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You are now fully clinically trained. You are competent to lead a team caring for patients without direct supervision. You will have more autonomy than ever before but have to take responsibility for many different areas of your team’s work.

Along with the wealth of opportunities you face as an aspiring or new consultant, there will inevitably be some degree of pressure and anxiety. Where is the best place to work; which jobs are the right ones to go for; coping with the added responsibilities; can you live up to your own, your colleagues’ and your employer’s expectations?

One study of newly appointed consultants described the transition from specialist registrar (SpR) to consultant as a ‘dramatic’ one. Respondents said the biggest challenge was surviving a period of uncertainty about whether they were up to the job.¹

The overall aim of this pack is to help ensure that would expect at the end of a long period of training and one-day seminars for new consultants, and professional bodies, such as the BMA, are increasingly raising the issues of better management training and career advice.

Increasing the number of consultants as well as the number of doctors in training is a key part of the Department of Health’s programme of modernisation. A range of initiatives has been developed which includes the New Consultant Entry Scheme, aimed at enabling both trusts and SpRs to ‘test the water’ with new consultant appointments before making a permanent commitment to the post (see Q1 for more details).

¹ Views of participants at the New Consultants seminars held at the London and Kent, Surrey and Sussex Deanery - reported in BMJ 2002;325:S145 (9 November) http://bmj.com/cgi/content/full/325/7372/S145a
New training reforms are being developed which will allow for more streamlined training that will not only benefit the doctors undertaking it, but will also benefit patients who will see the trained medical workforce grow more quickly. Modernising Medical Career aims to improve the quality of training for doctors through structured programmes, ensuring training is streamlined. The NHS doctors of the future must be better supported throughout the length of their training and have the opportunity to experience the widest possible range of clinical practice.

This pack is another important strand in supporting aspiring and new consultants. It is intended as a practical guide, drawing together relevant sources of information and support from both inside and outside the NHS.

The information it gives is centred round:

> key questions you may have about your career and working life while you prepare for or begin your consultant post

> case studies which explore first-hand the experiences of consultants

> practical inserts (at the back of the folder) for quick reference advice on tackling some of the challenges you might be facing.

becoming a consultant is the positive experience you as you come within sight of the pinnacle of your career.

This pack has been developed in collaboration with the Doctors’ Forum, the Royal Colleges, the BMA, BAMM, Postgraduate Deans and Clinical Tutors. It is intended to provide practical advice and information in helping to make the transition in the latter stages of SpR training, and in the early days of a consultant post, a positive experience.
‘Make sure you feel 100% happy with the job you're going for: if you can't imagine celebrating afterwards without any qualms, take a bit longer to consider whether the post really is for you.'
PART 1
Making the decision
“How do I avoid stress and keep a work-life balance?”

Getting to the top of any profession is likely to involve considerable effort and some sacrifice – but your personal life, wellbeing and sense of job satisfaction should not be among them. To continue to achieve the aim of creating a NHS that serves the needs of its patients and its staff, the NHS needs more consultants. And we need to create the sort of medical careers and modern working practices that will keep you in the NHS and make the best use of your skills.

Some of the ways we are doing this are:

> **The New Consultant Entry Scheme**

This is a new initiative designed to allow trusts and new CCST holders to ‘try out’ consultant appointments for a six month period, with the possibility of extending by up to another six months. Recognising some of the anxieties, it gives CCST holders a valuable opportunity to explore the consultant role and find out more about the employer, without having to make a long-term commitment to the trust. Trusts in turn can assess whether the appointment works for them. The scheme offers a good basis for offering a permanent post if the temporary arrangements have worked well.

The scheme will offer:

> a structured Personal Development Plan
> two sessions for Continuing Professional Development
> support from a mentor
> opportunity to experience working in an organisation before making a longer term commitment
> full-time or part-time placement
> a consultant placement without the need to go through an Appointments Advisory Committee process.

The Scheme is presently being piloted in London, Essex, Manchester, and Cumbria and Lancashire. NHS Professionals for Doctors are managing the scheme, working closely with participating Workforce Development Confederations, Deaneries and NHS Trusts.
> **Better job planning**
New job planning arrangements aim to help you plan your time more effectively. The standards will help develop more varied and flexible careers, get a grip on your workload and clarify what support you can expect from your employer (see insert ‘Making job plans work for you’).

> **Expanded roles and greater delegation**
More emphasis is being given to consultants working in and leading multi-professional teams. This, together with other workforce modernisation initiatives, such as the development of new roles and professionals with a special interest, is helping the NHS make better use of the skills of the whole health care team as well as enabling consultants to confidently delegate more work.

> **Diversity and flexible working**
Under the Improving Working Lives (IWL) initiative, NHS employers are increasingly developing flexible ways for doctors to work and train, which benefits both the individual and the way care is delivered for patients. IWL is at the heart of the NHS’ commitment to becoming a model employer. It is becoming more common to see consultants shaping their work to fit round childcare and other family responsibilities. Annualised hours, job shares and flexible working are ways that all staff – including senior doctors – can balance career demands and aspirations, personal interests and commitments (see Q8 for more on flexible working).

> **The new consultant contract**
The new contract provides significant increases in average career earnings for NHS consultants, better recognition for emergency on-call work and a better framework for managing workload (see Q9 for more information).

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**Find out more**

> Details on the Consultant Entry Scheme are available from the NHS Professionals for Doctors dedicated help-line 0114 2902647

> For more on the new contract and Job Planning Standards see: [www.doh.gov.uk/consultantframework](http://www.doh.gov.uk/consultantframework)

> Improving Working Lives: [www.doh.gov.uk/iwl](http://www.doh.gov.uk/iwl)

> Doctors’ Forum website: [www.doh.gov.uk/doctorsforum](http://www.doh.gov.uk/doctorsforum)
Case study 1

Lauren Barker was appointed in her first substantive consultant role in July 2003. “It’s been an overwhelmingly positive move,” she says, “but not entirely stress-free.”

