

StartΨell



**a guide for new
consultant psychiatrists**

© 2017 The Royal College of Psychiatrists

The Royal College of Psychiatrists is a charity registered in England and Wales (228636) and in Scotland (SC038369).

Contents

Foreword	2
Executive summary	3
Introduction	5
The six elements of StartWell	7
Connect: networking and making connections	10
Learn: continuous learning skills	14
Use support: effectively identify and meet your support needs	21
Be resilient: develop personal resilience	26
Lead: develop effective clinical and medical leadership	32
Develop: continue to develop a meaningful career	36
Conclusions	43
References	44
Further reading	46
Contributors	47

Foreword

The Royal College of Psychiatrists is a charity and membership organisation which exists to improve the lives of people with mental illness. It is also the professional body responsible for leading, representing and supporting psychiatrists throughout their working lives. We believe that the highest standards of patient care are delivered by highly trained and well-prepared doctors who, when leaving training and entering the consultant career pathway, are well supported and informed about the challenges and opportunities that lie ahead.

There is a high level of structure and guidance available during psychiatric training, which ceases when training is complete. This transition is recognised as one of the most stressful undertaken by doctors. Since 2014, the College has been promoting its StartWell programme, aimed at easing this transition from trainee to consultant, and this guide is a formal encapsulation of that programme. It can be used by senior trainees, new consultants, mental health trusts and College Divisions and Faculties, and we hope it will be an important and timely resource for all new consultants in psychiatry. By embedding good habits and robust coping mechanisms early in their careers, StartWell consultants will not only survive but will thrive.

I would like to extend particular thanks to the new consultants who generously shared their experiences of making the transition from trainee to consultant in a series of meetings over a couple of years. Their honesty and openness have shaped the elements of the StartWell programme and inspired its eventual launch. We hope this guidance will be embraced by our colleagues across the mental health landscape, so we can work together to nurture the medical leaders of tomorrow.

Dr Wendy Burn, President, Royal College of Psychiatrists

Executive summary

StartWell is a framework for new consultant psychiatrists and final-year senior trainees to prepare for and address the challenges of starting a consultant (or locum consultant) post for the first time. It is widely recognised that this particular transition can be stressful, even when the doctor has been well prepared through extended training.

The six elements of the framework have been devised by new consultants and senior colleagues to create a balanced framework of self-directed support, and also to offer helpful guidance for appraisers and employers. The Royal College of Psychiatrists, at Division, Faculty, national and international level, has a clear role in supporting psychiatrists to improve the outcomes of people with mental illness and in advocating for patients and carers. This initiative supports the promotion of excellence in psychiatry and mental healthcare.

The six elements are:

- connect: making connections
- learn: continuous learning
- use support: effectively identify and meet your support needs
- be resilient: develop personal resilience
- lead: develop effective clinical and medical leadership
- develop: continue to develop a meaningful career.

Within the following chapters, there is a description of the rationale, advice and contribution of various roles and recommended resources for each element. The document can also be used by each role (e.g. appraiser, employer, Division or Faculty) to develop an action plan to increase support for the new consultants. The role of the consultant can be considered during peer groups and appraisal, and when developing a personal development plan.

In summary, the new consultant psychiatrist is advised to make time to prioritise their own development, based on a self-awareness of personal strengths and weaknesses. This includes understanding and building formal and informal support networks, participating in appraisal, engaging in peer groups, mentoring, and maintaining resilience. The new consultant also needs to fully participate in formal and informal clinical and medical leadership (and 'followership') roles. They are advised to use feedback, mentoring and appraisal to inform and enable further career development.

The appraiser of a new consultant psychiatrist could use the StartWell elements to support reflection on progress, and to facilitate prioritisation of support and personal development. There may be an argument for appraisers who specialise in new consultant appraisals.

There are some key roles for employers after recruitment of new consultant psychiatrists. They can support and encourage the use of supporting professional activities (SPAs) in the job plan to ensure sustainability through peer groups, mentoring schemes and study leave opportunities. The employing organisation can also assist by providing a high-quality induction, ensuring that accountability is explicit within teams, setting clear objectives, and ensuring that processes for managing and investigating complaints and adverse events are fair and that doctors are well supported. Some organisations have introduced Balint groups for consultants.

The College has an important role in reviewing and approving new consultant job descriptions. Divisions and Faculties are well placed to provide supportive networking opportunities for new consultants, whether specifically using the StartWell framework or not. They may also benefit from enhanced engagement of this group of psychiatrists. The College can also provide useful strategic documents based on national and international best practice.

Next steps

The document will be reviewed periodically after publication, with new resources updated on the College website as they arise. It will be promoted through medical leaders to give a framework to employers of new consultant psychiatrists. Where possible, the recommendations will be evaluated to further understand how to optimally support early-years consultants. The StartWell framework provides guidance to organisations, Divisions and Faculties who may be considering learning events, conferences, workshops and action learning sets to promote the support of new consultant psychiatrists.

Introduction

Psychiatry provides an immensely rewarding career. Consultant psychiatrists have the privilege of being trusted with personal patient stories, as well as the potential to work collaboratively with a range of talented non-medical colleagues, at the interfaces between health and society, physical and mental health, and mind and brain. Despite the rewards, the flip-side of these positive attractions can also lead to stress, tension and dissonance as a consequence of the work undertaken. In addition, adverse events and complaints are relatively commonplace, and when these occur against a background of high levels of personal responsibility and accountability, they can add to the emotional burden.

Transitions within medicine are recognised as particularly stressful, and the progression from a highly structured, supervised and supported training programme to autonomous practice as a consultant is reported as being one of the most stressful (Houghton *et al*, 2002). In psychiatry, training is highly supportive, with weekly supervision, a comprehensive structured curriculum and gradual acquisition of non-clinical skills. A consultant post can often represent the 'loss' of all of this support. This occupational promotion often coincides with other significant life events: relationship changes, having children, buying property or moving house; and all of this can further challenge the maintenance of a healthy work–life balance. Even psychiatrists who have well-established strategies for handling stress at work may require a refresh of these approaches at this important career milestone.

Doctors are recognised as having higher levels of stress, depression and alcohol misuse than the general population (Firth-Cozens, 2007). Programmes to develop and support new consultants have previously been published, but these have been organisation-specific, and there has not been a national model. The College, through national strategic work, Faculties and local Divisions, is well placed to provide advice and support to members as they move into a consultant post.

The aim of the StartWell programme is that by establishing a simple, coherent, achievable framework of support during the early consultant years, good habits can be embedded, thereby reducing burnout and fallout in later working years. StartWell could therefore be a strategy for employers to reduce turnover, maintain productivity and improve continuity of care.

During 2013 and 2014, relevant sessions were presented at the annual International Congress, including a session from the Royal College of General Practitioners (RCGP) on their First 5 programme. Follow-up meetings were held with new consultants, together with established and experienced members and fellows from around the UK, to create a flexible framework of optimal support tailored to new consultant psychiatrists. The initiative recognises that each new consultant and each life and work situation is different and tries to use shared experiences to provide a common approach. It was recognised that within the new consultant group there may be subsets with additional needs, such as doctors working less than full time, those with chronic health conditions or long-term caring responsibilities, and those who have predominantly trained outside the UK. It was therefore agreed that there needed to be underlying principles of equity, valuing diversity and sustainability.

The six-element model was tested in workshops at a launch conference at the (then new) College building in London in October 2014.

StartWell is not a sub-consultant grade or a new curriculum. We would encourage senior trainees to become involved in StartWell programmes during their final year in training.

The six elements of StartWell

Connect

- Networking and connections
- Understand place within organisational structures: employer, Faculty, Division

Learn

- Continuous learning of skills
- Appraisal and revalidation
- Peer groups
- Continuous professional development (CPD)

Use support

- Effectively identify your support needs and ensure they are met
- Supervision
- Buddying
- Mentoring
- Coaching

Be resilient

- Develop personal resilience
- Self-awareness
- Work–life balance
- Personal therapy
- Maintain boundaries

Lead

- Develop effective clinical and medical leadership
- Team working
- Quality improvement
- Raising concerns
- Working with external agencies, including commissioners
- Demand and capacity mapping
- Supervising trainees

Develop

- Continue to develop a meaningful career
- Becoming an educator
- Research
- Management
- Specialism

The StartWell matrix (Table 1) can be read according to participant across the top, moving through the elements in turn. The matrix can also be considered in terms of the various contributions to each element. This is how the following chapters are organised.

