Background

The step up from specialist registrar to consultant has been acknowledged by doctors as large. It can involve relatively sudden change and can be stressful and demanding[1,2]. There is increasing pressure on available time for training, with shortened training programmes and fewer hours spent at work as a result of the European Working Time Directive [2,3]. Medical education research has not fully addressed this transition or explored ways of improving it for the benefit of patients and doctors.

Newly appointed consultants are more prepared for some aspects of their work than others. Training in clinical skills is most positively reported, although even this has room for improvement[2,4]. New consultants feel less well prepared for their management responsibilities[2,4,5] including self-management[6]. Training and experience in handling complaints, dealing with difficult professional relationships, recruitment and disciplinary proceedings have also been identified as weaker areas of specialty training[5,6]. Feeling inadequately trained in communication and management skills can impact on stress, burnout and the mental health of consultants[4,7]. It is notable that two-thirds of cases referred to the National Clinical Assessment Service (NCAS) involved behavioural issues (including difficulties with colleagues), either on their own or in conjunction with other concerns[8].

In the light of these issues, a research project was developed to determine the extent to which specialty training provides doctors with the skills they require when they become consultants.

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Method

A qualitative cross-specialty study was undertaken in the Northern Deanery, UK. The methodology was informed by the constructivist view that knowledge, and therefore meaning, is not discovered but socially constructed[9]. The method consisted of:

- Face-to-face interviews with final year specialist registrars (SpRs) to explore expectations of the consultant role and perceptions of preparedness (n=32)

- Telephone interviews with newly appointed consultants with 1-4 years' experience to explore perceptions of their own preparedness (n=20)

- Telephone interviews with medical managers (clinical directors/associate medical directors) to give an overview of issues regarding preparedness and performance of new consultants (n=12)

Interviewees were from a wide range of specialties including surgery, medicine, A&E, anaesthetics, paediatrics, obstetrics and gynaecology, psychiatry and radiology. Four researchers carried out interviews. The interview schedule for specialist registrars was developed from exploratory interviews with newly appointed consultants and from the literature. Initial analysis of interviews with specialist registrars identified themes which were used to develop interview schedules for newly appointed consultants and medical managers in order to provide triangulation of data.

Analysis

Interviews were tape-recorded, transcribed, and analysed using a framework approach[10]. Following familiarisation with the data, a thematic framework was identified from a priori issues, emergent issues (e.g. 'becoming a leader') and analytic issues (e.g. 'exposure to the consultant role'). The framework was then applied to the data through indexing and charting. Finally, through data mapping and interpretation, the key themes within the data set were brought together to address the research question. All authors read transcripts to familiarise themselves with the data and were involved in the identification of the thematic framework and interpretation of the findings.

Results

Overall specialist registrars were very positive about their specialty training. Results focus on areas described as challenging by respondents, and identify gaps in knowledge or practice in different areas: clinical skills, leadership, service management, people management and exposure to the consultant role.

Clinical work

Specialist registrars described feeling best prepared for clinical work. They considered this the most important aspect of their work and the strongest element in their training.

> *'I think I feel best prepared at, probably, the clinical aspects – I think that's been the main focus over the last five years'* (SpR18)

Both newly appointed consultants and medical managers supported this view. However, some clinical aspects did emerge as being different from, or more

prominent than, expected. For example, specialist registrars were expecting to have more clinical responsibility as a consultant, but new consultants did not always find this an easy adjustment, particularly regarding decision-making. This was confirmed by medical managers.

> *'[some struggle with] coming to terms with the responsibility as well as coping with that, because they are technically competent and in terms of diagnosing the disorder and treatment it is not the competency aspect, it is to do with the leadership role and responsibility when, in challenging situations, you have to make a decision'* (MM1)

New consultants sometimes found it difficult to adjust to managing their responsibility for prioritising cases, rather than being given a list of patients to see. At the same time they had to adjust to delegation.

> *'As a consultant you're responsible for other people and I've found that quite difficult, and to know how much to let other people do before you step in, or how involved to be with other people'* (C12)

Some new consultants found they were less prepared for administrative aspects of the work. For example, as trainees they had little exposure to the background planning needed before a patient is seen, and the organisation and management of clinics. They also noted not being fully aware of the complexity of interactions with other teams, such as issues of boundaries and goodwill when making requests.

Becoming a leader

New consultants had to adjust to their new role within an organisation. Particularly for those who had previously worked in the hospital as a trainee, there was a need to be recognised as a senior professional. Some medical managers referred to a need for new consultants to develop a corporate outlook, balancing their own and their patients' needs against the needs of the organisation. Both managers and new consultants commented on insufficient understanding of job planning.