How dramatic was the shift from SpR to consultant?
It was a pretty big leap – but because I spent some time as a locum consultant in the trust before this job came up, I felt I got a lot of the nerves and anxieties out of the way before taking on the permanent post. My first lists were really stressful – spinal and thoracic cases. I’d done a few in training but not many. And being a locum, there was the added pressure of feeling under scrutiny. Everyone knew I was keen on getting a full time post, so there’s a sense of them gauging how good I was. Now I’m in the permanent post it’s actually a lot easier and I’ve been overwhelmed by how enthusiastically I’ve been welcomed as part of the team.

Is team working an important aspect of the job?
It was certainly the people at Exeter that swayed my decision to work here permanently. The theatre staff, anaesthetic nurses and other nursing staff were really positive about my move and that was important because I’ve realised you see far more of your team than you do of fellow consultants.
What's most likely to keep you awake at night?

Being responsible for other people’s actions. When I’m on call and a junior doctor rings me at home to ask my advice, if they sound a bit uncertain I usually end up back in the hospital. Delegation is a confidence thing and something which I think gets easier the longer you’re in post. As a consultant, your advice and what you say is often final and that’s an aspect of the role I still find quite difficult to cope with.

What’s your advice to SpRs and other new consultants?

For SpRs thinking about taking on a consultant job I’ll pass on a bit of advice I was given a few years ago. Make sure you feel 100 per cent happy with the job you’re going for and apply the ‘champagne factor’: if you can’t envisage yourself cracking open a bottle of champagne on being appointed and celebrating without any qualms, take a bit longer to consider whether the post really is for you.

For new consultants, I’d say develop your communications skills and your ability to relate to others in a team. Often people think that because you’re a consultant you’re naturally good at communicating, but that’s not always the case. When you’ve got a whole team under you, from theatre staff to ward staff and intensive care, you’ve got to feel comfortable with how you interact with others and get them working as a team.

What do you value most about the role?

The huge sense of achievement and feeling more empowered. As a trainee there’s always someone above you. Of course, I’m accountable to others now, but I enjoy the day-to-day independence which being a consultant has brought.
Becoming a consultant is just a step on the career journey. Not surprisingly, there is no single ‘one size fits all’ job specification for consultants. Roles can vary widely across different specialties and according to seniority and experience.

A safe assertion, however, is that the role of a consultant is multi-faceted and that as part of your continuing professional development and annual appraisal, you will be continually enhancing and adapting your skills beyond acquisition of the CCST.

You may not be immediately involved in all of the areas outlined below, nor will you find this a definitive list. In general terms, they illustrate the maximum scope of work you can expect to encounter at some point during your consultant career.

For most consultants, clinical responsibilities form the main part of the job, covering emergency duties, ward rounds, out-patient clinics, operating sessions, diagnostic work, multi-disciplinary meetings and administration directly linked to patient care, such as notes and referrals.

Management and development responsibilities

Under the new contract, ‘Direct Clinical Care Duties’ and ‘Supporting Professional Activities’ are defined. These are a wide ranging set of responsibilities and new territory for many entering the grade.

> managing your own workload and development – this will include job planning, continuing professional development and professional regulation through appraisal and revalidation

> service management – including managing clinics, clinical governance duties, audit, risk assessment, managing clinical outcomes and performance, the appointments process, providing information to commissioning bodies and budget management. For some consultants it also means having a key role in service redesign, working with both senior and junior staff to modernise services

> managing others and leadership – it is highly likely that you will have direct management responsibility for other medical staff, with a duty to ensure they are accessing the support and training they need, as well as overseeing their appraisal. Leadership is an aspect of the job, not just in terms of line management for junior doctors, but in taking responsibility for heading up multi-disciplinary teams and ensuring the skills of all staff are fully utilised and their contribution valued.
Teaching
All consultants are involved in teaching and education, ranging from the informal discussions or demonstrations that take place in the normal course of practising your specialty, to the more formal commitments some consultants take on in the training and supervision of medical students and junior colleagues. The teaching role is an essential part of maintaining and improving standards of patient care and nurturing the next generation of medical practitioners.

Postgraduate Deans provide training, development and support for consultants who are taking on the more formal roles. Many of the Royal Colleges are also developing support programmes to help make teaching more effective and enjoyable for both trainee and educator. You should ensure that your development as a teacher is addressed in your Personal Development Plan and that you have completed some formal training before undertaking the teaching roles.

Research
While research is not obligatory for consultants in the NHS, many doctors undertake this activity as part of their own development and to sustain their own interest and enthusiasm in their work.

Academic careers
Through a variety of award schemes there are also increasing opportunities for doctors to pursue academic careers. The Academy of Medical Sciences brings together biomedical scientists and clinical academics so that advances in medical science can be made and translated as quickly as possible into benefits for patients. The Academy’s research programme offers a range of personal awards. The purpose of these innovative schemes is to nurture a cadre of research-led doctors by offering a clear, flexible and secure training option for doctors who demonstrate outstanding potential for research during a first, post-doctoral period of research training. Key features of Academy schemes are portability, mentoring by designated Fellows of the Academy, and monitoring of progress.

Find out more

> Management courses are generally organised at trust level. For more information on what is available you can contact your local Postgraduate Dean’s office or medical Royal College. For contact details see: www.copmed.org.uk or www.aomrc.org.uk

> “Training the Trainers” courses are normally organised by your local Postgraduate Dean. Consult your local Postgraduate Education Centre - most trusts have one on site or contact the Dean through www.copmed.org.uk

> Details of the Academy of Medical Sciences award schemes are available at: www.acmedsci.ac.uk
“How does the appointment process work for consultants?”

