The thoroughly modern consultant? Modernizing consultant careers

You have become a consultant. After many years of training you have reached your goal. You are well aware of your new responsibilities. The next few years are spent getting to know your new colleagues and institution, and their ways, and working with them.

Naturally you look ahead. Where might your work lead? Will new paths open for you, or will you remain in your post in the same institution, developing and refining your skills and practice for the greater part of your career? You know colleagues who have changed course and have more varied working lives, encompassing areas such as medical education, management or medicolegal work. But what influenced them to enter these fields, and where did they turn for advice and guidance?

In my own case, I needed good career advice at two critical points in my career and life. First when deciding to do medicine after an arts background and then a few years later deciding to do research very early in my medical career, I turned for advice to the same person – a wise woman, not a doctor, with a great experience of life and change. She believed in me and I trusted her. She became my mentor. Essentially she said 'if that is what you really want to do you must try. If you fail or if it is not right for you other avenues will open'.

I believe that wise advice can be found by young doctors today, but I should like to be sure that all have trusted mentors to whom they can turn at any point in the lives and careers.

Such matters were the basis of a working party report from the Royal College of Physicians (RCP) and the British Association of Medical Managers (BAMM) (2002) *Careers for Consultant Physicians*. This working party arose out of discussions about the changing conditions of work in our society and the NHS in particular, and their impact upon the roles of consultant physicians.

The working party examined the consultant's role in the changing climate of the NHS. They reviewed the involvement of physicians in areas such as teaching, research and health-care management. They explored new career pathways and set out how consultants might be helped to develop these with proper advice and support. Although aimed at physicians, the report identifies problems common to all specialties.

Helping doctors to change their career patterns may be vital if we are to stem premature departure from the profession. Disillusionment is a major factor, as are restraints on professional satisfaction and personal and family wellbeing which are a consequence of demanding workloads and inadequate resources.

A major and growing problem is the lack of flexibility of both training and consultant posts for doctors who do not want full-time posts because of family commitments. The RCP (2001) examined these issues in detail in a separate report *Women in Hospital Medicine*, which can be seen as a companion report to that on careers. The survey undertaken for this report showed that both male and female doctors want to train and work flexibly. In a world where portfolio careers are becoming the norm and traditional work roles are being challenged in other professions, we cannot expect doctors to be immune from wanting these advantages for themselves.

THE MAJOR ISSUES

The working party found that the major obstacle to career development is the unrelenting demand on consultant time – with physicians working an average 56-hour week, there is little flexibility for developing outside career interests. The Calman proposals and the European Working Time Directive (EWTD) have reduced the working hours of juniors, resulting in increased consultant workloads. The EWTD implementation in 2004 of the 58-hour week for juniors, coupled with the Government's desire to reconfigure as few small hospitals as possible, are not likely to improve the current workload situation.

While many consultant physicians would choose to remain wholly engaged in clinical practice given the appropriate facilities, equipment and support staff, many would gladly develop an additional interest if there were opportunities for training, support and career advice in areas outside the core clinical role. The paucity of support and advice in these areas is another obstacle to progression, making it difficult for doctors to break into other fields. For those who want to leave mainstream medicine to pursue other avenues temporarily, there are no structured retraining or refresher programmes in clinical medicine, making it equally difficult to return.

Recognizing that the pattern of consultant workload needs to vary across a career, the working party acknowledged proposals in the NHS Plan (Department of Health, 2001) to divide the consultant career into three phases:

1. Consultants within 7 years of appointment (40 years of age or younger) – during this phase consultants should be at the forefront of service delivery, maintaining a high degree of patient contact and having expert coaching and mentoring
2. Consultants up to 55 years of age – still expected to devote the bulk of their time to service delivery, but with more emphasis on a leadership role (professionally and managerially) and, potentially, more flexibility over the balance between clinical and other duties

3. Consultants from 55 years to retirement – they would have greater discretion over job content and scope for reducing workload intensity, but the objective would be to retain their knowledge and experience for the benefit of the NHS.

These phases give official recognition to a system that is already emerging, but the working party also pointed out that even in the early years of a career, young consultants need to develop skills in teaching and management. With the current shortage of medical academic staff, three new medical schools and an increase in the number of places available at medical school, it is vital that the Department of Health does not sacrifice long-term opportunities in medical education for more short-term goals.

In general terms, it may be helpful to view consultants' careers as following one of four different paths. Although this is an oversimplification, it may be useful when considering the resources, education and additional training necessary if consultants are to diversify:

1. Consultants who, given the resources and support, choose to practise high quality clinical medicine throughout their careers but with a changing balance between acute take, inpatient and outpatient duties
2. Consultants with a conventional career path who develop a more specialized expertise in fields such as education, research or management
3. Consultants who move temporarily into a secondary career and need a route back into the mainstream clinical specialties, e.g. medical directors
4. Consultants who make a career move that takes them away from clinical work into new areas, such as full-time management or law.

This spectrum of opportunity ranges from career diversification to a complete career change, and consideration must be given to the needs of consultants in each of these groups.

POTENTIAL SOLUTIONS

The report recommends that clear and comprehensive career advice should be available for consultants. Although the responsibility for workforce development rests with NHS employers, the Royal colleges, BAMM and the Leadership Centre in the Modernisation Agency could all have a role in this. In particular the RCP should establish a career adviser to provide independent advice, aimed at reducing the element of chance in career planning and designed to identify an individual's strengths and weaknesses at an early stage of development.

Consultants need more flexibility in their career patterns to increase job satisfaction and reduce dissatisfaction and stress among consultants, with potential positive benefits to the standard of patient care. For a doctor with a young family, job shares and part-time posts can make the difference between having to leave the NHS and carry on working – the posts might also tempt back those who have previously opted out. Equally, secondments and sabbaticals might refresh the parts of the consultant body which acute medicine has failed to reach. The NHS should recognize that consultant careers need not progress in a linear fashion, but can be enhanced by diversification into secondary careers, which should be encouraged.

A very clear piece of career advice given to me by my professor of medicine when I wanted to become a liver doctor was 'liver medicine is very full at the moment and is likely to be so for the next few years. You are 7 years older than the average medical graduate. What about a specialty with openings?'. Sensible advice!

Such mentoring can provide guidance and advice to consultant physicians, especially at the beginning of their careers to help career development – the RCP is currently working with other colleges, faculties and the Department of Health to develop a template for a mentoring system. For doctors who have taken on secondary or alternative careers, professional bodies need to set standards for continuing professional development within those careers. For those who have decided to fully or partly re-enter medicine, national guidelines will be needed to decide on suitable retraining.

The most important underlying factor is that diversification should not be thought of as an added extra to the existing contract – for consultants to develop secondary interest and careers, it is important for existing sessions to be reallocated accordingly. This may not be seen as a positive step by Trusts initially, because of long waiting lists, patient pressures and administrative duties, but again, the long-term benefits are likely to outweigh the short-term difficulties and prevent committed consultants leaving the service bereft of their knowledge and experience.

While making recommendations about careers cannot solve all the resource and workload issues in the NHS which lead to disillusionment and a high rate of attrition, they can pave the way for more rewarding career decisions for doctors which might help stem the tide of those leaving and lead to more job satisfaction for those staying. HM

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KEY POINTS

- The major obstacle to career development is time as consultants work an average 56-hour week.
- Many consultants would develop an additional career interest if training, support and career advice were available.
- Consultants need more flexible work patterns and careers to increase job satisfaction.
- The colleges are developing a template for a mentoring system with the Department of Health.