concerning the Medical Defence Unions brought this home. Although hearing about common causes of medical error and negligence claims was unnerving, this talk summarised the progression of the complaints systems, offered constructive advice and emphasised the importance of professional indemnity for a new consultant.

The pitfalls and privileges of a medical career

The conference ended with an inspirational talk by Parveen Kumar who discussed the pitfalls and privileges of a medical career. The increasing pressures put upon the modern consultant discussed throughout the day could make one question whether it is all worth it. Delgates were reminded of the huge satisfaction, degree of autonomy and relative good salary of a consultant and the audience was motivated to persevere. The role of the doctor and the delivery of care systems are evolving but what remains central is patient care.

Conclusion

This one-day conference provided a friendly forum for a face-to-face exchange of ideas between established and budding consultants. The opportunities and pitfalls for new consultants were debated and constructive suggestions on how to embrace new dynamics with colleagues, patients, managers and PCTs were put forward. Much of the advice may have seemed obvious but the experiences shared by the speakers and New Consultant's Committee demonstrated that simple steps can help ease the career transition. The hard-hitting home truths were an eye-opener to trainees striving to become consultants and confirmed the reality for those already in the post. Nevertheless this conference helped alleviate some of the anxieties as well as providing help and support in practical terms for the demands of becoming a new consultant in today's NHS.

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