The appointment procedure for consultants is different from that for other NHS staff in that the requirements of the process are laid down in statute. There are therefore certain aspects of the process that the individual employer cannot vary.

The four main steps are:

**Step 1**
When a trust identifies a consultant vacancy it will prepare a job description and person specification for the post. It will then place an advertisement in two medical journals.

**Step 2**
An Advisory Appointments Committee (AAC), convened by the employing body (usually a trust), then advises on the suitability of candidates for appointment. A person cannot normally be appointed to a substantive NHS post unless he or she goes before an AAC for interview. There are exceptions, however, relating mainly to clinical academics. Where there is a large number of applicants, the AAC will usually create a short-list. New AAC guidelines are shortly to be published which will streamline the recruitment process, cutting down on unnecessary bureaucracy and delay.

An AAC will comprise:
- a lay member who acts as chair
- an external, medical Royal College assessor
- the chief executive (or deputy)
- the medical director (or deputy)
- a consultant in the trust who works in the specialty.

Additional members will be appointed where the employer believes it is appropriate - for example, a university representative where the post involves significant teaching or research duties.

All candidates being interviewed will be assessed against the same criteria so that no-one is disadvantaged.
Step 3
Prior to the interview, you may consider:

> a visit to the location beforehand. This will give you additional information and a sense of familiarity with the resources and facilities at their disposal

> becoming conversant with topical issues and thinking in the NHS, i.e. NHS Plan, National Institute for Clinical Excellence (NICE), Foundation Hospitals, Commission for Health Improvement (CHI/CHAI) or how the European Working Time Directive may impact on service provision

> gaining an understanding of the trends in medical management and their implications for medical practice.

There is more practical advice on writing a good CV and making the most of your interview in the loose inserts at the back of this folder.

Step 4
Following the interviews, the AAC will submit the name of a suitable candidate for appointment to the employing authority and the trust board.

Before you can take up your post...
There are certain legal requirements you must meet before you can take up an NHS post:

> you must by law have your name included on the General Medical Council’s (GMC’s) Specialist Register (or the General Dental Council’s Specialist Register for consultants in dental specialties)

> it is worth noting that it is the responsibility of the individual doctor to obtain entry to the relevant Specialist Register.

Find out more

> For details on the roles of the Specialist Training Authority, the CCST and the GMC’s Specialist Register see: www.doh.gov.uk/medicaltrainingintheuk/orangebook.htm

> For the General Medical Council see: www.gmc-uk.org
Careful thought and planning before applying for, or taking up an appointment can pay dividends when you do start your consultant career. Don’t jump at the first job advertised in fear that you may not get another - take some time to be sure it is a job that you will be happy in, or perhaps apply to the New Consultant Entry Scheme (NCES) - details are given in Q1.

Spending time thinking about your priorities and what you want from your career, your workplace and your life outside of work sounds obvious, but it is time well spent. If you know what your own priorities are, you’re more likely to know which jobs reflect these and which do not.

Make the most of your preliminary visit before you apply for the post. Preliminary visits are normal procedure for potential applicants. Visits provide an excellent opportunity to find more about the job and your potential employers and a good opportunity to learn more about what the employer is looking for in the successful candidate.

Don’t wait for the trust to set this up for you - you’ll need to arrange the visit yourself and it is a good idea to be clear with the trust about what information you’re seeking and who you’d like to see.

This might include:
> meeting the chief executive, medical and clinical directors – learning more about the trust and its priorities and what competencies and qualities they are seeking in the new appointee
> meeting the directorate team and satisfying yourself that the support team is properly resourced and trained
> finding out about the clinical facilities and equipment which will be available to you
> discussing in detail the workload of the department and the job plan you’d be working to as part of the team
> looking at the department’s business plans
> asking whether mentoring arrangements are in place
> finding out what administrative support will be available
> discussing opportunities for research, teaching and sub-specialism.

Your application and the interview
For both these processes it is worth remembering that you are being appointed by a large employing organisation – not by individuals or solely clinical colleagues. This organisation – most often a trust – will have set specific criteria for the post to which they are recruiting and equal opportunities requirements mean it must assess each candidate against these fairly. The criteria should be clear in the application pack and will be reflected in the interview itself, where the panel will be looking for detailed evidence from you about how your skills and experience match the job and person specifications.

Some basic rules of thumb are:
> use the application form and interview to offer clear examples of how your skills match those being asked for. Address all the criteria, not just selected parts
> if you are submitting a CV, tailor it specifically for the job in question - generic CVs are easy to spot and reflect badly on the candidate
>
> use the knowledge you have gained from your preliminary visit to show you have an understanding of the trust, its organisational set-up, its priorities, and to inform the questions you ask the panel
>
> a trust’s annual report and league tables can be other useful sources of information. They are easy to access on the web and could be useful background reading
>
> do not attend for an interview unless you intend to take the job, since most are offered immediately after interview.

There is more practical advice on writing a good CV and making the most of your interview in the loose inserts at the back of this folder.

**Once you are offered a job**

When the job offer comes, you will need to focus even more closely on issues such as starting salary and contract; details of any relocation policy; the allocation of supporting clinical staff; and what administrative resources are available to you.

Of these, however, agreeing your contract with your employer will be among the most important. Normally consultants are appointed on ‘National Terms and Conditions of Service’ that have been agreed between the Department of Health and the British Medical Association (BMA).

There are, however, some basic factors to bear in mind before you enter into any new contractual agreement.
>
> all contracts should be agreed between you and the employer
>
> they should be based on the job plan and work programme which form part of the contract itself. It’s a good idea, therefore, to learn more about how these work before you start applying for jobs (see ‘Job plans’ insert)
>
> your job plan and work programme are subject to annual review, so if you do become concerned about any aspect of these once you’ve signed your contract, you will be given the opportunity to discuss this with your manager.