Components		Individual StartWell roles				
		Consultant	Appraiser	Employer	College Division	Central College
Connect	Understanding place within organisational structures – employer, Faculty, Division	Orient self to structures, engage with induction. Attend at least one College event per year	Support consultant to engage and ensure that this has taken place	Induction, buddying, mentoring and culture. Ensure SPA time and appraisal	Identify a Division lead and ensure committee representation for new consultants; hold StartWell events	Support new consultants, targeted communications, social media; possible accreditation of 'StartWell employers'
Learn	Appraisal and revalidation; peer groups; CPD	Peer group engagement, portfolio of supporting information and reflection; awareness of GMP	Constructive, formative appraisal; ensure peer groups are working well	Support peer groups and study leave; relevant mandatory training; good clinical and appraisal systems	Target CPD for StartWell consultants	Revalidation and CPD guidance; CCQI support; Congress and AoMRC
Use support	Supervision, buddying, mentoring and coaching	Recognise support needs, especially in context of adverse events: complaints, SUIs, conflict, excessive workloads	Ensure consultant is aware of own needs and potential solutions to issues	Enable sufficient consultant SPA time; Balint groups; pro-actively manage causes of increased stress	Mentor training and matching scheme. Link with new professional support units	Mentoring guide and training, directory of resources
Be resilient	Self-awareness; work-life balance; personal therapy; maintaining boundaries	Be self-aware, receptive to feedback; recognise needs; plan leave; prioritise health and well-being; consider need for personal therapy	Ensure consultant is aware of own needs and potential solutions to issues	Clear leave and cover processes; supportive organisational culture; awareness of triggers, e.g. adverse events	Job plan approval process, including leave and cover; relevant courses on time management etc.	Psychiatrists' Support Service; guidance on resources e.g. <i>Safe Patients</i> report
Lead	Team working; QI; raising concerns; working with external agencies; demand and capacity mapping; supervising trainees	Training and preparation; QI raising concerns; understanding training structures	Significant focus in appraisal, need for skilful reflection; colleague feedback can highlight strengths and weaknesses	Clear expectations of team leadership; policies align with GMP/GPP; high-quality induction; environment to raise concerns; role for clinical tutor and HEE	Provision of relevant courses; clarity on local structures, e.g. SCNs and links with Divisions; links with Schools of Psychiatry	Consultant role guidance; when to see a psychiatrist; leadership and management study; leadership strategy; JCP guidance
Develop	Becoming an educator; research; management; specialism	Self-assessment; link with relevant organisations, e.g. universities, FMLM, HEE, College SIGs and Faculties	Support consultant to develop in line with aspirations and skills	CEA allocation process; talent management; developing new services	Regional meetings; links with other regional structures e.g. HEE, AHSNs, SCNs	Role models, special interest groups, Congress, publications
		Equality	Diversity	Sustainability		

Table 1 The StartWell Matrix

AoMRC, Academy of Medical Royal Colleges; AHSNs, Academic Health Science Networks; CCQI, College Centre for Quality Improvement; CEA, Clinical Excellence Awards; CPD, continuing professional development; FMLM, Faculty of Medical Leadership and Management; GMP, *Good Medical Practice*; GPP, *Good Psychiatric Practice*; HEE, Health Education England; JCP, joint commissioning panel; QI, quality improvement; SCN, strategic clinical network; SIG, special interest group; SPA, supporting professional activities; SUIs, serious and untoward incidents.

Connect: networking and making connections

Dr Chris Rusius

Why is this important?

The way trainee doctors fit in to the structure at all levels is organised, regulated and monitored. This includes their job timetable, the clinical service, the trust, the training scheme timetable, the Deanery, the postgraduate department and the Royal College of Psychiatrists; as well as often being surrounded by trainee peers, and having regular reviews by the clinical supervisor, educational supervisor and the annual review of competence progression (ARCP). It is a complex but clear and supportive system, with multiple safeguards built in to cover all aspects of the trainee's professional life and prevent anyone falling through the net.

On being appointed as a consultant, some aspects of the above support network and connections are automatically replaced, although many are not. Some of the connections a consultant will have are compulsory, such as having an appraiser or being in a CPD group; some are not. Some are formal, such as a formal mentoring scheme; others are informal, such as chatting with a colleague over lunch. However, they all form part of your networking and connections system. They are potentially a great source of support, help and advice.

Various agencies have important roles (summarised below), but at the consultant level there must be much more emphasis on the individual being pro-active if there is to be more than a bare minimum of a support network, particularly in some posts.

Role of the StartWell consultant

- Ensure all contact details are kept up to date, especially if you have moved from another organisation or Division.
- Orient yourself to local structures and key people.
- Engage fully with induction.
- Attend at least one College event per year, locally within your Division or nationally.

Role of the appraiser

- Help the new consultant to reflect on useful ways and places to engage, and ensure that this has taken place in line with development plans.

Role of the employer

- Comprehensive induction to role and organisation, including governance systems.
- Buddying, less formal than mentoring, perhaps by a colleague in the same department or corridor.
- Adequate SPA time to engage in StartWell activities.
- Experienced appraiser, perhaps with an interest in new consultant development.
- Enable and facilitate a positive culture.
- College representative from the organisation to ensure there is a link between the organisation and the College.

Role of the Division and Faculty

- Identify StartWell consultants on a mailing list and, where possible, link them together.
- Ensure new consultants are actively represented on key committees.
- Run consultant events and groups, such as an action learning set.
- Identify a StartWell lead.
- Specify courses suitable for StartWell psychiatrists.
- Potentially link 1–5 years consultants with 6–10 years consultants.

Role of the College centrally

- Identify StartWell consultant members.
- Consider celebrating the new consultant's achievement – e.g. the Certificate of Completion of Training (CCT) or Certificate of Eligibility for Specialist Registration (CESR).
- Website to include resource area with ability to update resources recommended by other new consultant psychiatrists.

Other national organisations

- Your medical defence union
- Your trade union

Consultants may feel they are too busy to consider all of the above. However, it can save much time and many headaches in the long run. In a survey of 817 doctors by the Hospital Consultants and Specialists Association (HCSA, 2015), 81% had thought about retiring earlier than planned as a direct result of work pressures with burnout, low morale and increasing stress. Using the type of network described above to optimise team work or delegate, for example, not only helps the doctor, it can also improve patient outcomes (Wheelan *et al*, 2003). Some may feel they should be able to manage alone now they are a consultant, but why? Senior people in other organisations are surrounded by colleagues or advisors to speak to, even though they may make the final call. While your network and connections are no magic bullet, they can support you and help ensure you are considering all options in implementing the best long-term plan for both you and your service. NHS Choices (2016) emphasises connecting with people and using your network as part of its strategy for combating stress at work.

On taking up your post, assuming your job description was approved by the College, there was a check that the job is perceived to be doable in terms of workload and support. Check that your job is as described and is reviewed with your appraiser. Having a named mentor is one criterion for College approval of your job description. This is potentially a great source of help close at hand. Other colleagues from different specialties within your trust can also be a great source of advice and support. However, bear in mind that although your trust will generally want to support and help you, as your employer they may have a different agenda in certain areas. Don't be over-reliant on one source of advice from any person, manager or fellow clinician, especially if there is a potential conflict of interest. Consider options from your wider network and connections, and be cautious before putting yourself in a potentially difficult position. A 2015 *BMJ* review about whistle-blowing reaffirmed that 'The GMC has [...] consistently reported a culture of bullying [by their employer] when doctors try to speak up' (Holt, 2015). Get to know your organisation and colleagues. This can take time. Go to inductions and meetings. In time, having a small number of trusted colleagues can often form a firm and mutually beneficial backbone for your support network.

At the same time, consider your network of support and connections at a broader level outside your trust. Remember your friends. Remember colleagues and friends with different employers. Keep your contact details up to date. External organisations are important and may help you to consider your position and your interests objectively. Attending regional or national training events is a great source of learning, and also of informal knowledge from colleagues from different places. Meetings are sometimes criticised as time-inefficient, but no better way has yet been invented. The Royal College of Psychiatrists is a huge organisation and a great source of information, help and support. There are different departments with experts in many fields. You are a member of the College and you pay for it, so consider not

only contributing to it, but also using its huge resources to their full potential. The College has 11 Divisions. Each Division of the College has its own office and local contacts. Each Division has an executive committee, and each committee has specialty representatives for each subspecialty. There are also regional advisors for each area, as well as specific leads in many areas such as mentoring, CPD and StartWell. They are there to help and advise. If they can't help, they will find out or signpost you to a department who may be able to help. Consider them part of your network. The College website is continually improving and is a huge source of information, with progressively better signposting. Numbers, contacts and information are readily available for more personal advice if required.

“ “ An anxiety I have involves moving to a new area of the country where I will be removed from my established peer support network and the consultant who has mentored me for the last 4 years.

Other organisations to consider as part of your overall network of connections include your medical defence union and trade union. These organisations can be a crucial source of advice and support, especially if you find yourself in a particularly challenging position. They have numerous helpful publications, but are also there for personal advice as required. Sometimes, consultants have a high threshold for contacting these organisations, but you pay for them and they are there to try and assist you.

Considering the range of complex situations we are placed in during our working lives, having variety within our network and connections can be most helpful. The systems that are available may not lead to a magic solution, but they can still be of enormous assistance in helping you support yourself in your new job.

