

Getting ahead of the crowd

As a consultant with grey hair and a spurious air of confidence, I am frequently asked tricky questions by trainees. There is the question predictable (“Have you got an audit I can do?”), the question patronising (“How about a little lie down, Dr Bogod, you seem to be drifting off?”), the question highly unlikely (“Would you like the first coffee break?”), the question infuriating (“Could you fill in a DOPS for that spinal Caesarean section we did two weeks ago?”), the question disturbing (“Is the nerve supposed to explode like that when you inject the local?”) and the question jobworthy (“Are there any patient-specific concerns?”). However, the question which exercises me most, and which I want to address here, is – and I paraphrase somewhat – “How do I rise above the

common herd and get noticed when the time comes to apply for a consultant job?”. My usual response, which is to tell them to make sure that they submit the ten copies of their curriculum vitae on pastel-coloured paper, doesn’t seem to cut the mustard these days.

It’s certainly a jungle out there. Whenever X trainees are seeking Y senior jobs and $Y \ll X$, only the fittest will survive. There will be competition, conflict, underhand tricks and occasional despair. It was so much easier in the 1980’s. Then, you could stay behind and help the consultant with a long list. Try that now and you’ll exceed your hours, the Trust will be fined and the Chief Executive hauled up before the Minister. Perhaps write a quick research

paper and put the boss’s name at the end? It will take you three years and a medium-sized forest of trees to get past the Ethics Committee, and the boss will be up before the GMC for accepting gift authorship. Become an ALS instructor? Frankly, absenting yourself from the Trust for three days five times a year to teach nurses how to do cardiac compression is unlikely to win friends and influence people. So, how on earth is the aspiring consultant to get noticed these days?

As is so often the case, it is our surgical colleagues who lead the way while we meekly follow. Cometh the hour, cometh the man. Let’s hear it then for one of our surgical registrars – whose name we will not reveal in order to spare his blushes – who has clearly thought the matter through and come up with a novel solution breathtaking both in its simplicity and impact. Pictured on the front page of our local newspaper, stethoscope around his neck, my young colleague practically has the words ‘future consultant surgeon’ stamped on his forehead. The accompanying banner headline – presumably written on what was otherwise a rather slow day for news in Nottingham – would have all right-minded doctors marching beside him against the forces of bureaucracy: “Doctor’s car was clamped during life-saving op”.

It transpires that, on the night in question, the aforementioned trainee “28, who specialises in abdominal surgery” was covering both acute units and was called from one to the other to carry out an emergency appendicectomy. Parking in what he thought was a staff space, he rushed to theatre, the hero of the hour, only to discover, on finishing his shift, that he had been clamped by the third-party security firm retained by the Trust for this purpose. When confronted, the tarmac Taliban refused to remove the clamp until

Doctor’s car was clamped during life-saving op



Failed to display. Surgeon Doctor 28's car was clamped during an emergency operation.

Surgeon feared lives put at risk

By Bryan Kennedy

A Nottinghamshire doctor has been criticised for not clamping his car during an emergency operation. The doctor, who is not named, was accused of leaving his car unattended in a staff parking space while he performed a life-saving operation. The doctor's car was clamped by a security firm retained by the Trust for this purpose. When confronted, the tarmac Taliban refused to remove the clamp until

... of the car clamped in the staff parking space. The doctor, who is not named, was accused of leaving his car unattended in a staff parking space while he performed a life-saving operation. The doctor's car was clamped by a security firm retained by the Trust for this purpose. When confronted, the tarmac Taliban refused to remove the clamp until

he agreed to pay a £35 fine, deductible from wages. His understandable ire rings from every quote: "I spent all night saving people's lives and ended up getting clamped"; "Had I needed to use my car to attend another emergency I would have been significantly delayed. There could have been serious consequences"; "I believe that this goes further than a personal level of inconvenience and unnecessary cost".

It does, admittedly, slightly weaken his case when we discover that he had not displayed his permit, but as he says, with devastating logic: "My car is easily recognisable and I frequently park in this car park". His car is, indeed, easily recognisable. Those with sharp eyes could spot it peeking coyly over his right shoulder in the press photograph; it's a black Porsche Boxster with tinted windows. And, as if that was not enough to identify him as an important member of staff, we have the clincher; the article tells us that his registration plate looks like the word 'SURGEON'.