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**Find out more**

> The Consultant Contract website has been produced by the Modernisation Agency. The website provides briefings on the key issues of the contract plus salary and job planning information: [www.modern.nhs.uk/consultants](http://www.modern.nhs.uk/consultants)

> Job Planning - Standards of Best Practice has been produced by the Department of Health to help consultants and employers get maximum value from the job planning process. See: [www.doh.gov.uk/consultantframework](http://www.doh.gov.uk/consultantframework)

> See also the insert ‘Job plans’ at the back of this folder.
Newly-appointed consultants have said that if they could have done anything different to ease their transition into the consultant role, it would have been to spend more time developing their management skills while they were SpRs. Although consultants are primarily clinicians, the role of people manager and service manager in a large and complex organisation means a steep learning curve for many.

Some of the key management skills for any consultant include:

- time management
- understanding NHS organisational structures and functions
- understanding the trust’s appointments process and complaints procedure
- understanding the principles of clinical governance, appraisal and revalidation.

When you become a consultant, you will naturally want to feel as confident as possible about your skills and potential as a manager. Making a contribution to the managerial side of your department and trust as an SpR can reduce the ‘culture shock’ as a new consultant. There are a range of practical options you might want to consider.

Training courses

There are a range of NHS management courses for consultants covering topics such as service management, leadership, appraisal, revalidation, how to deal with complaints and time management. These courses usually last for three or four days and tend to be offered towards the end of your higher professional training period. Many are supported by the Leadership Centre, BMA and BAMM and can be arranged at trust level. Your Postgraduate Dean’s office and Medical Director should be able to advise you further on how to access these.

Don’t be tempted to take on too much too soon - be confident. I think if you have to move to get your new post you should make rather than just a room and make sure I was on the internet. They
Seeking your own opportunities
Although courses can be useful as a starting point, many feel that added benefit comes from practical involvement in real management activities. Running on-call rotas, contributing to business plans within your department and attending or even chairing meetings can all be useful early ways to enhance your awareness and confidence as a manager. You could discuss a more systematic increase in management responsibilities with your own manager as you move through your higher professional training period.

Placement and shadowing programmes
Some SpRs have found it useful to set up a short placement with one or more senior clinical managers. They set aside fixed time each week to shadow these and other managers in order to build up a first-hand picture of the varying aspects of service management within the organisation. There is also a mutual benefit in shadowing as it is a chance for you to put your views across.

about saying 'no' and take time to find your feet in the first year.

Dr. Ruth Benzimra, Consultant Physician and Nephrologist, Wordsley Hospital
'You have to look after yourself and learn to say no in a constructive but firm way. Give yourself some time just to get used to the job itself and don’t try to take on too much too soon.'
PART 2

Making the job work for you
I am now leading a clinical team. How can I protect myself and ensure the best possible levels of safety for my patients?

All NHS organisations have robust policies and procedures to ensure the standards of clinical practice are maintained and improved, and that where standards fall below acceptable levels quick and appropriate action is taken.

As a consultant, however, you will be seeing these from a different perspective. You are likely to have a greater role in checking procedures are in place and monitoring their ongoing effectiveness.

Maintaining standards - the three key areas and your role

The three main systems which must be implemented in all trusts to safeguard standards are:

1. **Professional self regulation** - where doctors must act quickly to report circumstances where they or a colleague may not be fit to practise.

2. **Clinical governance** - the framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. Locally, chief executives are accountable on behalf of NHS trust boards for assuring the quality of NHS services.

   Nationally, standards are set and monitored through:
   - the National Service Frameworks (NSFs) which set out clear standards of service in priority areas
   - the National Institute for Clinical Excellence (NICE) which advises on best practice and appraises existing and new health interventions
   - the Commission for Health Improvement (CHI – soon to become the Commission for Healthcare Audit and Inspection CHAI). It publicly identifies where improvement is required and shares good practice within the service in order to help the NHS to raise standards of patient care.

3. **Continuing professional development** - a core principle underpinning clinical governance. In order to employ the safest and most up-to-date techniques, a consultant must be given opportunities for further professional development and education. The job plan should include agreed aims for personal development and continuing medical education, and identify appropriate time and resources for these activities.

Departments generally hold regular clinical governance meetings which will feed back to the trust’s clinical governance committee. Consultants will need to attend these meetings and possibly others dealing, for example, with clinical errors or near errors.

Your role

Departments generally hold regular clinical governance meetings which will feed back to the trust’s clinical governance committee. Consultants will need to attend these meetings and possibly others dealing, for example, with clinical errors or near errors.
Annual appraisal and revalidation
- integral to the maintenance and improvement of clinical standards. They are the main routes by which individual consultants will:
  > review and discuss their practice with a trained appraiser
  > identify their specific development needs.

NHS doctors are required to participate in annual appraisal based on the agreed national documentation. The appraisal process will also provide data which can be used for revalidation.

From the end of 2004, the GMC will grant doctors a licence to practise. Revalidation is the process by which doctors will maintain this licence. The licence to practise and revalidation have been introduced by the GMC as a way of strengthening public confidence in the Medical Register.

From Spring 2005, the GMC will ask each doctor, normally every five years, to demonstrate they have been practising medicine in line with the standards set out in the GMC document Good Medical Practice. As a consultant in a NHS trust you will have two options for producing your evidence for revalidation:
  > either through submitting five completed annual appraisal forms to the GMC, or
  > independently submitting the evidence which you have gathered for your formal appraisals.