“ “ More than anything I've found my colleagues helpful. I've also kept in touch with a number of friends I trained with and have met up with them for a beer and a bite to eat to blow off a little steam about the common stresses we all face.

Learn: continuous learning skills

Dr Guy Brookes

Taken as a proportion of a psychiatrist's career, the formal training period for most of us – up until we gain our CCT – is relatively short. However, medicine is a rapidly changing field, with new evidence and new models of care continually presenting us with challenges. Add to this our tendency to forget knowledge or skills that we do not practise, and the need for continuous learning throughout our career is clear. As well as a professional obligation, continuous learning should fuel and be fuelled by our inquisitive nature.

Thankfully, there are structures and processes to help us do this effectively. The more formal of these are outlined below.

Appraisal and revalidation

Appraisal for consultants and GPs was introduced in 2001 and can be thought of as a professional process of constructive dialogue, in which the doctor being appraised has a formal structured opportunity to reflect on their work and to consider how their effectiveness might be improved. It seeks to provide a forum to explore personal development needs, personal and service performance and reflection on clinical skills. To achieve these wide-ranging ambitions, an open, fair, supportive and challenging process is needed. Add to this the fact that completion of satisfactory appraisal forms the cornerstone of revalidation, and the challenge for doctors to feel comfortable in being reflective and evidencing learning, while demonstrating that they are safe and competent to practise, is significant.

However, this challenge should not be beyond the newly appointed consultant, as it is similar to the relationship developed with the educational supervisor, the ARCP and the postgraduate Dean. Both postgraduate training and the appraisal/revalidation process for consultants require a continuous process of honest reflection on clinical activity, identification of development needs and objective evidence of progress.

Indeed, many aspects are the same – multi-source feedback, reflection on practice and complaints/incidents, and case-based discussions.

There are, however, some important differences.

- 1 When training, learning objectives are set externally by the curriculum (which is fixed) and with the educational supervisor. Within appraisal and revalidation for consultants, such objectives are agreed with the appraiser and the CPD peer group of colleagues. These objectives are not fixed but tailored to the consultant's individual needs, and identified through reflection on their practice, changes to their role or developing standards.
- 2 Pre-set milestones are in place during training, with the ARCP and achievement of the CCT. Although appraisal is an annual event, with revalidation occurring (all being well) every 5 years, there are no real milestones and the consultant should continuously develop until they wish to leave the specialist register.
- 3 Competencies within training are set for each specialty, with all trainees in the same specialty needing to achieve the same skills. However, through appraisal, consultants should demonstrate competency across the full scope of their practice, which will often be unique to them. This means that the appraiser and responsible officer do not have predetermined requirements by which to judge them.

The cycle shown in Fig. 1 will be part of a thoughtful doctor's practice, and they will be making minor changes to their practice on an ongoing basis. It is, however, formalised within appraisal and the College CPD programme supported by the CPD peer group.

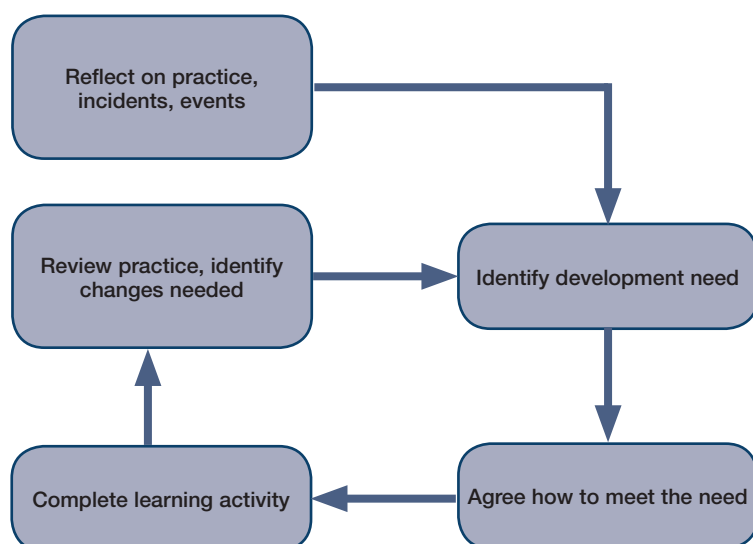


Fig. 1 Cycle of reflection and learning.

CPD peer groups

As noted above, one of the outputs of appraisal is the agreement of a personal development plan (PDP) with objectives for the forthcoming year.

In addition to this, the College recommends that consultants and SAS (specialty and associate specialist) doctors are members of a CPD peer group which will also support them in developing a PDP, monitoring progress and considering when it is complete, and any further learning needs. This means that it is possible for a psychiatrist to have two PDPs – one from the appraisal and the other developed with the CPD peer group. In practice, however, the CPD peer group PDP should be used to inform the PDP resulting from the appraisal.

The CPD peer group, therefore, needs to be a supportive environment that encourages honest reflection and constructive challenge. It should be a place that a doctor feels is safe and encourages discussion about challenges they face. This requirement could present a challenge to the new consultant – how to find a CPD peer group? Identifying a suitable group should not be a prescriptive process. However, a consultant needs to be comfortable challenging other members and being open with them. Joining a peer group with, for example, consultants who were previously educational or clinical supervisors would therefore require a change in relationship!

As well as identifying learning needs, the CPD peer group is responsible for authorising learning for CPD points. To do so, it must satisfy itself that the learning activity has been considered against the psychiatrist's current practice and any necessary changes made.

In summary, a CPD peer group should provide a supportive environment for honest reflection and constructive challenge, resulting in the identification of development needs which will be progressed through a PDP. To be effective, the consultant must choose a group where they can be honest and comfortable when discussing their practice.

In order to be considered as being in good standing for CPD by the College, members are required to be an active member of a CPD peer group and achieve at least 50 CPD points each year.

More information on the role of the CPD peer group can be found in guidance produced by the College (Royal College of Psychiatrists, 2015).



The biggest challenge I felt I faced when I transitioned from higher trainee to consultant was trying to educate myself about the need to register for CPD with the College and to become part of a CPD peer group and about the process of consultant appraisal (something I still struggle with even now!)

Continuing professional development

The General Medical Council (GMC) defines CPD as ‘...any learning outside of undergraduate education or postgraduate training that helps you maintain and improve your performance. It covers the development of your knowledge, skills, attitudes and behaviours across all areas of your professional practice. It includes both formal and informal learning activities’ (GMC, 2012a). Its purpose is to improve the safety and quality of care provided for patients and the public.

Why is this important?

CPD is the vehicle by which we remain up to date with our sphere of practice. It is therefore necessary for us to continue to practise safely and effectively, giving patients, the public, our employers and, importantly, us the assurance that we are doing so.

As well as remaining up to date in the area in which we work, there are some specific circumstances where CPD becomes important.

- 1 Changes of role. Mental health services continue to evolve, requiring psychiatrists to be flexible and open to change. This, however, does not mean that they should undertake new tasks for which they do not feel equipped. CPD might at times need to be focused on a specific area of practice to ensure a safe change of role.
- 2 Returning to work. Our everyday working routine is full of learning opportunities which we often do not appreciate, as well as reinforcing knowledge. If we spend significant amounts of time away from work (for example, on parental or sick leave), specific CPD might be required to support a safe return. The Academy of Medical Royal Colleges (AoMRC, 2012) provides guidance for this.
- 3 Learning from incidents and feedback. Feedback from a range of sources is invaluable when considering our development needs. Psychiatrists are required to reflect on any complaints or serious incidents that have occurred within the year and, at least once in every 5-year cycle, collect colleague and patient feedback. Any of these items could highlight areas for the psychiatrist to develop.

Should any of these circumstances arise, they should be considered within annual appraisal and with the CPD peer group to explore any learning needs.

What is the evidence?

Given the importance attached to CPD, there has been relatively little research into its effectiveness. To some extent, this could reflect the practical difficulty of adopting a robust research methodology – it would be difficult to assign doctors to a group undertaking no further learning and wait to see what happened! It is also difficult to isolate CPD as an activity, as it complements day-to-day learning and is closely aligned to our clinical practice.

A report commissioned jointly by the GMC and AoMRC sought to identify factors that either promoted or inhibited the effectiveness of CPD (College of Emergency Medicine, 2010). One clear finding was that CPD was personal and owned by the doctor, with different styles of learning and needs across their scope of practice. This need for variation is supported by the individual approach of appraisal and the CPD peer group. There was also an acknowledgement that CPD does not have to lead to change – it can also be effective by reinforcing already good practice.

When considering the evidence in support of CPD, it is necessary to decide what we are looking for evidence of. Ultimately, CPD should be considered as a means of maintaining or improving the care that we provide to patients and the public.

While demonstrating population-based effectiveness of CPD might be difficult, it is important to consider how new learning affects our practice and therefore the care that our patients receive. Reflective notes about changes to practice are useful, as is colleague and patient feedback or, more objectively, completing a clinical audit cycle.