The fearless reporter from the Nottingham Post, not content with blowing the lid off

the East Midlands equivalent of Watergate, went on to ask someone at the Trust for a comment. Scandalously, they seemed unconcerned with the potential threat to human life arising from the actions of their mercenary clampers, remarking only that "A member of staff had their car clamped after parking in a public parking space without displaying an appropriate permit. This is normal practice. The car was close to the security office, which is staffed 24 hours a day, so in practical terms, it would have been unclamped very quickly if necessary". The representative from the security company was, if anything, even more laconic, saying merely that he had "nothing to add".

Fortunately, the Nottingham Post website allows readers to comment on their stories and, by the following day, nearly one hundred of our stout burghers had added their thoughts. Not all, you will be surprised to hear, were entirely supportive of our Denver-booted dynamo, although several were good enough to suggest alternative personalised registrations should he tire of his current one. One irate reader, identified only by his web moniker 'a proper surgeon',

pointed out that the lad had only been allowed loose with a sharp instrument a few weeks earlier, and had been accompanied by "a senior (i.e. qualified) surgeon" during the case in question. Management, it has been rumoured, are far from amused, and apparently the Trust's whistleblowing policy doesn't extend to car clamping.

So there you have it, gentle reader. If you want to get ahead, buy a German sports car with a personalised numberplate, park it in the wrong space without your permit, then go directly to the local press to make the maximum fuss when it gets clamped. Then, as long as you can cope with the howls of derision that accompany you wherever you go in the hospital, you too can be singled out as someone with a future. Although where that future lies, we may never know...

Conflict of interests: Dr Bogod reluctantly admits to having a personalised numberplate but, in his defence, it was a gift from Mrs Bogod.

Dr David Bogod
Consultant Anaesthetist, Nottingham
Vice-president, AAGBI

COMMENT

Car parking is an emotive issue for us all – parking spaces in NHS hospitals are almost always limited, and the numbers of staff wanting to park has escalated in recent years. I think the experience of the hapless surgical trainee described in the article on this page will strike a chord with many of us – even those of us who have abandoned the struggle in the daytime (changing to alternative means of transport) tend to stick to the car when on call. In fact, just last night my car was parked in one of the bays marked 'disabled' at the front of our hospital between the hours of midnight and 3am (I hope our chief exec is not a covert reader of Anaesthesia News) – I was called to attend a patient with a bleeding placenta praevia, and judged that the extra ten minutes or so that it would have taken to park in the designated on-call parking area (in a multi-storey car park at some remove from the delivery unit) might make a difference to the outcome. Of course, when I arrived, I found two competent trainees were already making a decent job of things, but I wasn't

to know that when I was parking. I didn't get a ticket (clamping seems to be in abeyance lately), but have not been so fortunate on other occasions. Last time I did get a ticket, I was able to claim truthfully that the clinical situation was such that not one but three lives were at stake (twins, abruptio, trainee busy with another case), and was let off for the price of a grovelling letter to the parking police. These irritations seem to be part and parcel of our working lives these days – the position of the medical profession in society has changed and continues to do so. Whilst we should accept that we are not gods (a lesson the surgeon surely needs to take away from the incident described in the article), we should also make the case for special treatment where patient care might suffer if we don't – hospitals should surely have some sensible emergency parking arrangements for those who are liable to be called back out of hours for life-threatening, time-sensitive emergencies.

STOP PRESS

Speaking of our place in society, as we go to press (beginning of November) disturbing

news from Northern Ireland about the abandonment of this year's round of clinical excellence awards (CEA) is just being assimilated. I have to declare an interest here – I hold a Bronze award. That said, I don't think the CEA system as it stands is perfect – many clinically excellent anaesthetists' efforts have gone unrewarded. Hence the current review of the process is welcome. I have a sense of déjà-vu here – in 2003, the new consultant contract resulted in most of us receiving a substantial pay rise because of a fundamental failure on the part of government to understand that most of us were doing quite a bit more work than we were being paid for, strictly speaking. Now, in an analogous situation, it seems that there are moves to stop rewarding anyone for the work that is done that is above and beyond that which is contracted for. Surely the result will be that most of that extra work (of which only a small proportion is currently paid for) won't get done, and will eventually have to be done at greater cost – and with the irretrievable loss of invaluable goodwill on the part of the profession? Keep your eye on the website to follow this story. *Ed*