

Consultant survival guide

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ABSTRACT

Taking up a new consultant post can be both exciting and daunting. Once the elation of completing years of training and successfully securing a valued position has subsided, the reality of the task ahead becomes apparent. A new consultant needs to develop a number of skills to develop as a clinical leader and understand the processes within the National Health Service (NHS) that enable service development and innovation. In a programme packed with esteemed speakers, the Royal College of Physicians' one-day conference, *Consultants' survival guide: how to succeed as a new consultant* provided practical tips and advice for senior trainees and new consultants.

KEYWORDS: New consultant, leadership, mentorship

The transition to becoming a new consultant can be a challenging time. Training programmes focus on ensuring that clinical competence is achieved and this is undoubtedly an essential component of being a consultant. However, new consultants will often feel ill-equipped to deal with other important aspects of working as a clinical leader within the large organisation of NHS trusts. They will be required to understand the language of 'management' and the downstream effects of the ever-changing landscape of NHS structures and processes. They will be faced with increased workload and responsibilities while endeavouring to establish areas of clinical or non-clinical interests and developing good working relationships with colleagues. It is important to develop a consultant post that will sustain interest in a fulfilling career over decades while maintaining a good work–life balance. The RCP 1-day conference, 'Consultants' survival guide: how to succeed as a new consultant', aimed to provide practical advice and support for senior trainees and new consultants during this important transition phase.

Importance of leadership

One of the recurring themes of the conference was the importance of clinical leadership within the NHS. The harmful consequences of poor leadership were clearly acknowledged by the Francis report¹ and effective leadership on an individual, organisational and national level is being

increasingly recognised as a necessary component to achieve patient-centred, high-quality and cost-effective care within the NHS.² Frontline leadership of clinical teams is essential and this was eloquently emphasised by Professor Sir Bruce Keogh, National Medical Director of NHS England. Professor Keogh described his own exceptional career journey, sharing examples of innovation and leadership. He spoke of the need for the NHS to strive to focus on leadership and remaining mindful of maintaining integrity on an individual level. The talk also highlighted the value of developing interests outside the daily routine of clinical work and that these pursuits require careful thought and planning, and a willingness to adapt to change. Professor Sir Michael Rawlins, chairman of the National Institute for Health and Care Excellence (NICE), spoke about some of the qualities required to become a good leader in his own inimitable style, illustrated by personal anecdotes. He spoke of the courage required to make difficult decisions and dealing gracefully with disappointment, which is an inevitable occurrence within the sphere of medicine. Professor Rawlins also spoke of the importance of forming good relationships with colleagues, using humour and being supportive of colleagues.

Pressures on time

Developing supplementary interests and aspiring to be a good clinical leader are laudable aspirations, but those who have been in post for more than a year would also recognise time constraints with growing demands of new consultant job plans as potential barriers to achieving these objectives. Dr John Brockbank, consultant rheumatologist, delivered a comprehensive and sobering review of the job-planning process. Dr Brockbank highlighted the emergent emphasis on increasing clinical activity and the findings of the 2013 National Audit Office report *Managing NHS Hospital Consultants*² which stated that 'more could be done to achieve better value for money in fully realising the benefits' in relation to the 2003 consultant contract. New consultant job descriptions often include 1.5 or fewer supporting programmed activities (SPAs), which leave few hours in the working week for developing extracurricular interests and are at odds with the recommendations of the Academy of Medical Royal Colleges as to the minimum number of SPAs required to achieve revalidation. Prof Tim Evans, lead fellow of the Future Hospital Commission of the Royal College of Physicians (RCP), spoke of the challenges within the NHS posed by the current financial climate, with billions of pounds

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of savings required from the health budget and the challenges posed by an ageing population with complex medical needs. There is an increasing expectation for doctors in secondary care to provide a comprehensive 24-hour health service within financial and European Working Time Directive (EWTD) constraints. Prof Evans spoke of a 'looming crisis' in the workforce and difficulties recruiting to emergency and general medicine posts. Some components within the NHS that need adaptation and change in order to achieve a compassionate and patient-centred service were discussed, including better coordination of financial and managerial structures within the hospital setting, innovative design of medical rotas, ensuring that care is provided in the appropriate setting, improvement in IT services, including electronic patient records and data collection, but crucially he spoke about the role of clinical leadership.

Value of mentorship

Taking up a consultant post will usually result in an increased clinical workload compared with training posts and additional tasks, including supervising junior doctors and nursing staff, as well as new administrative roles such as completing reports and dealing with complaints. Managing these factors at a time when adapting to a change of environment and loss of the usual support structures can be stressful, particularly when taking up a post in an unfamiliar hospital or region. Dr Linda Patterson, clinical vice president of the RCP, shared her thoughts on the value of mentorship and support during the early days of a new post. Although some specialties will have a formal mentoring scheme, most new consultants will have to seek out advice and counsel from a trusted colleague on an informal basis. Making an effort to build good relationships with colleagues is a valuable investment because members of the team can be a good source of support. Dr Patterson advised on the importance of effective time management for both handling a busy workload and maintaining a good work–life balance, and time management courses can often be useful in this regard. As the only female NHS clinician on the programme, she was also able to share some insights on the changing role of women within medicine. Attitudes and inequities have undoubtedly changed over the last 20 years; however, given the continuing discrepancy between the number of women entering medical school and the proportion of women achieving leadership positions, it would appear that mentorship and career progression advice are particularly important for this subgroup of new consultants.

Dr Ian Benton, consultant respiratory physician, presented his views and experience on aspects of supervision and mentorship of junior doctors. Dr Benton described a case study of a trainee in difficulty and gave valuable guidance on the recognition of performance issues and potential underlying causes. He stressed the importance of making time to communicate with the trainee, investigating the issues thoroughly and producing comprehensive documentation. Help and support on providing guidance to a trainee in difficulty can be sought from various sources, including colleagues, college tutors, human resources, occupational health departments, training programme directors and the deanery. Although supervising and supporting doctors in difficulty can be a time-consuming exercise, Dr Benton was effective in conveying that the effort is not only essential for maintaining high standards of patient care but also a personally satisfying and rewarding endeavour.

Finance and commissioning

Jane Tomkinson, director of finances, NHS North of England, presented an informative overview of NHS finances and commissioning. Ms Tomkinson described how money moves around within the NHS and the potential impact of financial penalties. Financial training is rarely undertaken by new consultants but can be invaluable to understanding organisational finances and barriers or opportunities for service development. Dr Marwan Bukhari, consultant rheumatologist, provided an insightful summary of current commissioning processes, related driving factors and the challenges posed. Dr Bukhari stressed the need to stay abreast of regional and national developments and the important role of enthusiastic new consultants in service redesign and innovation. ■

References

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- 2 The King's Fund. *Patient-centered Leadership Report*. London: The King's Fund, 2013.
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