Your appraisal folder
Appraisal folders should support revalidation in terms of work you do and the information you compile. For consultants, there is no stipulated format for the appraisal folder itself. Some trusts may supply you with this folder, but in others you will be expected to provide your own. However, clear advice and help on what the folder should contain is set out in Advance Letter AL (MD) 05/01 which is available on the Department of Health website. This website also links to GMC guidance and updates on revalidation. See www.appraisalkuk.info

There is also an on-line appraisal toolkit for consultants where a virtual folder can be kept and updated electronically. See www.appraisals.nhs.uk

You should also ask your trust if they offer training on appraisal and being an appraisee.

Complaints and litigation
As a consultant you will become more closely involved in the clinical negligence and complaints procedures in your trust. Reforms to the NHS complaints procedure and proposed reforms to the clinical negligence procedure are aimed at making these systems more responsive to patients. But the changes also reflect the need to shift the emphasis from blame to learning from mistakes and reducing future risk.

Despite this, even experienced consultants acknowledge that receiving a patient...
complaint is a stressful experience and legal proceedings for medical injury can be an acrimonious and slow process for both patient and clinician. Learning how to deal with them properly is therefore an early priority for new consultants.

Never reply to a complaint the first day you receive it, but wait until you have calmed down. Generally it is good advice never to discuss complaints with patients or relatives by telephone, but to invite them in to a meeting with your patient liaison officer first. Be completely familiar with the details of the notes and the specific complaints prior to this. Be relaxed and undefensive. Record the conversation in the notes and let the GP know the details of the meeting. It is very unlikely that things will go further, but if they do the next step is usually the Independent Review Panel. Your patient liaison officer will give you advice about this.

For the first time you may be responsible for the work of the team as a whole and need to consider your general responsibility as well as your individual liability.

**Individual liability**

Ensure that you are covered under appropriate indemnity arrangements. If you are undertaking work under a NHS contract, you will be covered by the NHS Indemnity Scheme. For other work, such as private practice and other fee-paying work you should check, in each case, that you have personal cover. You may need to join a medical defence body and the GMC offers guidance on this.

**Find out more**

> Clinical Government Support Team website is at: [www.cgsupport.org](http://www.cgsupport.org)

> An organisation with a memory report is at: [www.doh.gov.uk/orgmemreport](http://www.doh.gov.uk/orgmemreport)

> National Patient Safety Agency website is at: [www.npsa.nhs.uk](http://www.npsa.nhs.uk)

> National Clinical Assessment Authority website is at: [www.ncaa.nhs.uk](http://www.ncaa.nhs.uk)

> Good Medical Practice and Maintaining Good Medical Practice set out the principles that should underpin doctors' practice. The GMC also publishes guidance for doctors with management responsibilities: Management in Health Care: The Role of Doctors. See: [www.gmc-uk.org/standards/default.htm](http://www.gmc-uk.org/standards/default.htm)

> The Medical Defence Union website is at: [www.themdu.com](http://www.themdu.com)

> The British Medical Association website is at: [www.bma.org.uk](http://www.bma.org.uk)

> For more on the new appraisal and revalidation processes see: [www.appraisalk.info](http://www.appraisalk.info)

> For an appraisal toolkit see: [www.appraisals.nhs.uk](http://www.appraisals.nhs.uk)
Case study 2

Dr Kenwright read about the Flexible Careers Scheme in the British Medical Journal.

I found their response phenomenally quick – reply by return of post - and was very impressed by what I read. The Trust took a bit longer to act: perhaps it did not really believe that 50% of my salary would be funded centrally in the first year.

“There are also the added benefits of an educational session as part of my programme and study leave. There is much less pressure, allowing more time for the patients and to see extras when needed - none of that having to dash off elsewhere. I do not even have to go to work the day after my “hard” day, nor attend a variety of committees.”

Dr Kenwright also has time to develop his interests in some of the broader issues such as ethics as well as develop his non-medical interests - not just history and trying to learn another language, but also to "hit the beach" and go windsurfing, which he does all year round off the Kent coast.
Job Planning and Objective Setting
By participating in job planning you will be able to agree time for continuing professional development, and the supporting resources that you require, with your clinical manager. You will also have scope to agree study leave. The recommended standard for study leave for a consultant is up to 30 days’ paid leave with expenses in any three year period. Under certain circumstances longer periods of study leave can be arranged. This standard will remain unchanged under the terms of the new contract.

For consultants on the terms of the proposed new contract, the time allocated to a range of activities will be more clearly defined. A full-time consultant will typically work 7 1/2 Programmed Activities a week in Direct Clinical Care Duties, with 2 1/2 Programmed Activities for Supporting Professional Activities. Supporting Professional Activities include a range of activities that underpin Direct Clinical Care including continuing professional development, training, job planning and appraisal.

Continuing Professional Development
This is a core principle underpinning clinical governance in that it requires all health professionals to maintain their skills and competencies, thereby contributing to patient safety and public protection. This is recognised by the importance given to education and development in the structure of CHI/CHAI (Commission for Health Improvement/Commission for Healthcare and Audit Inspection) organisational reviews.

In order to employ the safest and most up-to-date techniques, a consultant must be given opportunities for further professional development and education. Your agreed Personal Development Plan (PDP) should identify your aims for personal development and continuing medical education. The job plan should include appropriate time and resources for these activities. It is important to balance CPD and other work and the job plan should also help to support you in achieving this balance.

How do I balance continuing professional development with a heavy clinical and managerial workload?
Royal Colleges have a role in setting standards and criteria in CPD, in defining which activities may be included and in setting the quality standards for those activities. Your medical Royal College will be able to advise on appropriate CPD activities for your specialty and may provide programmes. Many colleges also provide a framework to guide your overall professional development and any requirements for accreditation.

In recognising their role in the education and development of other staff, consultants may identify a need for further training in mentorship, coaching and supporting education as part of their own CPD. The most suitable ways of supporting this can be identified through your PDP. Your employing organisation should be able to advise on suitable management and leadership training and its availability.

