Flexibility and diversity in consultant careers

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The role of the consultant physician has changed considerably in the last few years. Although the central role remains the delivery of high quality health care, the working environment of consultants has changed. Consultant physicians are presently overstretched and the autonomy associated with a consultant post has diminished[1], thus changing the relationships between consultants, other NHS staff and management. Calman and the European Working Time Directive have effectively reduced the provision of service from junior doctors. Patients' expectations are still rising and patients are led to expect that the government's plans for modernisation will be rapidly implemented. Against this background the Royal College of Physicians together with the British Association of Medical Managers (BAMM)[2] considered it timely to look at how consultants' careers progress, review some of the career options open to them, consider how careers may differ under the government's modernisation plans, and explore how the working lives of doctors can be improved. The joint working party report, *Careers for Consultant Physicians*, is now available from the RCP[3].

The consultant career path

To a trainee physician, a career plan is the path taken to a consultant appointment. Although this tends to occur a quarter to one-third of the way through an individual's career, traditionally no-one, other than the individual, has taken responsibility for career development from that point onwards. For many physicians provision of a first class clinical service and keeping up to date with changes and innovations in a specialty is a demanding role that brings its own fulfilment and reward. On the other hand, the medical profession attracts individuals with diverse talents. Some physicians therefore feel the need to continue to develop other aspects of their careers in addition to their central clinical role, in order to enrich and/or rejuvenate their approach to clinical medicine and improve the service they provide for patients. These other aspects have traditionally included teaching, research, management, involvement with professional or specialty societies, as well as more distantly related interests in law, journalism, the media, the armed forces, industry and private practice. Embarking on a secondary career should not be about taking excessive risks, although inevitably a certain amount of courage is needed to make changes to the accepted, well-trodden career path. Many of us possess a natural career cycle, which requires refreshment after a variable period, perhaps every five to seven years. This built in 'sell by date' prevents us from stagnating and allows us to move on.

Changes in the NHS

The emphasis on a consultant-delivered model of healthcare provision will increasingly put consultants on the front line of acute health care delivery. The NHS Plan has proposed alterations to the consultant contract which has remained essentially unchanged since 1948[4]. According to the government, the new contract will provide 'a stronger, unambiguous framework of contractual obligations' that will encourage increased commitment to NHS healthcare delivery supported by a clearer career structure, and aims to increase retention of senior consultants up to the normal age of retirement. The government proposals imply that more senior consultants will be encouraged to stay on by including greater flexibility in job plans and a reduced commitment to acute medicine. However, although it aims to promote flexibility at one end of the age range, the proposals could appear prescriptive to new consultants just starting their career. Younger consultants also need to develop skills in teaching, management and research.

The diversification of the consultant's role

Consultants' careers can be categorised as following one of four different paths. Although this is an oversimplification, it may be helpful when considering the resources, education and additional training necessary if consultants are to diversify.

1 Consultants who, given the resources and support, choose to practise high quality clinical medicine throughout their careers but with a changing balance between acute take, inpatient work and outpatient duties.

2 Consultants with a conventional career path who develop a more specialised expertise eg education, research, management

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Clin Med JRCPL 2002;**2**:185–7

3 Consultants who move temporarily into a secondary career and need a route back in to the mainstream clinical specialties, eg Medical Directors
4 Consultants who make a career move that takes them away from clinical work into new areas eg full-time management or law.

This spectrum of opportunity ranges from additional, varied roles to complete career change, and consideration must be given to the needs of consultants in each of these groups. The government appears committed to improving the working lives of all those who work in the NHS as outlined in their document *Improving Working Lives*[5]. The main objective must be to improve conditions and facilities to enable physicians to provide a first class clinical service. Thereafter, increased satisfaction may be achieved by diversifying into a *secondary* or parallel career, whilst maintaining clinical medicine as the central or primary career. However, a minority of physicians choose what can be called an *alternative* career, which may or may not include any commitment to medicine practised within the NHS; for example full-time private practice, other business ventures, or full time medical management.

The career of a consultant physician should no longer be viewed as a linear process. After appointment to a consultant post, the new consultant may initially have more than enough to do without the demands of managerial and administrative work. However, after a period of settling in – perhaps the first five years of a consultant post – secondary careers give clinicians the opportunity to vary their routines. Consultants may move in and out of several areas during their careers, which should enhance their own careers and benefit the NHS. Consideration must be given to the timing and mechanism of career changes. This could be achieved by a mentoring system or linked with the process of appraisal and personal development, which would give the process of appraisal direct relevance to an individual's career planning. In addition, appraisal should permit identification of individuals with the flair and aptitude for training in specific areas eg medical management or education. (The government has recognised the need to identify and support those with leadership potential and offers guidance on its NHS website at www.modernnhs.uk/leadership.htm). At present there is a lack of opportunity for additional training, support, and career advice in most areas outside the core clinical role. Trusts and Colleges need to be aware that career development is an essential part of the job plan for consultants, and provision for training and adequate flexibility to achieve this within the NHS system will be required.

