

'The New Consultant'

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Consultant Geriatrician

Sandwell and West Birmingham NHS Trust

‘Shattering The Illusion of Consultancy’

Source: Disgruntled Consultant Colleagues

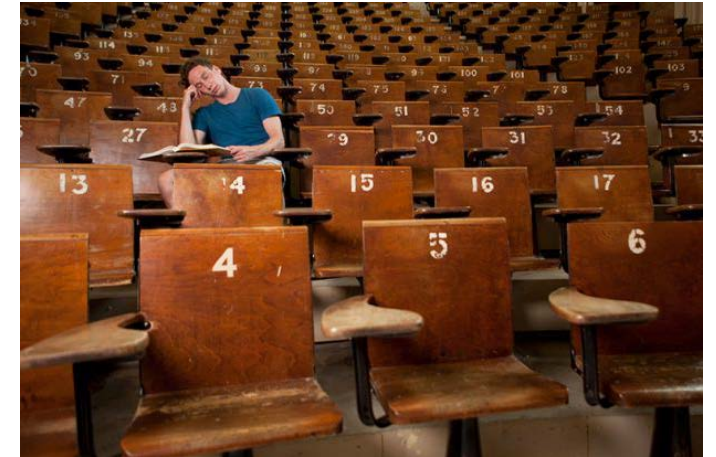
Would you please give a 'New Consultant' talk?



'Debate'



'SCE Preparation'



My Talk?

Scope of Presentation

- Finishing up
- Acting up
- Job applications and interview preparation
- The 'Big Day' (interview)
- Transitioning
- Personal challenges, other musings and ramblings
- Q&A



Finishing Up

- CCT and ePortfolio – chase the deanery for your final ARCP
- Resign your post...
 - Inform deanery and trust
 - 3 months notice (in theory)
 - Do you want 'Period of Grace'? (max 6 months)
- Take some time away?



Vs.



First Steps

- Decide when you want to start your consultant post
 - Finances vs. unique opportunity for a break
 - Locum work vs. taking on a substantive post
- Entry onto specialist register
 - Final ARCPs complete (outcome 6) and signed off by TPD
 - Local deanery should make a recommendation for CCT to the JRCPTB
 - Can then log onto GMC online account and formally apply (£420 for the privilege)
 - JRCPTB Specialist Advisory Committee then approves CCT (can take 8 weeks) and specialist registration
 - Certificate in the post...

Acting Up



- Plan early and think about the best time for you
- The Rules
 - Maximum 3 months, only in final year of training, supported role
- Define what exactly your responsibilities will be
 - Inpatients alone vs. also doing consultant on-calls
 - Who will be your 'back-up'?
- Not mandatory nor are trusts obliged to offer
- How I organised this:
 - Local agreement (ES, speciality lead) and trust support (Group Director)
 - TPD Approval
 - Signed letter then sent to deanery
 - Finances (consultant pay)
- Now need get approval as OOP (info on GMC and JRCPTB websites)

Acting Up



Positives

- Learn roles and responsibilities – making the jump
- Try before you buy (for trust and for me)
- No more nights
- Pay increase?

Challenges

- Reaction from non-medical colleagues (status shift)
- Being the Consultant and the SpR
- Mind the (on-call rota) gap – impact on peers

Where Do You Want To Work?

- Buyers' Market – considerations?
 - Commute
 - Job Plan (and potential to adapt this)
 - Departmental dynamic
 - Corporate/trust mentality
- Test the water with final and penultimate rotations
- Look at:
 - NHS England Jobs Website
 - BMJ Careers

https://www.jobs.nhs.uk/

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Consultant Geriatrician

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Job Reference: 304-19C001

Employer St Elsewhere NHS Trust

Department Geriatric Medicine

Location: DG Hospital

Salary: £77,913-£105,042

Job Type: Permanent

Working pattern: 10 PA's (Full time, 40 Hrs)

