

# Essential and desirable: making the most of your postgraduate training

**Authors:** Paul Grant,<sup>A</sup> Munachiso Nwokolo<sup>B</sup> and Carol Postlethwaite<sup>C</sup>

ABSTRACT

**Newly qualified Certificate of Completion of Training (CCT) holders may be deficient in a range of skills relevant to the work of a consultant physician, often due to a lack of adequate career planning. Good clinical skills and a patient-centred approach are extremely important, but there is work to suggest that the non-medical aspects of consultant work are not sufficiently addressed during higher specialist training.**

**KEYWORDS:** Person specification, postgraduate medical training, consultant shortlisting, modernising medical careers, medical management, clinical governance

## Introduction

Is the newly qualified Certificate of Completion of Training (CCT) holder the finished product? Are the consultant physicians who are emerging from the modernising medical careers (MMC) production line a shining example of postgraduate medical education, or is there still work that needs to be done?<sup>1–3</sup>

Arguably, there is a failing among educational supervisors and training programme directors to ensure that there is adequate focus on the endgame. As they seek the ‘holy grail’ in the form of a substantive position at the end of their training, higher specialist trainees might be startled to discover how reductionist the shortlisting and selection process for consultant posts can be. This is especially true given the current intense competition for relatively few posts in many specialties and the trend towards taking up locum posts or acute medical jobs rather than substantive posts.<sup>4</sup> The person specification for an advertised post lists the demands of the recruiting organisation and their view of the essential and desirable characteristics that a physician is required to have to work there. These are the criteria on which applicants are scored and stratified.

Of course, the interview itself is where the deep judgment and analysis of a potential consultant will occur, but it is commonly and sadly the case that many strong candidates are not shortlisted because of arbitrary deficiencies in their perceived characteristics

and skills. How then to get in that room in the first place? Is it possible to proactively improve the outcomes of your training so as to become more rounded, more qualified and better placed to sell yourself as a potential future consultant, while at the same time working hard as a busy medical registrar? In this article, we aim to provide some helpful advice on tailoring higher specialist training both to make better, more well-rounded trainees and to aid candidates in getting shortlisted and reaching the interview stage of the consultant selection process.

## Performance management

In any quality improvement sphere, knowledge of the standards provides the basis of continuous development. If we are aware of a target or requirement and where we stand in relationship to that, then we can make the leap towards it.

If we take a look at some of the elements of a ‘perfect training CV’, then the first thing that becomes clear is that ‘clinical excellence’ or ‘good clinical skills’ form only a small part of the recipe for a new consultant.<sup>5</sup> This is because there is a general assumption that all graduates of a 5 or 6-year training process will have decent medical competency. It will not matter if you have undertaken 1,000 endoscopies, because arguably this will not make you a better consultant, it is all the other discriminating factors outlined below that ultimately will. The ‘non-medical’ aspects that typify a strong medical consultant include management (and increasingly leadership) experience, educational and teaching activity, clinical governance activity, knowledge of the structure of the NHS, research activity and relevant publications (Table 1).<sup>6</sup>

Theoretically, these skills and activities will have been incorporated into the experience gained by medical registrars, but all too often peri-CCT holders suddenly realise that there are major deficiencies in their portfolio, panic and scramble to remedy them. It may be that a candidate in their first consultant interview has to converse knowledgeably about a subject, for example local commissioning, service development or organising a training course, while having no hands-on experience of that topic, which puts them in a weaker position when compared with their peers. Having an advance plan, therefore, is very important in terms of understanding what is important and necessary before that critical stage is reached.

There are increasingly variable systems of application for a consultant post, from the standard NHS Jobs proforma to trust-specific processes. Some application processes now even include psychometric testing, but whatever shape the initial

**Authors:** <sup>A</sup>consultant diabetes and endocrinology physician, St Thomas’ Hospital, London, UK, <sup>B</sup>clinical research fellow, King’s College Hospital, London, UK; <sup>C</sup>specialty trainee in acute medicine, King’s College Hospital, London, UK

**Table 1. The person specification for a generic acute medical consultant position. Individual jobs may have their own particular quirks but the general principles of what is required for a consultant post are generally similar. Note that clinical experience is only one small section.**

