

## **Ten Top Tips for your First Year as a Consultant**

Congratulations! You have gained your Certificate of Completion of Training (CCT), played the Consultant Interview game and won. Now that you have secured your position you may be filled with apprehension about actually doing the job. It is only natural to feel like this, especially if you have obtained a post in an unfamiliar hospital, so read on for some things you can do to help yourself adjust to the changes, as well as a few pitfalls to avoid.

### **1: Start with the Basics**

As a trainee you will have become an expert in the practicalities of rotating between hospitals, but you may also be used to temporarily “making do” with less than ideal circumstances. This should be the last time you have to sort out these small but important issues, so tick each one off as soon as possible. If you are new to the hospital this plan will help you settle in more quickly:

- ID badge & security pass – these will still only be available between 09:00 and 09:15 on a Thursday when the computer says “yes”!
- Car Parking – well done if your hospital still has a Consultants’ Car Park. At least find out where you can safely leave the car if you are called in for a time-critical emergency.
- Codes for the theatre changing rooms, new shoes & a locker – you are now entitled to them as much as everyone else so stake a claim early on.
- Computer access – Trust email address (may be mandatory for intra-hospital communication), passwords for Clinical Portal/Pathology/Radiology etc.
- Coffee – where can you get it & where do your colleagues go to drink it?
- Meet the ODP/Anaesthetic Nurses for the theatres in which you will be based – they may even write down your particular preferences for difficult cases.

### **2: Departmental Orientation**

A formal Departmental Induction should cover all of these points:

- Your secretary – this may be someone allocated to you or a communal service. They will be invaluable in helping you to settle in and you will gradually realise a greater need for them than you ever had as a trainee.
- Find your desk/office/pigeon hole – again these are often communal.
- Rotas: find out when they are written and sent out. Ensure you are clear about the mechanism of booking leave and enjoy the novelty of being able to plan much further ahead.
- Work out the best way for people to get hold of you, both in and out of the hospital. Also decide when and how you would like to be contacted on-call so you can lay some early ground rules with your team. Find out how you can get hold of the on-call team yourself should you need to do so.

- Find out which departmental meetings you are expected to attend.
- Are there any local societies (including Private Practice groups) that you are expected/ invited to join?

### **3: Trust Orientation**

Many of the above points should also be covered by a formal Trust Induction; these may consist of mandatory e-training modules so aim to complete these as soon as possible. At the very least, make an appointment to meet your Medical Director when you commence your post, if he/she doesn't make the appointment first. If you are offered a formal Induction Programme then make every effort to attend as you will meet other new Consultants in the Trust which can be very reassuring.

### **4: The Consultant Contract & Job Planning**

The Consultant Contract is something you will have heard much about but paid little attention to as a trainee. The British Medical Association (BMA) produces a New Consultant Pack for each devolved nation which is worth requesting. Check your contract against this prior to signing. The AAGBI are also producing guidance for working as a Consultant (a glossy is due in early 2011) but the best advice is to know your personal entitlements. The BMA can help you with any queries you may have.

You should receive a job plan when you start; these often change and may bear little resemblance to what you do on a daily basis. It is extremely important to keep a record of what you actually do each day in both your clinical (especially flexible) and non-clinical sessions, so that when your job plan is up for discussion you have evidence to back up any requests or issues that you have. This requires commitment on your part but will make the whole process much easier for you in future.

### **5: Consultant Work Patterns**

These are surprisingly different to those you will be used to as a trainee. Suddenly your life is no longer ruled by the EWTD, which means you may find yourself on-call for 24/48/72+ hours and probably non-resident for the first time in your career. This is a difficult adjustment and you will find yourself checking obsessively your phone battery/reception and unsure how to spend the time when you are not needed in the hospital. It takes a bit of getting used to, but if you find that you are in more than your colleagues because you are new then you are not alone. You will need to feel your way on this one. A sensitive department should ease you in gently and/or provide a designated colleague as back-up early on. Don't be afraid to ask for this if you feel you would benefit – remember you have 20+ years to do this job so you will have ample opportunity to “pay back” later on. You may find that you miss some of the benefits of working night shifts more than you anticipated, although this can be somewhat offset by a more predictable working week.

## **6: Supporting Professional Activities (SPA Sessions)**

You will have thought of an answer to the question of how you would spend these sessions for your Consultant Interview. Now is the time to put some of this into practice. However, a few words of caution: Don't take on too many responsibilities too soon to the detriment of settling into your clinical role. This should be the main focus of your first year & it is easy to underestimate how much effort this may take. There will always be people looking to offload some of their least favourite responsibilities, so unless it is a fantastic opportunity to do something you really enjoy you are allowed to say "No, thanks" in your first year. Do clarify what is required in these sessions, especially whether or not you are expected to be present in the hospital. Remember to include any activities you undertake in your diary.

## **7: Continue your Research & Development**

It pays to develop the research that you did for your Consultant Interview; subjects you have previously been able to ignore will become much more important. Read around and keep abreast of developments regarding important topics such as Appraisal & Revalidation, Private Practice and the Clinical Excellence Awards Scheme (ACCEA) so you are not either shown up or caught out. Helping your trainees to prepare for their future Consultant Interviews is an excellent way to top up your knowledge.

## **8: Ask for Help and Advice**

Aside from the above, the greatest changes you will notice are those in the level of responsibility that you have and the freedom of choice that accompanies this. It runs contrary to the feeling that you have, once again, gone from the top to the bottom of the ranks. Although there is no official recognition of the term "Junior Consultant", you will most probably feel like one. It is ok (and probably quite common) to look over your shoulder for the boss and realise it is you! Remember: one is never too senior to ask for help or advice, and never be too proud to do so.

## **9: Some things remain unchanged**

Some things remain unchanged from your halcyon days as a trainee. These include the need to maintain an up-to-date logbook and CV, the expectation that you will actively participate in Clinical Governance and Teaching, and the further development of any special interests that you have. All of these will play a role in your appraisal process and you would be foolish to overlook them.

## **10: Work-Life Balance**

Becoming a Consultant is traditionally associated with a better work-life balance, almost as a rite of passage. This is now disputed with the development of novel consultant job plans in the current NHS, but there are opportunities for improvement and you do have a little more control over how you spend your time. Enjoy it!

I hope these tips, born from my own experience, help you to do so. Good Luck!

**Dr Felicity Howard**

**Consultant Paediatric Anaesthetist and Immediate Past-Chair, GAT Committee**

**Resources:**

BMA New Consultant Pack

MPS Booklet "Making the most of your Consultant Post" and associated conference programme

Royal College of Anaesthetists conference "Becoming a Consultant"