Find out more

- Framework for lifelong learning: [www.doh.gov.uk/hrinthenhs](http://www.doh.gov.uk/hrinthenhs)
- Academy of Medical Royal Colleges: [www.aomrc.org.uk](http://www.aomrc.org.uk)
‘A doctor and working flexibly’ has not normally been a meaningful phrase. It was assumed that a medical career was a full-time permanent commitment that left little scope for giving time to other responsibilities and interests.

That perception is changing and steered by the Improving Working Lives (IWL) initiative (see Q1), the concept of flexible working at consultant level is taking hold. This can be done either through the Flexible Careers Scheme (see below) or through individual arrangements with employers.

Arrangements working successfully for many consultants include:

> job share with two consultants covering one post
> flexible working across a department, with several consultants working different numbers of part-time hours to cover the total week’s sessions between them
> part-time consultant post to take the pressure off full-time colleagues, for example by working at busier winter or evening periods.

For the individual, the advantages are clear, but experience is showing that there can be important benefits for the delivery of services. It may for instance suit both the employer and a part-time consultant to work during difficult-to-cover periods to extend services for patients.

The Flexible Careers Scheme (FCS) - this scheme increases the scope for doctors to work part-time and return from career breaks. It provides central funding to encourage trusts to offer flexible working patterns for doctors who want to work less than half of full-time hours. By supporting the creation of part-time posts, the scheme helps to create and increase opportunities for long-term or temporary flexible working patterns.
The scheme is available for all doctors, including those presently in training grades, and is particularly designed for those who:

- want to move temporarily into a part-time or limited hours role
- want a career break but wish to keep in touch with the profession
- are retired, semi-retired or nearing retirement from the NHS but wish to continue working in a reduced capacity
- are currently inactive but wish to return to practice
- are currently not working but wish to return to practice and require a period of supervision
- are specialist registrars who are looking for their first consultant post, to work up to a maximum of 8 sessions on the FCS.

The scheme is flexible enough to be adapted to all individuals but will have the following common features:

- an initial time limit with a review for possible extension
- provide sufficient clinical/medical practice for the process of revalidation
- out of hours experience is available where required
- the host trust will identify an appraiser to be allocated to each doctor enrolling on the scheme
- each doctor will be paid according to their grade on entry and will also receive a fixed annual amount to cover professional fees.

The scheme provides funding to employers – 50% in year 1, 25% in year 2 and 10% in year 3. > continued overleaf

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**Find out more**

- Improving Working Lives for Doctors gives more detail and case studies on flexible working and training in the NHS, as well as details on the Flexible Careers Scheme. For more information telephone the Flexible Careers Response Line on 0845 60 60 345 and see: www.doh.gov.uk/iwl/doctorsguide.pdf

- Doctors in training would normally arrange flexible training opportunities through their Postgraduate Dean’s office. For contact details for your local Postgraduate Dean’s office see: www.copmed.org.uk

- More information about the consultant contract is available at: www.doh.gov.uk/consultantframework

- Doctors’ Forum Website: www.doh.gov.uk/doctorsforum
Childcare provision
Childcare provision in the NHS is making radical improvements with the implementation of the NHS Childcare strategy. Many NHS trusts already have workplace nurseries which offer extended opening hours, emergency cover and weekend care where there is demand. More investment is also going into other forms of childcare including after-school clubs for older children, holiday play schemes and childminding networks.

The focus is on tailoring the services to the specific needs of all staff, including doctors who have on-call and emergency commitments. This also includes providing solutions for the problems caused by doctors working across organisations and on rotation.

NHS childcare co-ordinators are now operating in most trusts and can give you specific advice on finding the right childcare provision.

Find out more:
> Your Guide to Choosing Childcare is available from the Response Line on 0870 1555455
> Names and contact details for NHS childcare co-ordinators can be found at: www.doh.gov.uk/iwl
Case study 3

Bernadette Wilkinson had every intention of going into medicine as a GP – she completed three years of her general practice training before becoming pregnant with her first daughter and then completely changing tack towards a career in psychiatry. The ability to train flexibly, she says, made for a long haul, but made having three children and becoming a consultant possible.

**What impact did flexible training arrangements have on your life in the training grades?**

*It was hard work studying and having three children - there's no way round that. But it really helped to be a flexible trainee as it gave me extra time to spend with my children while they were really young.*

“I didn’t even know it was a possibility until I'd had my second child in 1990 and was well into my SHO post at Cherry Knowle Hospital in Sunderland. It was a consultant colleague who actually told me about the scheme. I was interviewed to ensure I was eligible and then my postgraduate deanery sorted out the funding arrangements.”
In terms of the impact – there is the drop in salary of course, but more significant is the extra time it takes you to get through your training. You have got to be prepared, due to working fewer hours, for the long haul. My SpR training took five years instead of three. I chose to do three full days. You can do part days as a flexible trainee but the three full days worked best for me. I wanted to feel that when I was at work, I was at work and didn’t have to get away after a certain time. There was a fixed out-of-hours commitment – one night a fortnight and four weekends a year, but that was manageable and I could plan for it.

What are your coping mechanisms?

I’ve attended some very useful management courses. The Northern Centre for Mental communication skills and time management. On top of this I think you need to develop to focus on the management tasks and paperwork which you just can’t fit round a something which takes discipline but it’s worth it.

You’ve trained flexibly but now, as a new consultant, you’ve chosen to work full time. Why?

I thought seriously about part-time but because my children are a bit older now - my youngest is nine - I felt quite comfortable with the prospect of a full-time post. I decided it would be better in essence to be at work every day and not have too many late nights.
You’re still in your first year as a new consultant – is the experience what you expected?