Role of the StartWell consultant

Prioritise peer group attendance and engage effectively

The importance of the peer group in promoting effective learning has been outlined above. However, it should also be seen as a supportive environment where psychiatrists can openly talk about the challenges they are facing.

Be reflective

Reflection engages you in a process of continuous learning and helps generate new knowledge and ideas which will enable you to identify areas for development throughout your career.

Awareness of Good Medical Practice

Good Medical Practice, published by the GMC (2013), sets out the standards of practice expected of all doctors. It forms the basis of appraisal and thus of revalidation. The domains of:

- knowledge, skills and performance
- safety and quality
- communication, partnership and teamwork, and
- maintaining trust

are useful to consider when thinking about your own development needs.

Collect relevant supporting information

Supporting information required for your appraisal should be readily available and easily scrutinised by both yourself and your appraiser. Further information can be used to demonstrate your competency or progress or to inform your future development needs. *Supporting Information for Appraisal and Revalidation: Guidance for Psychiatrists* (CR194) published by the Royal College of Psychiatrists (2014) describes, among other things, a framework for supporting information required by psychiatrists at appraisal.

Role of the appraiser

As is already apparent, appraisal is a complex process that seeks to be formative in nature, helping the doctor to develop, while also having the central aspect of revalidation which must assure the public and profession that doctors are competent and safe to practise.

The appraiser must, therefore, be knowledgeable about the process and standards required, but also have the skills to create a challenging, constructive and open atmosphere. It is therefore only reasonable that the doctor should expect their appraiser to be trained, and to act on and learn from the feedback they receive.

Role of the employer

It is in any employer's interests to have a well-trained, inquisitive and developing workforce, and they should therefore support effective CPD. There are several ways in which this can be demonstrated.

Support peer groups

Peer groups are an essential part of an effective CPD cycle, to the extent that the College requires psychiatrists to be active members in order to be considered as being in good standing for CPD. However, time is needed to prepare for the peer groups, and space and time are needed to ensure that they work well when they meet.

Support of both 'internal' and 'external' CPD

Internal CPD, delivered within the doctor's organisation, is valuable in promoting learning with peers and potentially within the teams with which the psychiatrist works. External CPD is delivered outside the home organisation and is important in providing specialist learning and networking, and learning from others outside the psychiatrist's usual sphere. Both are therefore important, and employers should support both.

Study leave

Particularly when considering external CPD, study leave is required. In increasingly financially constrained times, it is essential that both time away from work with appropriate cover arrangements, and funding of travel and course fees are available.

Responsible officer manages system of appraisal clearly

Appraisal and revalidation, although thorough and searching, should not cause the psychiatrist significant anxiety. The process must therefore have and be seen to have the following qualities.

- Fair – based on valid information and based on defined standards
- Supportive and developmental for doctors
- Protective of patient safety – identify where practice needs to change
- Streamlined – minimise the time needed to complete documentation
- Practicable – integrated with the doctor's workplace
- Valid and evidence based

Role of the Division/Faculty

Increase awareness of CPD modules that are suitable for StartWell consultants.

Role of the College centrally

- Revalidation and CPD guidance (<http://www.rcpsych.ac.uk/files/pdfversion/CR194.pdf>)
- Developing CPD targeted at StartWell consultants
- Congress sessions designed for new consultant psychiatrists
- College Centre for Quality Improvement can support clinical audit, provide 360° feedback and accredit services (<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement.aspx>)
- College links with Academy of Medical Royal Colleges (<http://www.aomrc.org.uk>)

Use support: identify and meet your support needs

Dr Pierre Taub

The term 'mentor' comes from the Greek myth in which Odysseus entrusts the education of his son to his friend Mentor. Mentoring is a support system whereby a doctor can learn from a more experienced colleague.

There are a number of ways that a new consultant can access support. Some may need to be sought out by the individual, such as coaching, mentoring and buddying; others should be embedded within the employer's operations, such as supervision and medical staff committees. Identifying a suitable mentor is arguably the most beneficial form of support for new consultants, as not only will they provide support, they also are instrumental in helping new consultants to understand their needs, deal with work-related difficulties and identify suitable solutions. Coaching can also be of help, but is more suited to helping identify solutions to specific issues rather than general support.

What is mentoring?

Mentoring is the process of building a partnership, in which a more experienced colleague offers insight and support to a more junior colleague within the same field. This partnership helps the mentee to work towards their career goals and talk through any difficulties they may be having. Mentor partnerships can last for varying lengths of time and can be beneficial to both the mentor and mentee. The partnership allows the mentee to seek advice and guidance from a more experienced colleague and to benefit from their experience. It is also beneficial for the mentor and helps to build leadership, communication and support skills.

Why is this important?

Probably for the first time in their career, new consultants will be without direct supervision, so having a readily identified form of support to help navigate new roles and responsibilities could be invaluable. One of our motivations for initiating the StartWell programme was an awareness that new consultants experienced higher levels of significant incidents. Having ready access to advice from experienced colleagues may go some way towards reducing these events, and the support offered after an incident may reduce the associated stress.

The Royal College of Psychiatrists supports the view that mentoring and coaching is central to developing and supporting doctors and underpins many aspects of medical leadership. It helps in achieving a doctor's full potential and applies to doctors throughout their career. In dealing with the ever-changing National Health Service (NHS), it is one of the tools that can be used to build personal resilience.

Mentoring should be available to all doctors, at any stage of their career.

The GMC endorses mentoring and suggests that all doctors should:

'be willing to take on a mentoring role for more junior doctors and other healthcare professionals [...] If you have agreed to act as a mentor, you must make sure that you are competent to take on the role [...] including undertaking appropriate training and keeping your skills up to date. You must be clear about the aims and purpose [...] the scope [...] and your availability to provide advice and support when needed' (GMC, 2012b).

The role of the mentor

To deliver professional support which provides the mentee with insight and helps them to achieve their goals. A mentor offers long-term advice, guidance and support, for example, on career development, business strategy or leadership issues.

The role of the mentee

The mentor may be able to provide advice and support; however, it is the mentee's responsibility to take time to reflect and plan for action.

What mentoring is and isn't

The College views mentoring as a voluntary, supportive partnership, from which both the mentor and mentee can benefit. We do not promote mentoring as a form of performance management. The College suggests that all new mentor partnerships establish a contract to outline the expectations, aims and boundaries.

Coaching

Coaching is a process of supporting and developing someone to enhance work performance, work towards specific goals and address difficulties. It is a partnership that can greatly help the coachee to move forward in their career and focus on how to achieve their goals. Coaching is outcome-driven and relies on the coach helping to direct the coachee, using evidence-based models. Coaching is more formal than mentoring and is recognised as a form of learning and development.

What is the difference?

The terms coaching and mentoring are often used interchangeably; however, there are some specific differences between the two techniques. Coaching works toward achieving specific goals and addressing difficulties, with the coach providing structured guidance, and aims to enhance the coachee's performance. The goal is to have the coachee come up with their own solutions. A coach must have professional coaching qualifications, but doesn't necessarily need any experience of psychiatry. Mentoring, although similar, is a more informal partnership. Like any professional relationship, helping the mentee come up with their own solutions is helpful, but direct advice is an important part of mentoring. A mentor should come from the same or similar professional background as the mentee, as sharing their experience is a core part of the mentoring relationship.



My biggest fear was that I'd find myself in a situation I felt ill-equipped to handle, with no one to turn to for support. The reality was that I had a multitude of colleagues only too willing to support me in my transition.

What is the evidence?

The evidence base on coaching and mentoring in medicine is growing, and there are a number of models used for mentoring and coaching. The most well-known models are listed below.

- Kolb's learning cycle (Kolb, 1984)
- The GROW coaching model (Whitmore, 2002)
- The Johari window model (<http://www.businessballs.com/johariwindowmodel.htm>)
- Carl Binder's Six Boxes mentoring model (Binder, 1998)
- SMART goals (Doran, 1981)
- Egan's skilled helper model (Wosket, 2008)

Mentoring is thought to reduce burnout in doctors and increase job satisfaction.

Role of the StartWell consultant

- Recognise the need for enhanced support, especially in the context of adverse events, serious incidents, complaints, conflict, workload pressures, etc.
- Seek out a mentor or a coach.
- Set achievable goals and discuss steps to work towards them with your mentor.

Role of the appraiser

Ensure the consultant is aware of their own needs and of potential solutions to common problems for new consultant psychiatrists.

Role of the employer

- Enable sufficient SPA time for mentors to train and to deliver, and for the new consultant to attend mentoring sessions.
- Consider consultant Balint groups.
- Provide access to a senior mentor within the trust.
- Pro-actively manage causes of increased stress.