Flexibility and secondary careers

The experience and wisdom gained from these duties can be invaluable. Inevitably, these secondary careers have tended to mean *extra* duties, all of which have to be accommodated into an already busy schedule, whilst still leaving room for family and personal life. Some of these activities can be incorporated into the working day, and it should be possible for a consultant to negotiate one or more fixed sessions to achieve this. However, this demands flexibility on the part of the trusts, and flexibility on the part of colleagues, which may not always be forthcoming. Therefore, such career changes need to be properly structured and negotiated with the trust and colleagues

Provision is required for consultants who, because of personal circumstances or out of choice, wish to change their careers or work part-time. Furthermore, provision should be made for consultants who have not been successful in a chosen field, but who could flourish given the opportunity to change. The notion of failure is deeply ingrained in the competitive world of medicine. However, this may be destructive for the individual and counter-productive to patient care and health service provision, and important clinical experience may be lost to the NHS. A change in culture is required to allow all physicians to explore extensions to existing duties, or alternative careers, without being committed to a single track, and without the stigma of failure being attached to a wrong career move. Redeployment of consultants to more suitable careers, playing on an individual's strengths, must be encouraged.

Diversification will necessitate increased flexibility in consultants' careers. Flexibility is needed both in the structure of the working day, and over the course of a career. This flexibility should benefit the NHS because an increase in part-time consultant posts is likely to contribute to the rapid increase in consultants required as part of the government's *NHS Plan*. In addition, the potential shortfall in the medical workforce over the next 20 years makes it desirable to retain physicians in their consultant posts. Retention could be improved by flexibility. Flexible working practices are already well established and have much to offer the NHS and the individuals who work within it. Over 55% of medical graduates are women[6] and at least 80% of these will have children, and a recent RCP survey found that more than 40% of all specialist registrars in medical specialties are considering working part time as consultants[7]. Flexible career patterns to accommodate an individual's personal responsibilities may be needed at any time during a consultant's working life, but especially at or around the time of appointment to a consultant post. Indeed, 25% of women consultants and 7% of male consultants are now working part-time[6]. Appointment to a consultant post is the time at which maximum commitment to the job is traditionally expected. However, providing maximum flexibility at an early stage is likely to encourage greater involvement later.

It should be accepted and emphasised that part-time or flexible working patterns do not reflect a lack of commitment. Indeed, many 'part-timers' achieve disproportionately more than their full-time colleagues. Many 'full-timers' undertaking a secondary career, such as medical management, are highly respected, perhaps because their other commitments are work-based, rather than home-based. Rather than regarding the flexible career model as a different sort of career it is perhaps better to view all consultants as pursuing flexible (or portfolio) careers. For some a significant part of the portfolio will be home life, whereas for others it will be one of the other secondary or alternative careers described in this document. Flexible working

patterns are likely to increase and should be encouraged in all branches of medicine. Trusts and the wider NHS should recognise and support the need for flexibility and diversification in consultants' careers. However, diversification must not mean more work for the individual consultant, as commonly occurs now. Sessions must be allocated accordingly, and manpower requirements met.

One way to encourage the profession to take more seriously the possibility of working flexibly at consultant level would be to collate and publish data on existing and new flexible posts according to region and teaching hospital trust. The creation of ring-fenced funding for flexible working at consultant level will provide an incentive for flexible working patterns. Part-time posts should be encouraged in all formats. These may involve shift work or be clinic based. They could occur as job shares, or the creation of one part-time post could allow full-time consultants to reduce their clinical sessions to take on other duties, for example in management or education. Central and regional funding for periods of professional development would also increase the attraction of part-time consultant posts.

Retraining

For many consultants a secondary career will be a temporary undertaking, perhaps for a period of three to five years, with a planned return to active clinical practice. Clearly, the extent to which a consultant retains clinical skills for revalidation is an important issue. There is, therefore, an urgent need for national guidelines on re-entry into clinical medicine following a period pursuing a secondary career or for those who, for whatever reason, are not in full time clinical practice. These guidelines should address what constitutes suitable retraining in general medicine and the specialties and provide guidance on concentrated CME courses for revalidation. In-house retraining will require creative input and willingness from the trusts. Some alternative careers are so far removed from clinical practice that re-entry and revalidation may not be appropriate. The position of individuals pursuing such careers, regarding revalidation and their suitability to practice, should be clarified.

Conclusion

Having acknowledged that diversification is a potentially positive force for both the individual and the NHS, steps must now be taken to ensure that patients and consultants are best served by this process. To this end there needs to be clear and comprehensive career advice for consultants. The responsibility for workforce development rests with the NHS employers. However, The Royal Colleges and Faculties should support this and provide additional independent advice to Fellows and Members. Such an initiative should aim to identify an individual's strengths and weaknesses at an early stage of career development. Adequate training, or guidance on existing training packages, should be introduced to facilitate and encourage diversification. In addition, physicians should be expected to demonstrate a level of competence in the area specified prior to taking on that role. Increasingly, flexible working arrangements are inevitable and should be encouraged to increase consultant numbers, career satisfaction, and retention of consultants nearing retirement. Lack of flexible thinking on the part of trusts and colleagues may exclude otherwise well-trained and willing individuals from involvement with patient care, simply because the number of hours they can give to the NHS is limited. Flexibility is a positive spur to diversification that, when given time in the job plan and adequate resources, will allow physicians to develop new skills which will enhance the overall quality of NHS care and improve the working lives of consultant physicians

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