Some specialist registrars expressed concern about time management, while new consultants talked of finding a balance between taking on new opportunities and not becoming overwhelmed. For some, achieving work-life balance was an issue.

Managing the service

Specialist registrars expected a greater emphasis on management as a consultant and felt poorly prepared for this. Some had little opportunity to translate theoretical learning into practice during training, and hence lacked feedback in this area. This was borne out by new consultants and medical managers, who particularly emphasised difficulties in designing, developing and changing services.

Some specialist registrars reported feeling under-prepared for business planning and both new consultants and managers reported this to be an area of difficulty.

> *'I would like to get some new equipment... and I have been told that I need to draw up a business case … I have never had training in anything like that'* (C122)

Medical managers reported that new consultants could find it difficult to understand their role in complex organisations, to know who are the decision-makers, where and how to use their own influence and what the limits are. They also reported that new consultants could find difficulties in managing and leading change, understanding the pace of change and the stages involved between making a decision and seeing it implemented.

> *'changing, remodelling, designing services etc, there's quite a pressure on people to be able to manage change or be able to lead that change and I think they're not well equipped for that'* (MM85)

Some new consultants felt they had insufficient understanding of the NHS management structure, whilst acknowledging the difficulty of understanding this in an ever-changing system.

People management

Some specialist registrars reported feeling unprepared for people management, e.g. addressing poor performance and managing conflict. Both they and new consultants linked this to lack of exposure and experience, e.g. being asked to leave, or not attend, meetings due to sensitivity and confidentiality.

New consultants generally felt well prepared for formal teaching and medical managers felt they related well to trainees. Some felt less prepared for supervision and giving feedback, particularly to a trainee with difficulties, for example how assertive to be and how to manage trainees' feelings, particularly when they had worked with that person as a registrar.

Clinical audit and effectiveness

New consultants generally felt well prepared for audit, however benefits were reduced if attachments were relatively short and it was not possible to complete an audit cycle.

Some specialist registrars felt unprepared for dealing with complaints. Some medical managers noted that registrars tended to be shielded from complaints and that, whilst they may be made aware of procedures, having a clinical complaint could be distressing and threatening and affect confidence.

> *'complaints are things you don't see an awful lot of, from patients, and dealing with difficult or failing staff…you're not particularly well*

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prepared for that, and all the politics of medicine rather than the

practicalities of doing the job' (SpR23)

Exposure to the consultant role

Some specialist registrars lacked full appreciation of all aspects of the consultant role, with some elements only coming into focus towards the end of training or when applying for consultant posts. Exposure to the full role varied between specialties and hospitals, and according to the level of support and opportunities provided, e.g. attending management meetings and exposure to complaints procedures. It was also linked to prioritisation and pro-activeness on the part of the trainee. The length of attachments sometimes limited opportunities for introducing change, and opportunities to witness or be involved in the setting up of new services varied.

Discussion

This research provides evidence supporting the view held informally that the transition from SpR to consultant is challenging. This in part appears to be because SpRs and trainers are prioritising clinical learning and neither party fully acknowledges the diversity and complexity of the role of the modern medical consultant. The demands of adjusting to increased responsibility and leadership in this role were a strong theme throughout the data.

The question perhaps is to what extent this matters. On the one hand, most consultants would say they learned to be a consultant by doing the job. On the other hand, recognition of the importance of the issues at trainee level and

greater opportunities for development of these skills may ease the transition from registrar to consultant, ensure greater effectiveness from the outset of their first consultant job, and help maximise care for patients.

Conclusion

The findings suggest that not all specialist registrars engage with the entirety of the consultant role including staff management, handling complaints, planning the future delivery of the service and managing change. Training in management and leadership is particularly important in light of the emphasis in the NHS Review 'High Quality Care for All' on ensuring that 'clinical leadership becomes a stronger force within the NHS'[11] (p.67).

Practical suggestions

1. Specialty training prepares doctors well for the clinical role of consultant. This should continue and now be extended to ensure they are also well prepared for management and leadership.

2. SpRs feel less prepared for the responsibility of managing their own work and the work of trainee doctors and other team members. This should be part of the explicit curriculum and skills in this area should be developed and assessed with the same emphasis as clinical skills.

3. It would be beneficial for those in specialty training to attend management meetings where key decisions are made and have the opportunity to reflect on these meetings, e.g. how and why decisions are made, with their trainers.

4. Training in practical aspects of management and leadership should be integrated into training earlier allowing more opportunities for practice, support and feedback from supervisors.

5. Non-clinical skills such as chairing meetings, persuading and negotiating, dealing with complaints are all parts of the consultant's role. Skills based training should be introduced to address these aspects.

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