Requirements	Essential	Desirable
Qualifications	<ul style="list-style-type: none"> <li>&gt; MBBS or equivalent, MRCP</li> <li>&gt; Entry on GMC specialist register; eligible for entry on register or within 6 months of receipt of CCT at time of interview</li> <li>&gt; Subspecialty training in acute medicine</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Postgraduate thesis – in any aspect of clinical medicine or education</li> </ul>
Clinical experience	<ul style="list-style-type: none"> <li>&gt; Clinical training and experience equivalent to that required for gaining UK CCT in general internal medicine and acute medicine</li> <li>&gt; Ability to offer expert clinical opinion on a range of acute and general medical problems</li> <li>&gt; Ability to take full and independent responsibility for the clinical care of patients</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Experience of managing patients in an emergency and/or medical assessment unit environment</li> </ul>
Management and administrative experience	<ul style="list-style-type: none"> <li>&gt; Ability to advise on the efficient and smooth running of acute medical services</li> <li>&gt; Ability to organise and manage acute patient flows, pathways and priorities</li> <li>&gt; Experience of audit and management</li> <li>&gt; Ability and willingness to work within the trust and NHS performance framework and targets</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Attendance on a management course for consultants</li> </ul>
Teaching experience	<ul style="list-style-type: none"> <li>&gt; Experience of supervising junior doctors</li> <li>&gt; Ability to teach clinical skills</li> <li>&gt; Ability to deliver bedside, tutorial and classroom teaching and training for medical undergraduates for acute assessment skills</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Experience of MMC assessment tools</li> <li>&gt; Teaching qualification</li> </ul>
Research experience	<ul style="list-style-type: none"> <li>&gt; Ability to apply research outcomes to clinical problems</li> <li>&gt; Publications in peer-reviewed journals</li> </ul>	<ul style="list-style-type: none"> <li>&gt; A desire to continue research</li> </ul>
Other attributes	<ul style="list-style-type: none"> <li>&gt; Excellent oral and written communication, team-working and interpersonal skills</li> <li>&gt; Enquiring, critical approach to work</li> <li>&gt; Ability to work in a team, with evidence of motivation of others</li> <li>&gt; Caring attitude to patients</li> <li>&gt; Ability to communicate effectively with patients, relatives, GPs, nurses and other agencies</li> <li>&gt; Commitment to continuing medical education and the requirements of clinical governance and audit</li> <li>&gt; Willingness to undertake additional professional responsibilities at local, regional or national levels</li> </ul>	

CCT = Certificate of Completion of Training; GP = general practitioner; GMC = general medical council; MBBS = Bachelor of medicine, Bachelor of surgery; MMC = modernising medical careers; MRCP = member of the Royal College of Physicians; NHS = National Health Service.

application takes, a candidate will be scored on the basis of the elements listed above to see how closely they match the ‘ideal’ person specification. The greater the number of essential and desirable attributes achieved, then the greater their score and the likelihood that they will be shortlisted and given an interview (the final hurdle). Application forms often include questions such as ‘provide an example of your approach to team working’; it is important to be able to present such answers clearly and succinctly (there is often a word limit) and the key is to be able to give strong examples as evidence, so that the shortlister has no difficulty in recognising your qualities.

### Qualifications

MBBS and MRCP should go without saying, as will being within 6 months of obtaining a CCT. Depending on the specialty, further sub-specialism is relevant and attainment

of a higher degree may or may not carry greater weight. Such additional qualifications may sometimes be a discriminating factor when there is little to distinguish between candidates or can be essential criteria for some academic posts.

### Clinical experience

All of the components of clinical competence should already be in place by the completion of training; the key here is to be able to demonstrate professional autonomy.

### Management and clinical leadership

If your role as a consultant will involve running a firm, managing a ward or a department, or developing a service, then it is pretty much essential that you already have an understanding of how the relevant organisation works. How are local diabetes services organised? What is the set-up of the

community respiratory service? Does it deliver? What are the problems with the ways in which medical assessment units run? What have you done to tackle the problems? How have you been involved in service development and how do you know that you have made a difference?

Attendance on a recognised management course has become a part of the General Internal Medicine (GIM) curriculum and many registrars attend, get their certificate and then never think about the world of management again.<sup>6,7</sup> Demonstrated experience is much better.