Pay Scheme: Hospital Medical and Dental Staff

Pay Band: Consultant

Staff Group: Medical & Dental

Specialty/Function: Geriatric Medicine/Surgical Liaison

i Read this before applying

[Job Description \(117 KB\)](#)

[Person Specification \(302 KB\)](#)

[Apply for this job](#)

Completing the Application

- Forms, forms, forms
 - C.V.
 - NHS Jobs Website (standardised)
 - May also be a local/trust specific application form
- Main Advice:
 - Allow plenty of time
 - Get colleagues to proof read documents

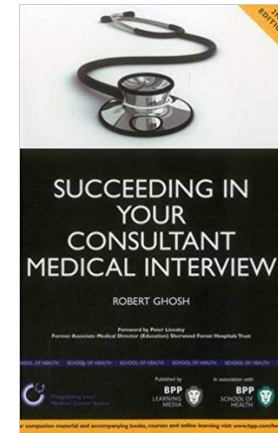
NHS Jobs Application

- Manual entry of personal information, employment history etc.
- Supporting information questions , e.g.
 - Teaching experience (250 words)
 - Teamworking example (250 words)
 - Management of change (250 words)
 - Management and leadership experience (250 words)
 - Other supporting information (1500 words)
 - Research (if applicable)
- Upload CV
- Application may be:
 - Online for a limited time (e.g. 2-4 weeks)
 - Close a number of weeks before proposed interview date(s)

The screenshot shows the NHS Jobs Application form interface. At the top, it displays the employer details: "Employer: University Hospitals Birmingham NHS Foundation Trust - Medical & Dental", "Department: Geriatric Medicine", and "Application Reference: AR-175-566-499". There are links for "Advice on completing this application" and "Access printer-friendly version". Below this, a message states "We have filled in these details based on your latest application or template" with a "Choose a different template" dropdown and a "Load" button. The main content area is divided into two columns. The left column contains a sidebar with navigation links: "Personal Information", "Qualifications", "Employment History" (highlighted in pink), "Referees", "Supporting Information", "Monitoring Information", and "Safeguarding". The right column is titled "Employment History" and includes instructions: "Please record below full details of all your continuous employment history, beginning with your current or most recent employer and working backwards chronologically. If there are any gaps in your employment please ensure a full explanation is given at end of the 'Employment History' section." It also contains an "IMPORTANT" note about naming the agency as the employer. Below this, there are input fields for "Please confirm what you believe to be your effective start date of continuous NHS service (if applicable)" (with a date picker set to 08/2018) and "Months since most recent employment ended (if applicable)". At the bottom, there is a section for "Current/most recent employer (reference always required)" with an "Add new current/most recent employer" button. The "Employer name" field is filled with "Sandwell and West Birmingham NHS Trust", and the "Employer address" field is empty.

The Interview - Preparation

- Know your enemy – panel, typical questions
- Meeting key people - CE, COO, MD, CD, GD, CN
- Mock interviews – colleagues, BGSTW?
- Interview Course?
- Books –



The Interview - Preparation

- Read back your CV, NHS Job Application form, Local Questionnaire
- Trust CQC Report and Vision Report
- Read a little around topical issues, e.g. Spring 2018 – Bawa-Garba
- Be aware of major relevant publications
- Plan/rehearse structured responses to common questions
 - ISC Medical Website – free bank of common generic questions

Typical Set-Up



- Time 50-60 minutes
- Interview Panel (you'll be informed prior to meeting...)