Role of the College centrally

The College supports mentoring and encourages doctors to seek out or become mentors at any stage of their career. Areas the College is focusing on centrally include:

- promoting mentoring and/or coaching for psychiatrists at all stages and levels of their career
- providing timely support to members and associates who seek to be involved in mentoring
- ensuring that the service delivered is non-judgemental, and seeks to assist members and associates of the College in providing support and advice that is appropriate
- developing and maintaining a network of mentoring services available in each Division
- helping to build up knowledge of external services that are available to support members and associates in accessing mentoring
- working with the Mentoring Network Committee to promote mentoring across the UK
- ensuring that there is a training programme for interested doctors and providing advice to other doctors who might need assistance with queries about mentoring
- ensuring that 'best practice' on mentoring is shared across Divisions
- developing clear standards and guidance for mentoring training
- developing a directory of useful resources for coaching and enhanced support
- setting standards and guidance for mentoring training
- creating a directory of useful resources for coaching and enhanced support.

For information on mentoring, please visit the College website (<http://www.rcpsych.ac.uk/workinpsychiatry/mentoringandcoaching.aspx>).

Be resilient: develop personal resilience

**Dr Irene Cormac, Dr Rosalind Ramsay and Dr Elizabeth
Fellow-Smith**

The American Psychological Association (APA, 2013) describes resilience as ‘the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress – such as family and relationship problems, serious health problems or workplace and financial stressors. It means “bouncing back” from difficult experiences’.

The term ‘grit’ has been used to describe the ability to persevere during difficulties and maintain a sustained effort over an extended period of time (Duckworth *et al*, 2007). Grit entails ‘working strenuously toward challenges, maintaining effort and interest over years despite failure, adversity, and plateaus in progress’. The individual with grit ‘approaches achievement as a marathon; his or her advantage is stamina’.

During a consultant psychiatrist’s career, there may be difficult or stressful times. In adverse circumstances, a person’s ability to persevere and cope can become overwhelmed. It is important to recognise emotional exhaustion, feelings of depersonalisation and reduced personal accomplishment in yourself or others: so-called ‘burnout’, as described by McManus *et al* (2004).

There are several ways in which a new consultant can increase their resilience and avoid burnout. Keeping in good shape by preventing exhaustion and staying fit and well should be among your priorities.

Taking care of yourself

Work–life balance

Despite a lifetime of work spent offering advice to patients about healthy living, doctors are not always good at looking after themselves. New consultants should prioritise their personal well-being and think about building aspects of healthy living into their personal lives.

It is important to exercise for at least 30 mins, five times a week, and to have 7–8 h of good rest every night. Try to eat a balanced diet and avoid missing meals during the day because of work, and consider reducing caffeine intake to one cup of coffee or its equivalent per day. It is important to take time to do activities you enjoy, spend time with family and friends, and plan and take leave at regular intervals.

Seek help for health problems

A UK study (Forsythe *et al*, 1999) found that although 96% of doctors are registered with a GP, little use was made of their services, and a quarter of consultants would bypass their GP to obtain consultant advice.

- Ensure you are registered with a GP.
- If you are unwell, seek the advice of your GP.
- Avoid prescribing medication for yourself or your family members.
- If for any reason you feel unable to see your GP, you may need to consider changing to another GP.

If secondary care is needed, talk to your GP about a referral to a local or out-of-area service.

Occupational health services can provide useful help and support to employees about mental and physical health issues, health promotion, the safety of the working environment and about sickness management.

Support at work

It is important to develop a network of trusted colleagues to turn to for advice and informal feedback. Colleagues have probably faced similar difficulties or problems themselves, and can help you to reflect on the changes that may be needed and advise on implementing these changes. Senior colleagues can also be a useful source of support; for instance, your line manager and/or clinical and medical directors.

Clinical supervision

All consultants experience difficulties with cases from time to time. However, as a new consultant, it can be useful to plan in advance and arrange for a psychotherapist or a trusted senior colleague to provide clinical supervision on a regular basis. Peer supervision groups can also be helpful.

Mentoring

Mentors can provide support in a range of areas related to a new consultant's role. For instance, a mentor can provide advice on career matters, and they might assist with helping you to find your own solutions to problems. Enquire whether your place of work (or the wider organisation) has a mentorship programme and whether there is a list of mentors who can be contacted to ask if they will provide regular support.



For me, the biggest challenge was learning to believe in myself, accepting I had become a consultant and that my opinion was credible

Job planning and appraisal

Other ways of addressing work-related issues include using the job planning and appraisal processes to address issues or concerns. Formal 360° feedback can reveal areas that you might need to address in your practice and in staff relationships. As your appraiser will see the 360° feedback, they may be able to help you to find ways to tackle any issues that have arisen.

Tips for avoiding difficulties

Before applying for a consultant post

Try to explore whether there are any factors that will make the post that is advertised into a more or less feasible job and place to work? Consider whether you will fit in with the consultants and other colleagues. Will the case-load and catchment area be manageable? Will there be key staff to help you with the management of the responsibilities of the post?

Review your personal circumstances and consider whether you will need to move home. Alternatively, consider how you could manage a long commute to work throughout the year. Think of ways of maintaining contact with friends and family, and how you could make new friends. Remember to register with a GP in the new area.

Being self-aware

Many potentially difficult situations can be prevented (and collateral damage limited) by being mindful about how you present and interact with others. It is important to consider how you yourself might be contributing to a situation. It is worth reflecting on ways to develop more self-awareness and become more emotionally intelligent.

This could include developing a mindfulness practice and learning to be more 'in the moment' in clinical and other work situations. There is evidence that mindfulness can build personal resilience, promote well-being and combat stress (Mindfulness Initiative, 2015).

When in a difficult situation, you may experience pressure (actual or perceived) to sort out difficulties that arise. However, there will be others in the organisation who can help or should be involved; for instance, a line manager or a member of the clinical team from a different healthcare profession. Remember that staff may be friends or related to one another. It is best to avoid being critical of colleagues and to maintain confidentiality when dealing with problems.

Relationships and boundaries

It is important to develop skills in managing long-term relationships with colleagues, and to be willing to understand another person's situation and point of view. As a new consultant, be aware that you may not be aware of the full historical context of situations that arise.

Patients place trust and confidence in healthcare professionals, who have a duty to act with integrity and in the best interests of their patients. Breach of this trust undermines not just the doctor-patient relationship, but also the public's trust in the profession.

Boundaries relate to the way you behave in your role as a doctor, and could involve a range of areas of your work; for instance, aspects of time, place and space, money, gifts, services, clothing, language, self-disclosure and physical contact.

It is important to develop awareness of patients' cultural and religious concerns, such as understanding appropriate types of touching and social invitations.

Planning and time management

It is essential to plan and to manage your time effectively in a range of professional activities.

- Try to arrange protected time to keep yourself professionally up to date.
- Join a peer group to plan and review your CPD.
- Don't wait until the last minute to arrange and complete your appraisal.
- Make sure you have plenty of time to correct any areas of difficulty.
- Arrange your study and holiday leave in advance, including arranging cover.
- Use systems to help you to keep records of your professional and clinical activities, for example, for job planning meetings and CPD certification.

Managing stress and anxiety

Do not ignore the early signs of stress and try to do the following.

- Analyse the cause of the stress.
- Speak to colleagues, friends and family.
- Initiate discussion with your line manager and local colleagues to see whether changes could be made to your work.
- Seek appropriate medical help when needed.

Support after a critical incident

Reviews, investigations, inquiries, complaints and the sudden death of a patient can be extremely stressful for those involved – even if your involvement is relatively minor. They may have an impact on both your professional and your personal life. You may need to use the stress-relieving strategies that you have developed over the years, and your support network. Consider whether your physical or mental health is (or might be) adversely affected.

Before an incident has occurred, it is worth learning about your organisation's or NHS trust's critical incident policy or procedure, and attending the coroner's court with a colleague. You should consider which procedures could follow likely scenarios, including an investigation or review, and – in serious cases – a formal inquiry.

When a critical incident has occurred, there are four main areas to consider.

Clarity

When an untoward clinical event has occurred, clarify whether there will be a review, investigation or inquiry. Seek advice from your medical defence organisation as needed.

An apology should not be regarded as a sign of weakness or an acceptance of blame. Expressions of regret and sorrow about an adverse event, coupled with a willingness to learn lessons, are appropriate and professional reactions.

Preparation

In the process of preparing for a serious incident review, it is advisable to make copies of relevant case records, reports, the serious incident review documents and any enclosures, as it is likely that the entire clinical record will be taken by your employer for the use of the investigator or panel. Preparation for this eventuality will make it much easier for you to respond to questions and clarification of events if an investigation or review occurs.

Advice

It is advisable to be fully briefed and obtain the best advice available. The British Medical Association (BMA), medical defence organisations and the Royal College of Psychiatrists' Support Service are some of the options to consider.

Support

Do not consider seeking support to be a sign of weakness. It is good practice to make sure that you have a support network at work, and to take steps to stay healthy. Psychiatrists can access and identify a mentor through local contacts or, depending on where you work, through the local Deanery or the College Divisions.

