

Becoming a New Consultant

Tips and support



Association for
Palliative Medicine
Of Great Britain and Ireland

Introduction

The transition from specialist registrar or specialty doctor to consultant has been recognised by doctors as being a seismic career milestone.

Not so much a smooth and gradual metamorphosis but an overnight bomb blast of a change. Whilst it is a time to celebrate it can also be both stressful and demanding. There are increased levels of clinical responsibility and accountability married with an increase in non-clinical workload including people management, change management, service development, governance and engagement in the wider health economy that your training will have prepared you for to varying levels.

There are also contract and job planning negotiations to consider and the need to get to grips with revalidation and appraisal. Unfortunately, in-post support for new consultants is variable. An RCP survey of certificate of completion (CCT) holders showed that only 25% had access to a trust-delivered new consultant development programme and only 64% had a job planning meeting before they began their consultant post. This is one of the reasons we have developed this resource for you.

All new consultants find aspects of this transition tricky and the imposter syndrome is a common experience. You may be approaching your first consultant role as a locum, or be about to transition from registrar to consultant within the same unit and have particular worries about this. Remember you are not the first and you are not alone and seeking support is recommended, especially in your first 5 years after CCT or CESR to help you grow into your new role and become a confident and successful consultant. There is no prescription on how support should be sought or delivered. Often the support required will change over time and in response to an identified need so a blended model of support is likely to suit you the best. Types of support can include:

- Local new consultant programmes
- Management and leadership courses and qualification
- Clinical supervision
- Forums and WhatsApp groups
- Buddying and networking
- Mentoring & Coaching
- Action learning sets
- Self-care.

These areas will be explored in more detail in the rest of this leaflet.



Entry to the Specialist Register

First things first, congratulations!

However if you are reading this prior to completing your specialty training or equivalent you need be aware that before you can start work as a consultant you need to be admitted to the GMC Specialist Register. The process is different for those applying via the Certificate of completion of training (CCT) and the Certificate of Eligibility for Specialist Registration (CESR) routes and information is available via the JRCPTB and GMC websites. The application and admission process can take some weeks and carries a financial cost so it is important to gather the required evidence in advance and apply as soon as you become eligible and to bear this in mind when you are negotiating a job start date. Make sure the JRCPTB and the GMC have your up to date email details as this is how you are likely to be contacted and invited to apply.

<https://www.gmc-uk.org/registration-and-licensing/the-medical-register/a-guide-to-the-medical-register/specialist-registration>



Contracts and Job Plans

It may feel uncomfortable engaging in contract and job plan negotiations but this is a collaborative process.

You will be in your post for a number of years so it is important to get things right. Non-NHS hospices can choose whether or not to follow NHS contract rules but many do, recognising the potential impact of recruitment and retention.

The BMA website includes a number of resources to help you understand and check the content of your contract; members can also use their free contracting checking service before signing: <https://www.bma.org.uk/pay-and-contracts/contracts/consultant-contract/consultant-contract-in-england>

There are also resources available for consultants working less than full time (LTFT). Of note trainees who have trained LTFT may be able to adjust their consultant starting salary to take this into account. <https://www.bma.org.uk/pay-and-contracts/contracts/consultant-contract/consultant-part-time-and-flexible-working>.

Your contract will be split between Direct Clinical Care sessions and Supporting Professional Activity (SPA) sessions. Some trusts set a maximum of SPA sessions regardless of role but it is important that the division of time on your job plan matches realistically with your responsibilities and role. Remember job plans change over time and should be reviewed annually.

<https://www.bma.org.uk/pay-and-contracts/job-planning/job-planning-process/an-overview-of-job-planning>



Appraisal and Revalidation

The eportfolio may be a thing of the past but your learning and reflection continues as does the need to collect data and reflections regarding continuing professional development (CPD); quality improvement activity including teaching, management and research; significant events; feedback from colleagues and patients; complaints and compliments, all as part of the annual appraisal process.

There is a range of appraisal software in use and it is important to log on early in your first post to familiarise yourself with this. The sooner you know what is required at your annual appraisal the easier it is to gather information as you go along. Consider signing up for the RCP CPD diary (free for members) and /or using a CPD app (non-members can pay to access the RCP app) – these will allow you to record and reflect on learning and generate an annual activity report.