Specialty Lead	Group Director or representative
Medical Director	Chief Executive or representative
Medical Staffing representative	Lay Representative
RCP Representative	(University Representative)

- Take it in turns to ask pre-allocated questions - clustered themes, e.g. research experience, management, teaching, clinical governance

Job Plans and What It All Means

PA – Programmed Activity

- M-F 7am-7pm = 4 hour nominal activity
- Outside of this = 3 hour
- Typical basic template for consultant job plans = 10PA

SPAs – Supported Professional Activities

- Clinical governance...
- Audit/QI, research, medical education, CPD, clinical management, educational supervision, appraisal, non-patient administration, mandatory training
- Typically 2.5 SPAs

DCC – Direct Clinical Care

- Predictable emergency work (on-calls)
- Ward rounds, MDTs, OP clinic, procedural lists
- In essence: all work relating directly to the prevention, diagnosis or treatment of illness
- And... *admin* related to above

On-calls

- GIM on-call work – typically contributes 1PA (*not a lot*)
- My job: 1:13 frequency weekdays (includes 1:6 weekends)

Job Plans

Proposed Job Schedule					
Day	Time	Location	Work	Category of PA	No. of Pas
Monday	9-1 pm	Sandwell/City Hospital	Board Round Ward round	DCC	1

	1-4	Sandwell/City Hospital	General SPA	SPA	0.75
	4-5	Sandwell/City Hospital	Ward review	DCC	0.25
Tuesday	9-11	Sandwell/City Hospital	Board round/new patient review	DCC	0.5
	11-1	Sandwell/City Hospital	Defined SPA	SPA	0.5
	1-3	Sandwell/City Hospital	Admin	DCC	0.5
Wednesday	9-11	Sandwell/City Hospital	Board round/new patients	DCC	0.5
	11-1	Sandwell/City Hospital	Admin	DCC	0.5
	1-5	Sandwell/City Hospital	Outpatient Clinic	DCC	1
Thursday	9-12	Sandwell/City Hospital	Board Round/ward round	DCC	0.75
	12-3	Sandwell/City Hospital	General SPA	SPA	0.75
	3-4	Sandwell/City Hospital	Ward review	DCC	0.25
Friday	9-1	Sandwell/City Hospital	Board round/new patients	DCC	1
	1-3	Sandwell/City Hospital	Defined SPA	SPA	0.5
	3-4	Sandwell/City Hospital	Ward review	DCC	0.25

Saturday					
Sunday					
Additional agreed activity to be worked flexibly					
Predictable emergency on-call work				DCC	1
Unpredictable emergency on-call work				DCC	
Total Direct Clinical Care*					7.5
Supporting Professional Activities (CPD and General SPA)					1.5
Supporting Professional Activities (in defined areas of responsibility)**.					1.0
Total Other NHS Responsibilities					
Total External Activities					
Total Travelling Time					
TOTAL PROGRAMMED ACTIVITIES					10

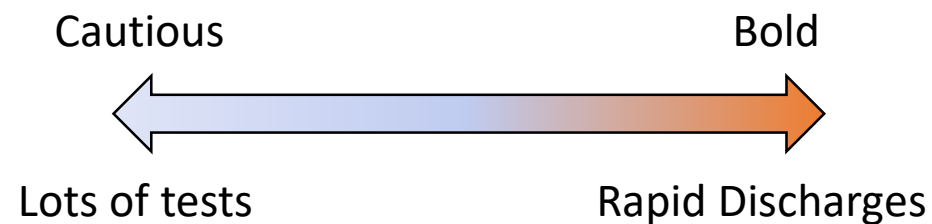
- Basic template – requirement so that job can be officially advertised & RCP approved
- Flexibility
- Negotiable

The Transition – Main Challenges

Imposter syndrome



Clinical judgement



The Transition

Positives	Challenges
Far better than being the on-call SpR	Ultimate responsibility <ul style="list-style-type: none">• Bouts of insecurity and self-doubt• Rumination tendencies• Micro-management
No more residential on-calls (nights!)	Imposter syndrome
The medicine is no different	'Letting go'
Fulfilment	Finding your consultant identity
Own office, sense of belonging (no longer a nomad)	Working somewhere everyone knows you as a SpR (exacerbates above)
Ongoing opportunities to add to your job plan – education, management, subspecialty work	Increasing demands on consultant role
	Complaints!