On the whole it’s been better than I expected but there are of course big challenges. For me being the RMO (responsible medical officer) and sectioning people against their will is still pretty difficult. Some patients can obviously react really badly. A consultant colleague at one of my former hospitals had helped me a lot in preparing for this, but you still feel like the ‘bad guy’.

Health, for instance, ran a very relevant course covering the structure of the NHS, your own systems for making the job do-able. I try to keep every Wednesday free just normal clinical day. After a clinic, I never go home before I’ve done all my letters -

Getting to grips with management issues has also been high on the agenda. Managing staff and balancing their training needs with the need to run your clinics is harder than I expected and even being on the other side of an interview panel for the first time can be a terrifying experience. On the service management side, I’m currently involved in co-ordinating the relocation of services to a different trust and the development of a crisis resolution team. Seeing the bigger picture is crucial for this. In fact the structure of the NHS only became really relevant to me on day one of this particular job!

What’s your top piece of advice for other new consultants?

You have to look after yourself and learn to say ‘No’ in a constructive but firm way. You’ll get invited onto committees, interview panels and asked to make other commitments from an early stage. But give yourself some time just to get used to the job itself and don’t try to take on too much too soon.

…and for SpRs about to take on a consultant role?

Find out who you’ll be working with and be sure that you feel comfortable with the individuals. It’s really important to know you’ll have the support there from other consultants when you need it. If you’re moving locations, it can be harder, but take the time to visit the trust and meet people who work there – consultants and managers as well as juniors and other staff.
In essence, the new consultant contract aims to provide consultants better rewards and a more transparent framework for planning patient services.

The new contract is designed to:

> offer greater rewards for NHS consultants

Specifically - the new contract will mean a 15 per cent average increase in consultants’ career earnings. The new starting salary will normally be £65,035 compared with the current rate of £54,340 for the bottom of the scale. There will be a 24 per cent increase in the maximum salary - and therefore a 24 per cent increase in pensions.

> provide fairer recognition for emergency and out-of-hours work

Specifically - more consistent and equitable recognition for emergency work arising from on-call duties and extra recognition for work outside 7am to 7pm weekdays and work at weekends. Non-emergency commitments will only be scheduled during evenings, weekends or nights with the agreement of the individual consultant.

> provide a more transparent approach to planning and time tabling work

Specifically - a job planning framework that takes into account all the work that consultants do for the NHS, including supporting professional activities, and makes more explicit the support that consultants need to fulfil their commitments to patients. Under the contract, full-time consultants will typically spend 7 1/2 Programmed Activities on direct patient care and 2 1/2 on Supporting Professional Activities.
support flexible working

Specifically – the new contract promotes more flexible working arrangements for consultants who want to work part-time. A guide to what the contract means for part-time consultants can be found at www.doh.gov.uk/consultantframework

In addition, the new Clinical Excellence Awards scheme will replace the current discretionary points and distinction awards scheme with a single more transparent process based on clear evidence. Open to all consultants, whether or not they take up the new contract, the scheme aims to reward more fairly those who make the biggest contribution to delivering and improving local health services.

Is the new contract compulsory?
The Department of Health, the BMA and the NHS Confederation have agreed that the new contract should be used for all new consultant appointments from November 2003.

Where a post was advertised before November 2003 on the basis of the old contract, the consultant will be able to choose which contract to take up.

Find out more

> Detailed information about the contract is available on the Department of Health website at: www.doh.gov.uk/consultantframework

This provides information on:

> the contract and terms and conditions of service
> accompanying guidance on what the contract means for part-time consultants
> guidance on job planning and a code of conduct on private practice, both of which are intended to represent standards of best practice for all NHS consultants
> a document setting out the key features of the new Clinical Excellence Award scheme
> agreed principles underpinning new disciplinary procedures
> a salary ready reckoner, plus a diary to support your job planning activities and other briefings on the contract are on the Modernisation Agency’s website at: www.modern.nhs.uk/consultants
How can I carry out private practice without breaking the rules?

The new contract includes provisions governing the relationship between NHS work and private practice (see below). Under the new contract, consultants who do not already have 11 or more programmed activities in their job plan will be expected to offer the first portion of any spare professional time to the NHS in preference to private work. These provisions now apply equally to all consultants, regardless of the stage of their career.

Clearer standards for consultants
The new contract includes specific provisions governing the relationship between NHS work and private practice. Consultants undertaking private practice are also expected to conform with the standards set out in the ‘Code of Conduct for Private Practice’, agreed between the Department of Health and the British Medical Association. The Code is based on the principle that the provision of services for private patients should not prejudice the interest of NHS patients.

Specifically, the code:

> ensures clear standards are in place for managing the relationship between NHS work and private practice
> covers private work both within and outside NHS facilities
> offers guidance to individual medical practitioners
> supplements Management of Private Practice in Health Service Hospitals in England and Wales – the ‘Green Book’.

Find out more

> For a copy of the code see: www.doh.gov.uk/consultantframework
What impact will the Working Time Directive have on my working life?

The Working Time Directive regulations, which came into force in October 1998, applies to all directly employed NHS workers and in addition, all doctors in training from August 2004. Consultants will therefore be subject to the provisions of the European Working Time Directive (EWTD). There is a basic 48-hour weekly working limit under the provisions, except where they have agreed to waive this right.

Implementing the EWTD and reducing the hours of doctors in training will require innovative approaches to how services are staffed and trusts across the country are already developing a range of solutions. A programme of pilot projects has been set up to develop and test these and other approaches. Consultants will need to play a key role in exploring new ways of working and re-designing services.
Stress and stress-related illness can be a serious problem for some doctors and can jeopardise safe medical practice. Clearly, prevention is better than cure, and trusts are making good progress under Improving Working Lives (IWL) towards minimising some of the main causes of stress, and enabling staff to strike a healthier balance between work and home life.