Participation in your ARCP has counted as a form of appraisal and at the time of CCT your Responsible Officer should also recommend to the GMC that you should revalidate. You will therefore be at the start of your 5 year appraisal and revalidation cycle as a new consultant. It is worth checking with the GMC (information available online via your myGMC account) that this has occurred as anecdotally it doesn't always happen and needs a bit of chasing up.

Although the revalidation cycle is 5 years long local officers may encourage a new consultant to complete some aspects e.g. multisource feedback in your first 2 years of work so it is worth checking what is required for you. Patient feedback can also take time to collect so don't leave it to the last minute. It is worth noting that during the covid pandemic some requirements of appraisal were relaxed and it is likely that the appraisal process will be reviewed and change over time. The APM revalidation and appraisal page <https://apmonline.org/revalidation/> has more detailed information and is a recommended read.

Other resources:

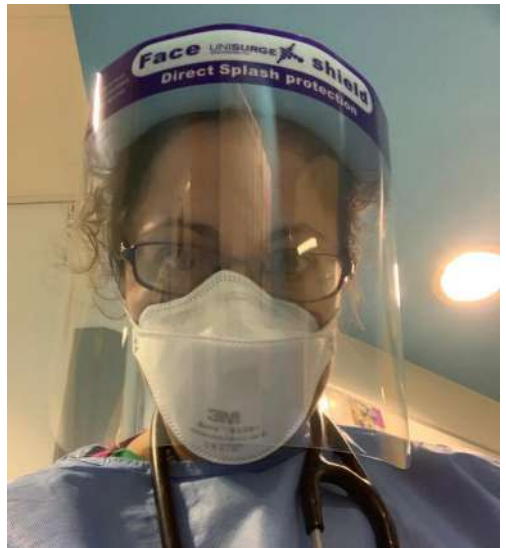
<https://www.rcplondon.ac.uk/education-practice/advice/guidance-physicians-supporting-information-appraisal-and-revalidation>

<https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation>



Top Tips for First Year Consultants

- **Learn what will help you to feel and project openness and confidence.**
Use your voice, greet people, for some a new wardrobe can help.
- **You haven't changed but your role has.**
This means that people may react to you and your words and actions differently. The title consultant comes with preconceptions and historical hierarchy which may be projected onto you. Be mindful of this.
- **Invest in relationship building.**
You are but one part of a wider team and it is important to understand the culture of the team and build relationships to succeed in your role.
- **Play the long game.**
As a trainee you were used to changing jobs every few months and feeling the need to prove yourself in each post. Try to let this go as you start your new job. You got the job because of who you are, so keep doing what you are doing. Achievement at consultant level is often incremental and takes time, it's a marathon not a race.
- **Remember your fresh perspective and previous experience is valuable.**
Keep a list of anything you come across in the first 6 months that makes you think 'why do we do that this way' or 'this could be better done that way'. Go back to the list when you have a better understanding of organisational culture and resources and identify areas for potential change.
- **Take a breath.**
Before suggesting change, major purchases or reacting to an incident at work take a pause. Ask 'do I still really want it?' Turn suggestions into questions e.g. 'What are your processes for ...?'



- **Learn to say 'no'.**

There is always work to do but being able to deliver on your commitments and maintaining your work:life balance is important.

- **Say yes, but tactically and well thought through!**

As a new consultant you will be offered new and exciting opportunities that weren't available to you as a trainee. Take courage, you have been highly trained as a clinician and have many of the skills required to excel in other non-clinical roles, you just don't realise it yet.

- **Your learning is not over.**

Embrace this. You will be entitled to study leave, on average 10 days a year or 30 days over 3 years for fulltime consultants. Check with your employer when you start. Many courses are now being delivered virtually which can make attending more convenient, however the networking side of meeting in person may be lost.

- **Observe email etiquette.**

Replying to emails from home and outside working hours is a contentious issue and you have to find your own view and balance regarding this. If you do this make it clear that you don't expect colleagues to reply unless it's suitable for them to do so. Be aware of what you are role-modelling. And consider saving emails in your outbox to send during work time. Save irritated and angry emails to draft (unaddressed to prevent accidental delivery) and wait 24 hrs, re-read and then decide if they should be sent - mostly they remain unsent.