In the future

If you find yourself in difficulty, please be aware that there is a confidential Psychiatrists' Support Service available from the Royal College of Psychiatrists. You can call a dedicated telephone helpline on 020 7245 0412 or email in confidence (pss@rcpsych.ac.uk). Information guides are available from the Psychiatrists' Support Service website (<http://www.rcpsych.ac.uk/workinpsychiatry/psychiatristssupport-service.aspx>). There are also College Reports CR174 and CR180 providing guidance on resources and boundaries (Royal College of Psychiatrists, 2012, 2013).

Lead: develop effective clinical and medical leadership

Dr Elena Baker-Glenn and Dr Fiona Mason

The regulator in the UK, the GMC, is clear that being a good doctor means more than simply being a good clinician. In their day-to-day role, doctors can provide leadership to their colleagues and vision for the organisations in which they work and for the profession as a whole. They must work respectfully, communicate well and take responsibility. Doctors must strive to maintain and improve standards of care, and plan well to ensure good usage of resources.

The importance of good clinical and medical leadership in healthcare is increasingly recognised (West *et al*, 2015). Leadership is relational and involves establishing a vision and direction, motivating, developing, inspiring and aligning people, and then implementing and managing change. Studies show that those who are more engaged are less likely to make mistakes, and that safer patient care is therefore more likely if there is greater engagement (West & Dawson, 2012). A positive association between the ranked quality of US hospitals and having a physician as the CEO has also been demonstrated (Goodall, 2011).

Mental health services are complex and require psychiatrists to interact with patients, carers and colleagues, and act as ambassadors of mental health services in external contexts. Consultants are expected to demonstrate leadership. Owing to the extensive training that a consultant psychiatrist has had, they are often expected to lead a multidisciplinary team, and to accept accountability for the output of that team. They will be required to provide support and supervision to other members of this team, as well as to any trainees attached to their post. Consultants will also be expected to participate in quality improvement work and service development, and to consider the local demand versus the capacity of services offered. They should be aware of their responsibility to raise concerns about patient care and safety, know how to raise concerns and be confident in doing so, and be able to support others in raising concerns (GMC, 2012c).

The Healthcare Leadership Model (<http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>) has been developed

to help staff working in healthcare to become better leaders. The model has been designed to help an individual understand how their leadership behaviours affect the culture and climate in which they, and their colleagues and teams, work. It is useful for everyone, whether or not they have a formal leadership responsibility, whether they work in a clinical or non-clinical service setting, and whether they work with a team of 5 or 5000 people. It describes the things leaders do at work, and is organised in a way that helps everyone to see how they can develop as a leader. It applies equally to the variety of roles and settings that exist within healthcare. It will help people to realise that what they do and how they behave has an impact on the experiences of patients in their organisation, the quality of care provided, and the reputation of the organisation itself.

The Faculty of Medical Leadership and Management (FMLM) (West *et al*, 2015) have published their leadership and management standards for medical professionals. The FMLM identified the core values and principles expected of doctors as leaders and developed behavioural statements to ensure that the standards were observable, measurable and assessable. The standards are designed to assist individuals to develop their competencies, focusing on the self (self-awareness and self-development, personal resilience, drive and energy), team working (effective teamwork, cross-team collaboration) and corporate responsibility.

Preparing to become a StartWell consultant

Prior to taking up a consultant post, the doctor will have been either in a higher training post or working as a senior clinician and applying through the specialty equivalence route. The training pathway and relevant curricula should help towards preparing for consultant working, including the use of relevant workplace-based assessments such as the Direct Observation of Non-Clinical Skills. Trainees may have the opportunity to cover for their consultant or, ideally, to act up into a consultant post for up to 3 months of their training time. This experience will allow them to determine which skills they will require when working as a substantive consultant and to develop these skills in a more supported way.

Relevant out-of-programme experience may be arranged, which can allow trainees to develop an area of interest or to develop skills which will make the transition to a consultant post easier. During training, trainees will have been engaged with audit and quality improvement processes.

The consultant should know how to raise concerns effectively within their organisations. They should have a good understanding of how training structures should work, as this knowledge will allow them to supervise and support their trainees more effectively.



I also found it difficult to have to streamline my involvement in projects, because as a consultant you simply cannot give as much of your time to non-clinical commitments or projects as you can when you are a higher trainee. I have recognised a need for me to focus on one or two areas of interest (in my case medical education and recruitment) and to develop my portfolio within those particular areas.

Role of the appraiser

The appraiser can encourage discussion around leadership and can also review opportunities for the consultant to be involved in leadership activities, or assist in identifying leadership and management skills to be developed.

Role of the employer

The employer should have clear expectations of the role of the consultant, and of the individual within that role. The job description should be fair and unambiguous. They should ensure that staff are able to raise concerns and are able to effect change. Induction should include meeting the relevant people involved in the organisation, to enable the consultant to work effectively in that environment. The employer policies should align with *Good Medical Practice* (GMC, 2013) and *Good Psychiatric Practice* (RCPsych, 2009). Employers often have access to mentoring schemes, particularly for new consultants, and consultants should be given information about relevant schemes during induction. Employers should also ensure that a job plan is in place for the consultant which meets the current guidelines.

Role of the Division/Faculty

The Divisions of the College can help provide support in local areas, and the Faculties can help within a subspecialty-specific area. The Divisions and Faculties may be able to help arrange courses on conflict resolution, multidisciplinary and multi-agency working, and many other relevant areas. They will also provide descriptions of local structures relevant to the specialty or the field of work, such as strategic clinical networks and links with Divisions. There are opportunities to become involved with the Divisions and Faculties, often by an election process. This experience provides an opportunity to enhance leadership skills.

Role of the College centrally

The College provides support to its members and aims to set standards and promote excellence in healthcare. The College works with patients, carers and other organisations interested in delivering high-quality mental health services. In addition, the College leads, represents and supports psychiatrists. There is a Leadership and Management Committee which provides strategy for the College to equip psychiatrists to be leaders and managers (<http://www.rcpsych.ac.uk/workinpsychiatry/leadershipmanagement/lmc.aspx>).

Develop: continue to develop a meaningful career

Dr Kate Lovett

The importance of meaningful work was recognised by philosophers and others long before modern management theory was developed. The heart of what we do as psychiatrists – our *raison d'être* – is to improve the lives of people with mental illness.

'Without work, all life goes rotten. But when work is soulless, life stifles and dies' (Albert Camus).

Despite the challenges, psychiatry is well-placed to deliver several elements of well-being in the workplace – namely connection, giving and, importantly, learning something new (Foresight, 2008).

'Deprived of meaningful work, men and women lose their reason for existence; they go stark, raving mad' (Fyodor Dostoevsky).

Abraham Maslow hypothesised that the pinnacle of human need was self-actualisation (Maslow, 1943). Earlier sections of this report have alluded to making sure that newly appointed consultants ensure their basic needs are met in order to keep well. In the early days of consultant posts, there often seems much to learn and reflect on, but the reality is that newly appointed consultants can expect to have a career of around 35 years ahead of them. The Conscious Competence Learning Model (<http://www.businessballs.com/consciouscompetencelearningmodel.htm>) suggests that professionals tend to stop learning once they reach a level of 'unconscious competence'. Once consultants have become unconsciously competent in their clinical roles, how can they continue to grow professionally in order to reach their true professional potential?

Historically, training has tended to sort doctors into groups – academics/non-academics, teachers/non-teachers, psychotherapists/non-psychotherapists, etc. While interests and expertise in various fields will often have developed during the training years, the reality for the modern consultant is that many opportunities lie ahead for developing skills and expertise in clinical and other areas that may not have been explored during the relatively brief training years.

Over time, we are likely to see the development of ‘credentialling’ (Shape of Training, 2013) and growth in flexibility in working patterns that allow for the development of interests and expertise outside the ‘day job’. Personal values, personality, opportunities and recognition of one’s own strengths are likely to influence career development. Recognising and overcoming internal as well as external barriers to career development are important for all (Sandberg, 2015).



I do strongly feel there is a need, or even a duty, for all mental health trusts to provide better support mechanisms for newly appointed consultants. Life as a newly appointed consultant is stressful enough without you feeling unsupported and unsure of what you should and need to be doing.

Becoming an educator

Although all consultants are expected to be prepared to contribute to teaching, training and mentoring of doctors, students and other healthcare professionals (GMC, 2013), many will also take on specific educational roles in undergraduate and postgraduate medical education (Browne *et al*, 2013; GMC, 2012d, 2015).

Since July 2016, all educational and clinical supervisors within postgraduate medical education settings are required to be recognised by the local postgraduate Deanery. Requirements for how to achieve this vary between Deaneries, but advice about the process and requirements can usually be found via local Deanery websites. Usually this requires participating in a series of local half-day courses, which often can be accessed by senior trainees prior to taking up their consultant appointment.