Portfolios - PReP

- Need to maintain an up-to-date portfolio
- CPD Points!
- Annual appraisal

The screenshot displays the 'Activity types summary report' interface for Sandwell and West Birmingham Hospitals NHS Trust. The header includes the trust's name and logo, and a navigation bar with links to Supporting information, Appraisals, Portfolio, Training, and Help. A 'PRINT CERTIFICATE' button is located in the top right corner. The main content area is titled 'Activity types summary report' and features a 'Filter' button. Below this, there is a table for 'PDPs' (Professional Development Plans) with columns for 'Title', 'Range', and 'Development Needs Completed'. The table shows one entry: 'PDP' with a range of '2018-05-21 - [Not set]' and '0 of 0' development needs completed. Below the table, there are four sections: 'Summary of Progress', 'Summary of CPD Points and Supporting information with Reflection or Reflection NA', 'Supporting information Awaiting Reflection', and 'Special circumstances'. Each of these sections contains the text 'No results match your criteria.'

Title	Range	Development Needs Completed
PDP	2018-05-21 - [Not set]	0 of 0

Summary of Progress
No results match your criteria.

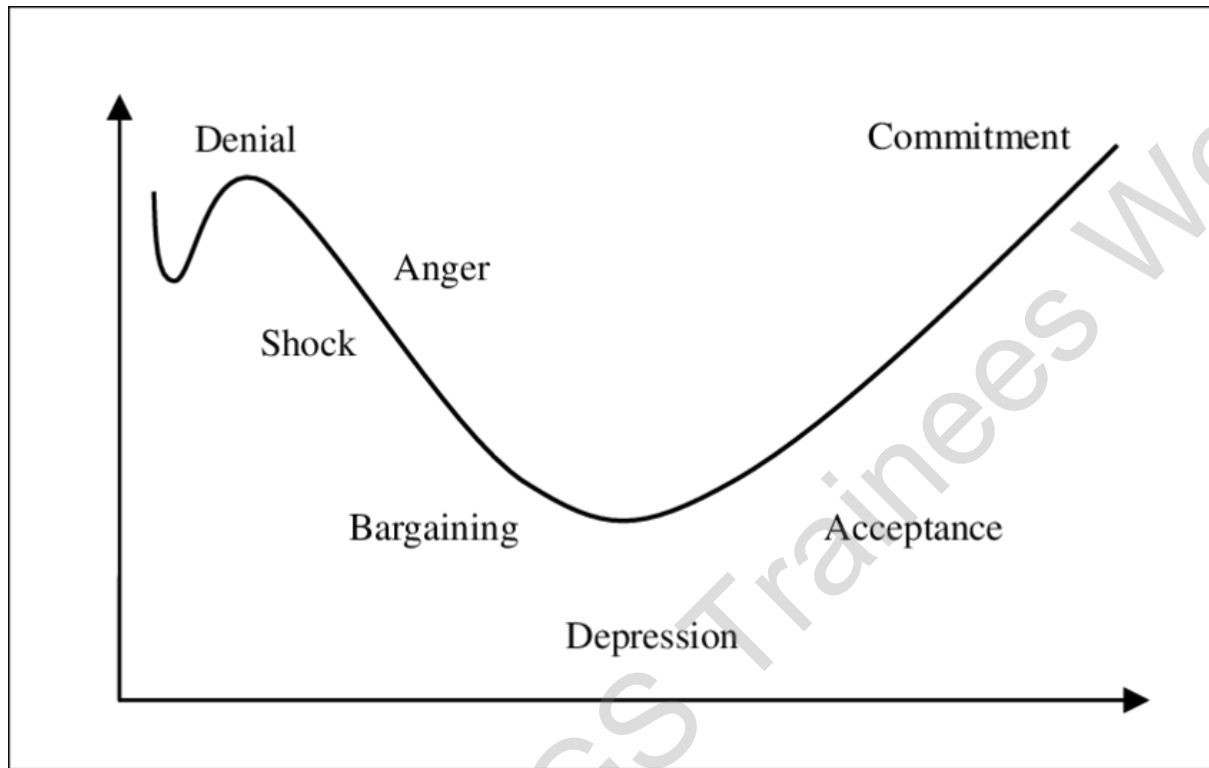
Summary of CPD Points and Supporting information with Reflection or Reflection NA
No results match your criteria.