- **Ask for help and advice.**

You are never too senior to ask for help or advice, and never be too proud to do so.



Types of Support Available

Trust New Consultant Programmes

Some NHS trusts run a mixture of formal and informal programmes for new consultants. These range from a training and mentoring to a networking and peer support focus. Ask about what support will be available to you when starting in your role. For those starting in non-NHS posts it is still worth exploring if these programmes are open to you particularly if you hold an honorary contract or if your organisation has an SLE (service level agreement) with the trust.

Forums and Courses

The RCP has a range of development programmes available for aspiring and recently appointed consultants, with a clear process of progression. Further information is available via the RCP website: <https://www.rcplondon.ac.uk/education-practice/advice/consultant-physicians>

Two workshops specifically aimed at aspiring and newly appointed consultants: <https://www.rcplondon.ac.uk/education-practice/courses/new-consultants-development-programme>

1. Starting out as a consultant.
2. Developing yourself, developing the service.

The RCP's six-step course for the new consultant: <https://www.rcplondon.ac.uk/education-practice/courses/rcp-s-six-step-course-new-consultant>

A year-long programme consisting of 6 days of learning (a blend of face to face aimed at those stepping into a consultant role, including post CESR SAS doctors and late stage trainees. Sessions will cover:

- Understand yourself and your role - 'Things you need to know when you first start'.
- Understand others and culture - "Leadership, culture and teamwork".
- Working within the legal structures of your role - 'Conquering Complaints'.
- Understanding the NHS, improvement and efficiency - 'Mastering management'.
- Understanding team culture - 'Equality, inclusivity and understanding difference'.
- Onward into the future including the future of medicine - 'Onward journey'.

RCP new consultants' forum - accessible live and on demand for a limited time: <https://player.rcplondon.ac.uk/live/> These meetings aim to offer practical help and support for new consultants in their first 5 years of being in post, SAS doctors and StRs in their final year of training. Each session is worth 2 CPD points

There are a range of other courses from the Royal Society of Medicine (RSM), King's Fund and defence unions that may be of interest and value so shop around. Consider courses that may not be specifically aimed at new consultants but have relevant content for example those on leadership skills, doctors as leaders, being a role-model, clinical and educational supervisor accreditation.

For example:

Medical Defence Union New Consultants' course: <https://www.themdu.com/learn-and-develop/course-listing/preparing-for-your-first-consultant-role>

Clinical Supervision

Clinical Supervision encourages clinicians to reflect and review their practice; supporting professional development and delivery of quality care. Clinical Supervision can be useful for you to explore your response to professional relationships and the personal and professional impact of your actions and behaviour in the role of consultant. It can provide a safe place and constructive format to explore the emotional response to a change in role and relationships. Some palliative care organisations will pay for 1 to 1 supervision for their consultants and other staff groups either as a time limited or ongoing process. Some organisations offer group supervision or 'reflective practice groups' - these can be very useful but may not help you with the specific aspects of transition unless formed of other new senior team members. Alternatively, individuals will source and fund their own supervision. If you are looking for a supervisor for yourself ask around for recommendations. Most supervisors will offer a free introductory chat to see if supervision and they are right for you.

The British Association for Counselling and Psychotherapy (BACP) and the Counselling Directory both hold registers of qualified supervisors:

<https://www.bacp.co.uk/search/TrainersAndSupervisors?q=Find%20a%20supervisor&UserLocation=50.8692439,0.0088757>

<https://www.counselling-directory.org.uk/search-supervisor.html>

CPD Peer Groups

Peer support is used effectively within Psychiatry and General Practice. These groups can consist of doctors and other professionals with similar learning needs such as nurse consultants. They meet to identify learning needs and action how to meet these. They can also offer peer support and a forum for exchanging news, views and clinical knowledge.