In addition:

- the new standards in job planning, expanding consultant numbers and maximising the skills of the whole health care team are all supporting the drive to give consultants more flexibility and control over their workloads
- ‘Zero Tolerance’ means no-one in the NHS needs to put up with any form of verbal or physical violence - whether from patients or fellow members of staff. In addition, every trust has policies and procedures in place to deal with harassment and bullying
- the Positively Diverse programme is about helping to ensure the NHS workforce reflects the diverse community it serves. It is also about providing a better working environment where all staff, regardless of age, race, religion, gender or sexual orientation, feel valued and have a fair and equitable quality of working life.

As a manager you’ll need to be aware of the signs of stress in others as well as what channels of local and national support there are to help staff. But you also need to protect your own wellbeing. You should:

- register with and use your GP
- avoid ‘corridor consultations’, self diagnosis and self treatment
- use local support channels such as your trust’s occupational health department or staff counselling service
- make use of national sources of support for doctors, such as the National Counselling Service for Sick Doctors (NCSSD).

Find out more

- Bullying and harassment - many NHS organisations have a network of trained harassment advisors or mediators who you can speak to for more detailed advice
- ‘Zero Tolerance’ - www.nhs.uk/zerotolerance
- Positively Diverse - www.positivelydiverse.org.uk
- National Counselling Service for Sick Doctors (NCSSD) - a service run by doctors for doctors - 0870 241 0535 or www.ncssd.org.uk
- See the Directory on page 37 for more key sources of counselling and advice.
Directory of useful contacts

Handbooks and guides

> The Consultant Handbook (BMA):  
  www.bma.org.uk

> Medical Careers - a general guide (free to members): call 020 7383 6244  
  www.bma.org.uk

Practical resources

> Consultant contract salary ready reckoner and diary to support job planning (Modernisation Agency):  
  www.modern.nhs.uk/consultants

> Understanding job planning presentation  
  (Modernisation Agency):  
  www.modern.nhs.uk/consultants

Employment

> For more on the new contract see:  
  www.doh.gov.uk/consultantframework

> Job Planning Standards of Best Practice:  
  www.doh.gov.uk/consultantframework/jobplanning.pdf

> A Code of Conduct for Private Practice:  
  www.doh.gov.uk/consultantframework/codeofconduct.pdf

> European Working Time Directive:  
  www.doh.gov.uk/workingtime

> NHS Pensions Agency:  
  www.nhspa.gov.uk

> Appraisal and revalidation:  
  www.appraisaluk.info

Flexible Working and Improving Working Lives

> Improving Working Lives:  
  www.doh.gov.uk/iwl

> Your Guide to Choosing Childcare:  
  Responseline: 0870 1555455

> Contact details for NHS childcare co-ordinators:  
  www.doh.gov.uk/iwl

> NHS Professionals (manages and advises on flexible working opportunities for hospital doctors):  
  Call 0845 60 60 345 or see www.nhs.uk/nhsprofessionals

> Improving Working Lives for Doctors:  
  www.doh.gov.uk/iwl/doctorsguide.pdf

> Positively Diverse:  
  www.positivelydiverse.org.uk
Directory of useful contacts continued

Appointments

> Details on the roles of the Specialist Training Authority, the CCST and the GMC’s Specialist Register see: www.doh.gov.uk/medicaltrainingintheuk/orangebook.htm

> Specialist Training Authority of the Medical Royal Colleges: www.sta-mrc.org.uk

Clinical governance

> The Modernisation Agency’s Clinical Governance Support Team: www.cgsupport.org

> The Medical Defence Union: www.the-mdu.com

> Commission for Health Improvement (Commission for Healthcare and Audit Inspection): www.chi.gov.uk

> National Institute for Clinical Excellence: www.nice.org.uk

> National Patient Safety Agency: www.npsa.nhs.uk

> GMC Guidance on Good Practice: www.gmc-uk.org/standards/guidance.htm

> National Clinical Assessment: www.ncaa.nhs.uk

Personal development

> Academy of Royal Colleges: www.aomrc.org.uk


> NHSU (University): www.nhsu.nhs.uk

> BMJ Careers Advice: www.bmjcareersadvicezone.synergynewmedia.co.uk

> NHS Careers Advice: www.nhscareers.nhs.uk

> Academy of Medical Sciences: www.acmedsci.ac.uk

Publications on the web

> NHS Magazine: www.nhs.uk/nhsmagazine

> Hospital Doctor: www.hospitaldoctor.net

> British Medical Journal: www.bmj.com

> Medical Directors Bulletin (Department of Health): www.doh.gov.uk/meddirbulletin/index.htm
Your wellbeing

> Zero Tolerance: www.nhs.uk/zerotolerance

> National Counselling Service for Sick Doctors (NCSSD): 0870 241 0535 or www.ncssd.org.uk

> Sick Doctors Trust: 01252 345 163

> BMJ Careers: Chronic Illness Matching Scheme: www.bmjcareers.com/chill

> BMJ Careers: Discrimination Matching Scheme: www.bmjcareers/discrimination

> British Doctors’ and Dentists’ Group Support groups for medical drug and alcohol users: 020 7487 4445

> Clinicians’ Health Intervention Treatment and Support: 01335 342 144 or email avoca@birdsgrove.freeserve.co.uk

> Doctors’ SupportLine Anonymous confidential peer support: 0870 765 0001

> Royal Medical Benevolent Fund Financial help for sick doctors: 020 8540 9194

> Defeat Depression Leaflet: 020 1235 2351 www.rcpsych.ac.uk

> The Samaritans: 08457 909090 www.samaritans.org.uk

> Alcoholics Anonymous: 08457 697555