A bulk of the consultant workload is unrelated to the individual patient in front of us and instead relates to how we can deliver the best service to our patients as a whole. An understanding of standards, indicators, targets and performance management is key to knowing if you are delivering a good service. Is there a strategic approach to how the service is working? Does patient flow work properly within your hospital? Do you know who to contact in the trust to understand these things? What problems have you identified with the way in which your department works and what are your plans to make improvements? Use the tools provided within the framework of clinical governance to initiate local service improvement and to become involved with any ongoing national audits.

Examples of how you might demonstrate management skills include an analysis of the cost-effectiveness of prescribing in your own specialty or department, the setting up of a patient safety group relating to a specific issue, development of a 'care bundle' to deal with a particular clinical problem, calculation of the costs in real terms of outpatient activities in relation to the current tariff and a plan for how they can be refined, and the development of care guidelines that are shared between various specialties.

## Teaching

Hopefully, over time, a registrar is able to gain experience in teaching undergraduates, postgraduates and peers in a variety of settings. Probably the most useful approach is to ensure that this activity is all recorded over time within a teaching portfolio, so that candidates can show the frequency and type of teaching that they have undertaken.

Doctors as educators are a mixed bunch, we are rarely taught 'how to teach', despite it being such a crucial part of our work, so attending a recognised teaching skills course is a very useful opportunity during training. This can help to hone teaching in special situations, such as in outpatient clinics or on ward rounds.<sup>8</sup> Additional to this is the benefits of obtaining a formal teaching qualification such as a PG Cert or qualifications from one of the several RCP-run medical educator courses.

## Research

Depending on the consultant post, the importance of research can be highly variable. Even if not applying for an academic post, an understanding of the importance of research to the development of medicine and therapeutics and a desire to experiment and look for answers to clinical challenges are highly relevant. Those with publications (of all varieties from case reports, reviews and commentaries to primary research articles) demonstrate a greater commitment to their specialty and the desire to get under the skin of their area of specialist interest. Further, such publications

can demonstrate an area of interest in which a candidate is keen to become an expert. This is often a discriminating element, allowing selectors to distinguish between two equally good, hardworking clinicians because of the extra work involved in generating research. The statement 'publish or perish' (the pressure to rapidly and continuously publish academic work in order to sustain or further one's career) may still ring true.<sup>9</sup> The feeling of 'obligation to publish' should perhaps be dealt with reflectively. Rather than publishing something for its own end, publishing activity should be closely based around a physician's own interests, involve a challenging or unexplored aspect of their specialty and have a target audience in mind.

## Other attributes

What else have you done during your 5 long years of training? It may well have zoomed by in a blur of clinics, nights oncall and commutes, but what other things have you done to show what a well-rounded specimen you have become? Have you joined any committees, been involved with patient groups, completed an audit cycle? All of this extra work, including outside interests, shows your strengths as a medical commodity.

## Conclusions

Higher specialist training is designed to produce competent consultants who are skilled and experienced in their particular field. The actual job of a consultant does not (or rarely) correspond to what has been learnt in obtaining a CCT.<sup>10</sup> Registrars should be encouraged to discuss their CV and potential job applications with their educational supervisor, who should help them to focus on the requirements of future posts.

In order to realise the potential of the training process, medical registrars need to keep an eye on the horizon, ensuring not only that they are meeting the requirements of the curriculum, updating their ePortfolio and completing all their assessments, but also that they realise that these factors alone do not make a 'good' consultant. The advertised person specification for consultant positions demonstrate that more work needs to be done off the wards and some early career engineering can save a lot of bother further down the line (Box 1). ■

### Box 1. Top tips for medical career progression.

- 1 Sign up for the job alert emails in your specialty – this will provide advance understanding of the demands of future employers.
- 2 Know where to look for information on your specialty and service: for example, look at national audit data, public health observatory, relevant performance indicators and key targets.
- 3 Develop an understanding of the structure of the health service and how everything fits together. The King's Fund have recently produced an impressive animation which demonstrates this.<sup>11</sup>
- 4 Be able to identify problems with your current service delivery and consider quality improvement projects above and beyond the standard clinical audit.
- 5 Be aware of what your talents and interests outside medicine are and what they say about you. Leadership and skills in other fields are equally valid.



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**Address for correspondence: Dr P Grant, Diabetes and Endocrine Day Centre, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH.**  
Email: [drpaul.grant@doctors.org.uk](mailto:drpaul.grant@doctors.org.uk)



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