Aim for a group with varying experience and strengths if possible; for example, include both hospice and hospital consultants or doctors with research interests or colleagues with a large component of management to their role. Consider developing terms of reference which should cover frequency, duration of the meeting and how the meeting should be structured thus to hold each other to account. The meeting could be in person or virtual. The event can be combined with a more relaxed social component especially if they are held in person. For example the meeting could include a meal or drinks etc. Keep a log of attendance and topics covered for CPD records.

WhatsApp Group

More informal than all the other sources of support and more immediate. This could be something you set up with other people you have met on courses or through your training who are CCTing at a similar time. These groups can provide rapid signposting and/or sharing of resources, sense checking, experience and camaraderie. The size of the group may impact on how much personal support is provided. Remember rules around General Data Protection Regulations and confidentiality if using this form of support.

How Coaching and Mentoring Differ

The terms coaching and mentoring are often used interchangeably; however, there are some specific differences between the two techniques. Coaching works toward achieving specific goals and addressing difficulties, with the coach providing structured guidance, and aims to enhance the coachee's performance. The goal is to have the coachee come up with their own solutions. Mentoring, although similar, is a more informal partnership. Like any professional relationship, helping the mentee come up with their own solutions is helpful, but direct advice is an important part of mentoring. A mentor should come from the same or similar professional background as the mentee, as sharing their experience is a core part of the mentoring relationship.

https://improvement.nhs.uk/documents/1862/NHS_England_Mentoring_Guide_5bv5_FINAL5d.pdf

Mentoring

The mentor role is a developmental multidimensional relationship and a number of models exist:

- One to one or group formal mentoring - between a mentor and a mentee/mentees with formally assigned responsibilities, time period and sometimes goals.
- Informal mentorship - a more organic and less structured relationship with someone who can play a role in guiding professional growth.
- Mosaic model - mentees seek mentorship from a number of different mentors with complementary skills at different times.
- Peer-mentoring between peers at a similar level, someone who has recently lived through the experience the mentee is seeking mentorship for.

Organisations Offering Mentoring

Royal College of Physicians and Surgeons of Glasgow Mentorship Programme

The programme is open to all clinicians and is free for Fellows and Members of the College: <https://rcpsg.ac.uk/college/this-is-what-we-do/support-and-mentorship/mentorship-programme>

Faculty of Medical Leadership and Management: <https://www.fmlm.ac.uk/members/individual-support/mentoring>

You can also consider approaching a colleague or a consultant/manager that you have worked with as a trainee and asking them if they are willing to enter a mentoring relationship with you – agreeing frequency of contact and scope of support, this can be formal or informal. Informal mentorship and mosaic mentorship where you seek guidance from a colleague or a range of colleagues with different skill sets over time can be a very rich and effective way of accessing support and something to consider throughout your career.

Becoming a Mentor

<https://www.e-lfh.org.uk/programmes/medical-mentoring/>

This e-learning resource has been created so individuals can complete the training to become a mentor to doctors at all stages of their careers without the need to travel to a teaching session.

Action Learning Sets

An action learning set (ALS) is a group of people within a workplace that meet with the specific intention of solving workplace problems. The main aim of an ALS is to come away with a set of realistic actions that will help to solve or understand the issues at hand. It needs to be a safe environment that encourages honest reflection and constructive challenge. It should encourage discussion about challenges faced. This requirement could be tricky for a new consultant. A consultant needs to be comfortable challenging other members and being open with them. Joining an ALS with, for example, consultants who were previously educational or clinical supervisors would therefore require a change in relationship!

For more information see NHS England's handbook on ALS: <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2015/08/learning-handbook-action-learning-sets.pdf>

Self-care

Investing in your Health and Well-being is a key component of support. Your work:life balance is really important. There will always be more work to do so learn when to stop.

Any significant transition in life can bring or increase mental health issues. Don't be afraid to seek help through your GP, local occupational health department, the BMA wellbeing support service: www.bma.org.uk/advice-and-support/your-wellbeing, or NHS Practitioner Health Programme: www.practitionerhealth.nhs.uk/





The transition to consultant may be tricky but the rewards can also be high. If you have any comments on this resource, additional advice resources for inclusion please contact the Clinical Quality committee via the APM office on office@compleat-online.co.uk

Good Luck
the Clinical Quality committee