Supporting information Awaiting Reflection
No results match your criteria.

Special circumstances

My Experience...

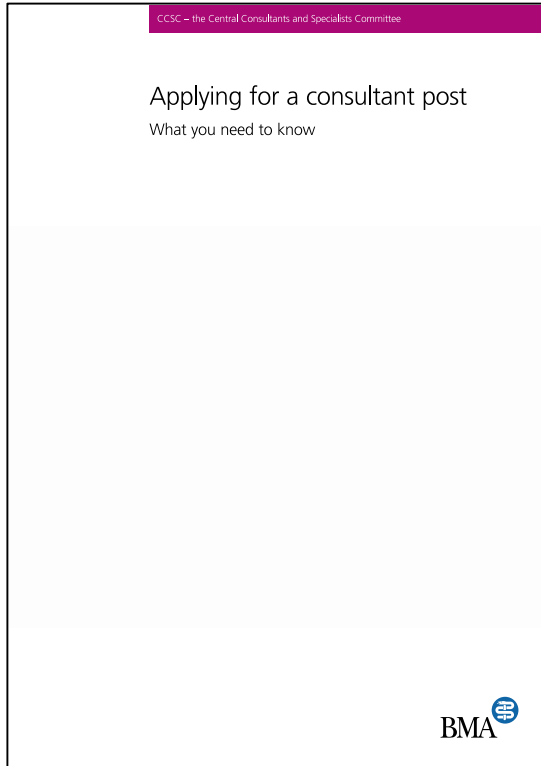
The stages of ~~grief~~ a new consultant post



Some advice

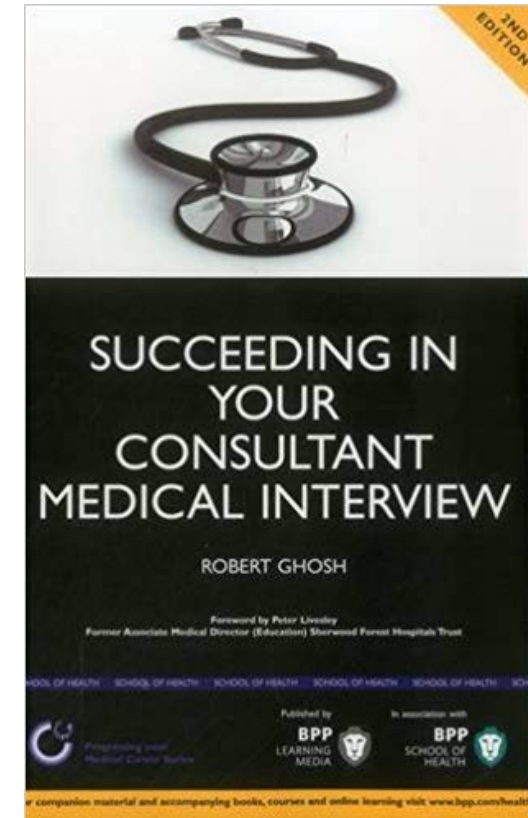
- Learn to delegate and walk away from the ward
- You can still ask for help (e.g. 2nd opinion or informal discussions with colleagues)
- Don't take on too much too soon
 - Actually take the unpaid session (e.g. 10 PA job plan) and take time to settle in
 - Make good use of SPA time (often eroded by admin and DCC) – formal teaching, clinical governance
- Keep on top of your consultant portfolio (PReP)
- Book onto RCP Educational Supervisor Course early
- Don't take complaints personally
- Plan a few AL days to break up long stretches

Useful documents/resources



“iscMEDICAL

<https://www.medical-interviews.co.uk/topic/consultant-interview-questions>



Thank you

Any Questions?

BGS Trainees Weekend 2019