



CAREERS

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What do I need to do to become a consultant?

Making the leap from trainee to consultant can be daunting, but there is much you can do to prepare for the change, experts tell **Abi Rimmer**

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The BMJ

“Do some groundwork before you start”

David Oliver, consultant in geriatrics and acute general medicine

“My tips begin before you start as a consultant. First, pick your job wisely by doing due diligence before you apply. How well do the team of consultants get on? How supportive are they of one another? Do they share a similar vision and values? Are they respected and supported by the rest of the organisation outside the department? What is the overall position of the organisation itself in the wider health economy? How has it been performing in terms of finance, targets, and inspections? Most of all, does it seem like a happy place to work when you speak to people?”

“This fact finding should also extend to your interview and appointment process. You will have a chance to ask questions that matter to you, so ask, for example, how much support you would get for developing a new service or improving an existing one. What personal development opportunities are available in research, quality improvement, and education? If you need to go less than full time for any reason, is the culture supportive?”

“Once you have started in your new post, think about the requirements that are specific to consultants (such as the training to become a trainer) and get up to speed with them in your first few months. Try to coordinate annual and study leave with your consultant colleagues so that you can go away knowing you have some cover, and volunteer willingly to reciprocate.

“As the senior decision maker, team leader, and the named accountable clinician, you need to learn to be comfortable with delegating: supervising, rather than feeling the urge to do everything yourself. Remember that you cannot control much of what happens to patients when you aren't there. Worrying about it and constantly checking in won't help your wellbeing.

“Also remember that even consultants need help and second opinions from colleagues with more experience or specific expertise. You are never alone.

“Finally, get a decent extended break before you start. You might never have that much time off again.”

“You can still ask for help”

Steve Corry-Bass, consultant in emergency and prehospital medicine

“The day you become a consultant, everything changes and nothing changes. You get a new identification badge, office, computer, and work phone. You get access to new email distribution lists and shared drives, you'll be invited to meetings you never knew existed, and there is a sudden sense of expectation attached to you because you are now ‘the boss.’

“But, at the same time, you're still the same person you were yesterday, and your knowledge hasn't miraculously changed overnight. Although you are now the boss, much of the expectation will be what you think you should do, not what others believe to be required. If you were on a good training programme and were given acting-up opportunities, then the chances are that you will already have had a (supervised) chance to act as a consultant, without actually being one.

“Those amazing spot diagnoses you remember your boss making when you were a foundation programme trainee or a medical student didn't result from their having the title consultant. They were the product of eight or more years of postgraduate training and of growing pattern recognition.

“You too will find yourself making spot diagnoses next week as the consultant, just as you did last week as the registrar. When you don't know, don't bluff—be methodical in your approach. If you remain stuck, then ‘phone a friend.’ You're never alone; you can always ask a colleague for their thoughts.

“At the end of the day, there's no space for egos in healthcare, and you earn more respect by saying you don't know and doing the right thing for the patient than by making a guess and hoping for the best.”

Work out what you want from the role

Camilla Kingdon, consultant neonatologist and vice president for education and professional development at the Royal College of Paediatrics and Child Health

“The transition from junior doctor to consultant is major. Nevertheless it is surprising how many people seem to do very little of the preparatory work that I think is important, and I am not talking about preparing for the interview, visiting the hospital you are applying to, or meeting the medical director.

“The preparation I think is important is the unrushed thinking and researching that should be done months and even years before the end of training. It is the kind of thinking that is best done on holiday or a long walk. It is research that is based on conversations with respected friends and mentors. The crux is working out what you want from your consultant life—bearing in mind that most of us spend more than 30 years in the role.

“Junior doctors become accustomed to being at the mercy of a training programme that determines where they will work, for how long, and with whom. At consultant level it comes as a shock when suddenly you have all of that within your own control.

“So, seize this opportunity and work out exactly what you want. What kind of people do you want as colleagues? Remember, you will spend more time with them than with your partner. What kind of clinical environment do you want to work in? A big teaching hospital or smaller district general hospital? What kind of job plan do you want? There is more opportunity to negotiate and discuss this than people realise. How important is the balance between work and the rest of your life? Be honest with yourself about this.

“Preparing to become a consultant marks a really exciting point in your professional life. Do it justice and think it through carefully—and use friends and colleagues to help you work out your priorities.”

Work on who you are as a colleague

Jamie Strachan, consultant in anaesthesia and intensive care medicine and Royal College of Anaesthetists council member

“A consultant interview panel should have one question on their minds: will this person be a good colleague? This means that preparation to become a consultant should focus on two things: becoming well rounded, and learning to sell yourself. In general this is done not by demonstrating technical competency but by showing how you behave as a professional.

“To show yourself at your best you need to spend your energy wisely, see things through to the end, and meet deadlines. Remember that hard work over a prolonged period of time on smaller manageable projects will probably impress more than one project of national significance.

“Job descriptions and person specification criteria are really important headers around which to base your development. For the year leading up to my consultancy application I looked at the advertisements in the back of *The BMJ* every week, to ‘get my eye in.’

“Looking after yourself while leading the team is also key, therefore self care, fatigue tactics, awareness of limitations, and strategies for preservation are as important as clinical skills and communication style. It also helps if you try your hardest to get on with people; this is why you should bother with year upon year of multisource feedback.

“If you are struggling for inspiration, look to a new consultant colleague whose career you admire and ask them how to be like them.

“Finally, do things that you are passionate about. I think that authentic enthusiasm is the best tool you can have.”

BMJ Careers has produced a guide to preparing for the non-clinical aspects of becoming a consultant. See jobs.bmj.com/staticpages/10285/-preparing-for-the-non-clinical-aspects-of-becoming-a-consultant

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