

# Surviving and thriving in the early years as a new consultant physician

Alex Crowe

A conference for about to be or newly appointed consultants has taken place every year for the last three years. It is a recent innovation by the Royal College of Physicians (RCP) and provides an opportunity for a face-to-face exchange of ideas between the New Consultants Committee and new consultants.

## Negotiating a job plan that works for you

There has never been a more important time than the present to be aware of the consultant's job plan and how it can be changed to improve the work/life balance. One-quarter of physicians have considered either giving up clinical practice or taking early retirement due to antisocial working hours, conditions or domestic difficulties.

Formal job planning meetings offer an opportunity either to change the existing working week or remuneration for any extra hours worked. By keeping a detailed diary of all professional activities, both direct clinical care and supporting activities, such data can be used to negotiate a job plan which provides a happier and less stressful life.

The spiralling commitments for non-clinical professional duties (audit, appraisal, teaching, research, service development) need to be defined, and agreed times allocated to them to ensure they are acceptable to all who are concerned with drawing up a job plan.

For many physicians, it will take several years for job plans to become more compatible with a long, rewarding and family friendly career. A physician who has been used to a traditional punishing system of long hours must now diversify to improve a working week that will be beneficial both to present physicians and to those following in the future.

## How to prepare a successful business case

Ms Rebecca Carlton, Directorate Manager, University Hospital, Lewisham, illustrated the several phases of a successful business case. First, the 'Strategic Context' provides the case for change and ensures that an investment is consistent with the trust's strategic direction and is likely to be affordable to purchasers. An 'Outline Business Case' is then developed to look at what is to be achieved and how

best to achieve it before deciding on the best course of action. Finally a 'Full Business Case' re-examines service requirements, the position relative to other providers or service developments, service facilities and affordability. 'Affordability' involves a consideration of revenue costs (year-on-year financial commitments), capital costs (one-off, eg building projects), start-off, recurring and hidden costs – and, importantly, how such expenditures will improve service quality and reduce clinical risk.

## Dealing with colleagues

Dr Raj Persaud, Consultant Psychiatrist, Maudsley Hospital, showed DVD footage of gorillas and basketball and used it to develop the case that all physicians are competitive and cooperative; this can be to their disadvantage.

Doctors have a somewhat grandiose belief in their ability to take on great challenges and overcome them. Psychologists call this personality feature 'narcissism'. When dealing with colleagues, it is precisely because narcissists display self-aggrandisement and fantasies of unlimited ability and power that they react with rage, shame and humiliation when their self-esteem is threatened. Physicians must realise that they cannot both cooperate and compete with everyone.

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This conference was held at the Royal College of Physicians on 17 September 2003

*Clin Med* 2004;4:185–6

## Conference programme

### ■ Negotiating a job plan that works for you

Dr Helen Fidler, University Hospital Lewisham, London

### ■ How to prepare a successful business case

Ms Rebecca Carlton, University Hospital Lewisham, London

### ■ Dealing with difficult colleagues

Dr Raj Persaud, Maudsley Hospital, London

### ■ How to be a consultant physician and an educator

Dr Paul Cockwell, Queen Elizabeth Hospital, Birmingham

### ■ Complaints, litigation and the Independent Review Panel

Dr Chris Evans, Royal Liverpool University Hospital and Royal College of Physicians

### ■ How to be the perfect consultant – a GP perspective

Professor Sean Hilton, St George's Hospital, London

### ■ The role of the consultant physician in a modern NHS

Dr Liam Fox MP, Shadow Secretary of State for Health

If physicians are to rule, live with others in harmony and cause as little disruption as possible, it is important that they understand their colleagues. Physicians can then tailor their responses appropriately when dealing with patients, relatives or managers.

### How to be a consultant physician and an educator

Education is a contractual obligation for NHS consultants and it is defined by the General Medical Council as a standard requirement of all doctors in the UK. Despite this, consultants recognise that educational commitments are often overwhelmed by clinical, research and management responsibilities. The acceptance of the new consultant contract will allow commitments to be defined and appropriate time allocated.

Although teaching may appear to be an additional burden, there are practical benefits for consultants who are committed educators. These include motivating students and trainees to decide on training in a specialty, and approval by the local medical school and trust. In time, this may lead to accreditation of the department as a 'core training centre', with allocation of additional resources.

Consultant educators use group-based learning and on-the-job training. Group-based learning usually refers to a fixed commitment to a core curriculum for a group at a specific time in their training. Most of the teaching should have clinical relevance and provide a framework for understanding and subsequent self-learning.

For consultants who wish to become formally involved in developing education programmes there are several ways to start the process. They include:

- joining trust postgraduate education committees and regional Calman training committees
- becoming an RCP tutor
- taking the lead with undergraduate education through the local medical school.

Opportunities for personal development include:

- local 'Teaching the Teachers' and RCP 'Physicians as Educators' courses
- the RCP/UCL certificate in medical education
- pursuing a DipMed/MMEd.

### Complaints, litigation and the Independent Review Panel

Many complaints result from communication inadequacies, both verbally and written. In dealing with a complaint, it is important to be factual and to be aware of areas of doubt or weakness.

A recent report (a consultation paper) of the Chief Medical Officer (CMO), *Making amends* sets out proposals for reforming the approach to clinical negligence in the NHS. A more patient-oriented NHS redress scheme is envisaged which has the potential to be financially advantageous to the NHS.

### How to be the perfect consultant: a general practice perspective

Professor Sean Hilton, Professor of General Practice, St George's Medical School, referred to the many influences, both positive and negative, on working with colleagues. These influences merge and interact through undergraduate and postgraduate training to produce mature medical professionals. They include respect for patients, ethical practice, self-awareness, responsibility for actions, working with others and social responsibility.

The role of the general practitioner (GP) has an increasingly preventive role and is the 'gatekeeper' for hospital patient referral; on average, 5–6% of GP consultations result in a hospital referral. Views from a survey of local GPs suggest six important themes to ensure a thriving relationship between consultant and GP: accessibility, awareness of the nature of general practice, human attributes, good communication, good teamwork and method of referral.

### Open discussion

The panel for an active question time included the President of the RCP and the CMO for England. Many subjects were covered, including the concept of decentralisation for decision making, balancing quality versus quantity of care of patients, new training strategies for junior staff, and how to interact with a clinical director.

There was a lively debate as to whether the NHS would survive. Panellists agreed in principle that it would but had concerns over the fragmentation and diversity of quality. Pessimists doubted that there still is a national health service as it has become divided by county, terms of service and providers.

The guest speaker, Dr Liam Fox MP, Shadow Secretary of State for Health, was asked to comment on the 'future for physicians'. He supported more freedom for decision-making by professionals on the front line, as well as encouraging patient choice. The obsession with elective surgery (13% of NHS activity) must end and more attention be given to preventing progression of chronic diseases.

■ **Birmingham will host the next New Consultants Conference on 30 September 2004.**

**To receive information and an application form contact: [conferences@rcplondon.ac.uk](mailto:conferences@rcplondon.ac.uk)**

**For more information about the role and activities of the New Consultants Committee contact: [www.rcplondon.ac.uk/college/committee/ncc/index.htm](http://www.rcplondon.ac.uk/college/committee/ncc/index.htm)**