Requirements for educational and clinical supervisors are set by Deaneries and vary between regions. Often there is an expectation that in order to train ST4–6 doctors a trainer will need to have been in a substantive consultant post for at least 12 months, whereas newly appointed consultants in substantive posts will more often have the opportunity to supervise foundation and core trainees.

Some local education providers organise peer support for educators and provide educational CPD for their educational and clinical supervisors. Most local education providers have a Director of Medical Education who coordinates this, although in a handful of trusts and NHS hospitals this role is still undertaken by medical directors.

There are opportunities to develop educational expertise through several university courses, including distance learning, from Certificate of Education through to Masters level. In addition, there are various organisations which can support consultants with educational CPD,

including the BMA, the Academy of Medical Educators, the GMC and the Royal Society of Medicine, as well as the medical Royal Colleges including the Royal College of Psychiatrists.

The Royal College of Psychiatrists delivers training and CPD in various aspects of medical education through the Centre for Advanced Learning, CPD Online, and Faculty and Division conferences, as well as running an education stream at the annual International Congress. Its publications, including the *British Journal of Psychiatry*, *BJPsych Advances* and the *BJPsych Bulletin*, frequently carry articles on latest educational practice.

New consultants are often well-placed to take on supportive educational roles, e.g. organising local journal clubs, helping with CASC (clinical assessment of skills and competencies) examination practice, delivering MRCPsych courses, participating in ARCP panels via the Deaneries and contributing to national recruitment interviews. These activities help grow experience, confidence and expertise. Often, taking on a manageable task in the early years and doing it well will lead to further educational opportunities, including educational leadership roles later on.

Equally important is teaching medical students, and many local education providers support the 34 medical schools throughout the UK in delivering undergraduate clinical placements in psychiatry. The importance of strong role models in influencing medical students' choice of career is well known (Archdall *et al*, 2013), and those who have undertaken additional training in teaching and have more contact time with newly qualified doctors are more likely to be identified as role models (Wright *et al*, 1998).

The importance of all doctors having a good underpinning of psychiatry is likely to be increasingly acknowledged in a medical landscape which supports increasing levels of complexity and comorbidity in an ageing population (Shape of Training, 2013). Often, there will be a separate undergraduate medical education lead locally, and directors of medical education will be able to signpost newly appointed consultants towards educational opportunities and key personnel. Other opportunities will exist for interviewing prospective medical students, examining students for OSCEs (objective structured clinical examinations), creating special study units or modules, and offering medical student elective placements for students from the UK or overseas.

Each Division of the Royal College of Psychiatrists has an elected local representative who sits on the RCPsych Education and Training committee which meets 3 times a year. In addition, each region elects regional advisors who represent the College locally on postgraduate educational matters and professional development, and advise on job descriptions for psychiatric posts. Local College representatives can often be useful sources of advice and encouragement in negotiating the educational landscape.

Although newly appointed consultants will be undoubtedly be less experienced clinically than established consultants, they may well have developed skills and knowledge in training that they can use to contribute to the education of senior colleagues, e.g. in areas such as quality improvement. Peer groups will welcome the contribution of new consultants, and there are likely to be more formal teaching opportunities to contribute to Faculty development.

Whatever educational role new consultants have, whether it be informally interacting with school students on work experience placements, supporting local undergraduate psychiatry societies, or formal educational appointments, it is key that all psychiatrists adopt an ambassadorial mindset and make every contact with prospective colleagues count. Previous chapters of this report have covered topics including well-being, resilience, and personal supervision and support. It is vital to adopt techniques to manage personal stress. Having safe places to discuss difficulties and challenges as a new consultant is important. All too often, teaching takes a low priority in the pressured diaries of consultants under stress. The negative impact of this cannot be underestimated.

Research

Remaining research-active while starting a clinical post as a new consultant is challenging, but can be supported by forming and building on existing networks. Colleagues often like to collaborate with people they get on with and can trust to deliver. Local Directors of Research and Development will be able to advise on local research opportunities. Research ideas are often born out of clinical practice and local research design services will always be pleased to hear new ideas from clinicians. Opportunities for recruiting patients to trials exist via the research network who will be able to advise on applying for support for research time. Finding research-active colleagues in clinical posts who can act as role models is helpful. Consultants are likely to learn most and have the most impact by collaborating on manageable research projects with academic colleagues who share the area of interest.

Management

Every consultant psychiatrist will be expected to be a leader in their immediate team and within the wider workforce, and all consultants will be expected to be managers within their own teams throughout their careers, including line-managing junior medical colleagues. Some psychiatrists, however, will want to go on to develop further management experience and expertise through taking on additional formal management roles, from associate clinical director through to medical director and even chief executive of NHS organisations. There is no single right time to start developing these skills.

While many consultants may feel they wish to consolidate their clinical skills at the beginning of their consultant post, some will feel ready to take on additional management responsibilities earlier on. The Royal College of Psychiatrists has an Associate Registrar for Management and Leadership and runs a Faculty which organises events to support psychiatrists who have additional management roles. The FMLM offers CPD and support to medical managers. The Medical Leadership Competency Framework is a useful free educational resource for trainees and newly appointed consultants to support development of leadership skills.

Specialism

While most consultants will be appointed to general services initially, serendipity and clinical curiosity sometimes lead to the development of expertise in a particular area of a subspecialty. Developing such clinical expertise can be an immense source of professional satisfaction over time. Opportunities exist for forming networks with other colleagues, publishing articles, teaching and developing specialist services.

Role of the StartWell consultant

The StartWell consultant will be well-placed to reflect on their own strengths, areas for development and interests.

Previous sections have discussed the importance of forming connections. The ability to span boundaries is thought to be a key leadership competency, and it will be important for the StartWell consultant to look beyond their departmental and organisational boundaries early on by making links with individuals in relevant organisations – e.g. universities, acute trusts, clinical commissioning groups, the Faculty of Medical Leadership and Management, Health Education England, NHS Education Scotland, Health Education Wales, the Northern Ireland Medical and Dental Training Agency, special interest groups, and Faculties and Divisions of the Royal College of Psychiatrists – to support their development needs.

Role of the appraiser

The consultant appraiser is well placed to facilitate a reflective conversation with the StartWell consultant to help them draw up a PDP in line with their aspirations, skills and interests. One of the challenges for consultants is pacing career development, and often the main issue for newly appointed consultants is taking on too much. At the beginning of one's career, focusing on doing the basic job well can be enough. Circumstances and commitments outside work are likely to change over time, and opportunities to grow professionally will change. It is important to acknowledge the old medical adage that 'consultant careers are a marathon, not a sprint'. Appraisers are in a good position to provide new consultants with both encouragement and challenge.

Role of the employer

The relationship between the consultant and senior members of their employing organisation will have started during the application and interview process, and employers will be keen to support newly appointed consultants to thrive. The job planning process is an opportunity to define goals and objectives and allocate SPA time on job plans to support both the consultant and service development. While employers often expect one SPA per week to be spent on organisational development, it is often accepted that for the first year as a consultant additional time is required to become acclimatised to the role. Employers are well placed to spot and manage talent. All too often, however, the biggest waste in our organisations is the unfulfilled potential of our employees, and all too often colleagues do not see in themselves the talent that others can spot. Medical cultures have historically been highly competitive, but adopting collaborative approaches and becoming encouraging colleagues who foster diversity and personal development of others undoubtedly leads to the growth of our organisations.

Excellence awards

Incentive payments have existed in one form or another for NHS consultants since the birth of the NHS in 1948 (Stephenson, 2010). Separate schemes exist in England, Scotland, Wales and Northern Ireland, but all are essentially designed to financially reward doctors for practice that goes over and above the normal job plan. While it is likely that the current award scheme will be reformed, it will almost certainly be replaced by some form of performance-related consultant bonus which rewards excellence. Concerns have been expressed that women and those from Black and minority ethnic backgrounds are less likely to apply for awards (Rimmer, 2015); however, the current

system depends on individuals making applications, and unless consultants apply they cannot be eligible. All consultants should be encouraged to consider applying. Appraisal can often provide a good opportunity to reflect on achievements over the past year, and peer groups can provide supportive discussion regarding the local scheme. New consultants can often gain a sense of the standards required and a better understanding of the process by volunteering to be part of their local awards panel even before they are at a stage to consider applying themselves. Details of the Advisory Committee on Clinical Excellence Awards scheme is updated annually and can be found on the GOV.UK website.

'Your work is going to fill a large part of your life, and the only way to be truly satisfied is to do what you believe is great work. And the only way to do great work is to love what you do. If you haven't found it yet, keep looking. Don't settle. As with all matters of the heart, you'll know when you find it' (Steve Jobs).

Conclusions

Newly appointed consultants are likely to have approximately 35 years of consultant practice ahead of them. The early years as a consultant present an opportunity to embed good habits for sustainability and success. Actively building, maintaining and refreshing connections and networks provides a structure for reflection, constructive challenge and support. Remaining curious, inquisitive and open to learning, as well as prioritising time for continuing education, ensures that practice is kept up to date. Recognising one's own need for support and taking opportunities for effective mentoring can enhance personal development. Resilience and self-care have a central role in the ability to thrive and work sustainably in the consultant role.

The StartWell programme offers a flexible and non-prescriptive approach to career sustainability for early-years consultant psychiatrists, recognising the potential impact of this important transition in psychiatric careers. It was designed by new consultant psychiatrists, drawing on the experience of those who have been there and of experts in specialist areas of interest. The initiative offers a way of promoting adaptation to the withdrawal of the comprehensive support structures during the training years. There is a clear pathway for new consultants to optimise this transition, with the goal of reducing stress, burnout and fallout from consultant roles and facilitating development, progression and diversification into varied senior roles, potentially 'future-proofing' consultant psychiatrists. It can be adapted for use at organisational level and within Divisions and Faculties.

References

- AoMRC (2012) *Return to Practice Guidance*. Academy of Medical Royal Colleges.
- APA (2013) *The Road To Resilience*. American Psychological Association.
- Archdall C, Atapattu T, Anderson E (2013) Qualitative study of medical students' experiences of a psychiatric attachment. *Psychiatrist*, **37**: 21–4.
- Binder C (1998) The Six Boxes: a descendent of Gilbert's behavior engineering model. *Performance Improvement*, **37**: 48–52.
- Browne J, Bullock A, Gallen DD (2013) *The Essential User Guide to Recognition of Trainers in Secondary Care*. Academy of Medical Educators.
- College of Emergency Medicine (2010) *The Effectiveness of Continuing Professional Development*. College of Emergency Medicine.
- Doran GT (1981) There's a S.M.A.R.T. way to write management's goals and objectives. *Management Review*, **70**: 35–6.
- Duckworth AL, Matthews MD, Kelly RK (2007) Grit: perseverance and passion for long-term goals. *Journal of Personality and Social Psychology*, **92**: 1087–101.
- Firth-Cozens (2007) Improving the health of psychiatrists. *Advances in Psychiatric Treatment*, **13**: 161–8.
- Foresight (2008) *Mental Capital and Wellbeing: Making the Most of Ourselves in the 21st Century*. Final project report. Government Office for Science.
- Forsythe M, Calnan M, Wall B (1999) Doctors as patients: postal survey examining consultants and general practitioners adherence to guidelines. *BMJ*, **319**: 605–8.
- General Medical Council (2012a) *Continuing Professional Development: Guidance for All Doctors*. GMC.
- General Medical Council (2012b) *Leadership and Management for All Doctors*. GMC.
- General Medical Council (2012c) *Raising and Acting on Concerns about Patient Safety*. GMC.
- General Medical Council (2012d) *Recognising and Approving Trainers: The Implementation Plan*. GMC.
- General Medical Council (2013) *Good Medical Practice*. GMC.
- General Medical Council (2015) *Promoting Excellence: Standards For Medical Education and Training*. GMC.
- Goodall A (2011) Physician-leaders and hospital performance: is there an association? *Social Science & Medicine*, **73**: 535–9.
- Holt K (2015) Whistleblowing in the NHS. *BMJ*, **350**: h2300.
- Houghton A, Peters T, Bolton J (2002) What do new consultants have to say? *BMJ*, **325**: S145.
- Hospital Consultants and Specialists Association (2015) *Who Cares for the Carers? The Impact of Workplace Stress on Senior Hospital Doctors*. HCSA.
- Kolb DA (1984) *Experiential Learning: Experience as the Source of Learning and Development*. Prentice-Hall.
- Maslow AH (1943) A theory of human motivation. *Psychological Review*, **50**: 370–96.

- McManus IC, Keeling A, Paice E (2004) Stress, burnout and doctors' attitudes to work are determined by personality and learning style: a twelve year longitudinal study of UK medical graduates. *BMC Medicine*, **2**: 29.
- Mindfulness Initiative (2015) *Mindful Nation UK: Report by the Mindfulness All-Party Parliamentary Group (MAPPG)*. The Mindfulness Initiative
- NHS Choices (2016) *Stress, Anxiety and Depression: 10 Stress Busters*. NHS Choices (<http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/reduce-stress.aspx>).
- Rimmer A (2015) Making clinical excellence awards fairer. *BMJ Careers*, 3 Feb.
- Royal College of Psychiatrists (2009) *Good Psychiatric Practice (CR154)*: 3rd edn. RCPsych.
- Royal College of Psychiatrists (2012) *Safe Patients and High-Quality Services: a Guide to Job Descriptions and Job Plans for Consultant Psychiatrists (CR174)*. RCPsych.
- Royal College of Psychiatrists (2013) *Vulnerable Patients, Safe Doctors: Good Practice in our Clinical Relationships (CR180)*: 2nd edn. RCPsych.
- Royal College of Psychiatrists (2014) *Supporting Information for Appraisal and Revalidation: Guidance for Psychiatrists (CR194)*. RCPsych.
- Royal College of Psychiatrists (2015) *Continuing Professional Development: Guidance for Psychiatrists (OP98)*. RCPsych.
- Sandberg S (2015) *Lean In: Women, Work and The Will to Lead*. WH Allen.
- Shape of Training (2013) *Securing the Future of Excellent Patient Care. Final report of the independent review led by Professor David Greenaway*. Shape of Training.
- Stephenson J (2010) Clinical Excellence Awards. *BMJ Careers*, 14 Apr.
- West M, Dawson J (2012) *Employee Engagement and NHS Performance*. The King's Fund.
- West M, Armit K, Loewenthal L, et al (2015) *Leadership and Leadership Development in Health Care: The Evidence Base*. FMLM, Center of Creative Leadership, The King's Fund.
- Wheelan SA, Burchill CN, Tilin F (2003) The link between teamwork and patients' outcomes in intensive care units. *American Journal of Critical Care*, **12**: 527–34.
- Whitmore J (2002) *Coaching for Performance: Growing People, Performance and Purpose*. Nicholas Brealey.
- Wosket V (2008) *Egan's Skilled Helper Model: Developments and Implications in Counselling*. Routledge.
- Wright SM, Kern DE, Kolodner K, et al (1998) Attributes of excellent attending-physician role models. *NEJM*, **339**: 1986–93.

Further reading

Bogue RL (2005) Use S.M.A.R.T. goals to launch management by objectives plan. *TechRepublic*, April 25 2005.

Brittlebank A, Briel R, Richardson J, et al (2012) *Leadership and Management Study Guide for Higher Trainees in Psychiatry* (OP80). Royal College of Psychiatrists.

Health Education England. Leadership for Clinicians: an e-learning resource supporting clinicians to develop leadership. <http://www.e-lfh.org.uk/programmes/leadership-for-clinicians> (accessed 2 Oct 2016).

Perry J, Mason FL (2016) The value of psychiatrists in leadership and management. *BJPsych Advances*, **22**: 263–8.

Royal College of Psychiatrists (2010) *Role of the Consultant Psychiatrist: Leadership and Excellence in Mental Health Services* (OP74). RCPsych.

Royal College of Psychiatrists (2015) *Compassion in Care: Ten Things You Can Do to Make a Difference* (FR/GAP/02). RCPsych.

Spurgeon P, Vassilas CA, Flanagan H (2008) A development programme for newly appointed consultants. *BJPsych Bull*, **32**: 192–4.

van Beinum M, Davies S, David M (2009) Mentoring scheme for child and adolescent psychiatry consultants in Scotland. *Psych Bull*, **33**: 45–7.

Yemm G (2013) *Essential Guide to Leading Your Team: How to Set Goals, Measure Performance and Reward Talent* (pp. 37–39). Pearson Education.

Contributors

Many people have given their time, effort and expertise in the writing of this guidance. Particular gratitude for their generosity and wisdom is due to the authors of the different chapters of this guide.

Elena Baker-Glenn, National Medical Director's Clinical Fellow, Royal College of Psychiatrists

Guy Brookes, Consultant Psychiatrist and Clinical Director, Leeds and York Partnership NHS Foundation Trust

Irene Cormac, Honorary Consultant Forensic Psychiatrist, Rampton Hospital, Nottinghamshire Healthcare NHS Foundation Trust

Elizabeth Fellow-Smith, Consultant Child and Adolescent Psychiatrist, West London Mental Health NHS Trust

Kate Lovett, Dean, Royal College of Psychiatrists

Fiona Mason, Director, Dr Fiona Mason Ltd

Rosalind Ramsay, Consultant Adult Psychiatrist/Deputy Medical Director for QI and Medical Workforce, South London and Maudsley NHS Foundation Trust

Chris Rusius, Consultant in Old Age Psychiatry, Sheffield Health and Social Care, and Chair of Trent Division, Royal College of Psychiatrists

Pierre Taub, Consultant Psychiatrist, East London NHS Foundation Trust

Ellen Wilkinson, Medical Director and Consultant Adult Psychiatrist, Cornwall Partnership NHS Foundation Trust, and Associate Registrar for Revalidation

