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HOW TO THRIVE AS A NEW CONSULTANT



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READY TO START?

Going from an Advanced Trainee to a consultant physician is a challenging and exciting period in the journey of every physician.

This guide has been written to assist new consultants with the planning and skill development needed to ease the transition from registrar to consultant.

Like learning to drive a car, it can be odd to be out on your own at first. Up until now you've been student to a variety of teachers who have helped you and mentored you. Now it is your turn to strike out on your own and pass your knowledge and skills onto others.

The key to your ongoing success will be recognising your limitations and continuing to seek assistance when required. Keep in mind there are still lots of people around you to talk to so you can get clarity on a potential problem. This is crucial and in your role as a consultant you will need to foster the same behaviours and attitudes among senior trainees.

This guide can be used as a practical resource when preparing for appraisals or audits (sections 7 and 10), planning your workload and meetings (sections 9 and 15), and managing complaints and reports (sections 13 and 14). It also has sections on your continuing professional development (section 8) and offers reminders on more general but vitally important topics such as relationships (sections 1 – 3 and 5), conducting a ward round (section 4) and communication (sections 11 and 12).

Though any or all of these may be your personal strong points, you may find yourself feeling challenged during times of stress or when under the strain of competing demands, working with many unfamiliar people and processes. At those times your family, this guide, a mentor and the advice of trusted colleagues can help restore your perspective; be sure to make good use of all these resources.

HOW TO THRIVE AS A NEW CONSULTANT: AN OVERVIEW

Make the most of available support

Being a new consultant can be stressful. It is a steep learning curve but it is important to remember that support is available. It is important to seek advice or to get a second opinion when needed, this is always a sensible and commendable way to work.

Useful support networks to keep in mind include:

- other new consultants – peer support is both an important concept and a very practical process that everyone can benefit from. Consider joining or establishing a peer review group (see section 15 for guidance)
- senior colleagues – many can offer pearls of wisdom and useful second opinions
- the Quality Manager and Quality Team – this team is a valuable source of assistance with complaints, patient safety and adverse events. They can also support any improvement initiatives and help organise notes, and have access to information required for audits
- the [Australian Salaried Medical Officers' Federation](#) (ASMOF) or the [Association of Salaried Medical Specialists](#) (ASMS) in New Zealand – for industrial and contractual matters
- your hospital's Chief Medical Officer (CMO) and the departmental Clinical Directors – these individuals have a wealth of experience available to you
- the RACP Support Program – a professional and confidential counselling service run by an external agency, Converge International. Available 24 hours, seven days per week, all RACP Fellows and trainees have access to confidential counselling, coaching and support for workplace and personal issues.

Learn to rely on your staff

There are many ways to support and assess the clinical expertise of your junior staff so you can become confident in their abilities to make critical decisions. For example:

- make yourself available and accessible – encourage your staff to contact you with questions and to feel welcome to seek your advice
- build team morale and minimise hierarchical behaviour – model collaborative problem solving and strongly discourage blame-seeking behaviour
- promote an environment of communication and learning – be open to opportunities that foster professional collegiality such as informal coffee meetings.

Consider your own wellbeing

An important aspect of becoming a new consultant is learning to minimise and manage stress. Developing particular habits and behaviours can help achieve these aims. For instance:

- looking at your professional and personal life in a holistic way
- prioritising your 'non-negotiables' and scheduling your time so you can honour professional, personal, and family commitments.

There can be pressures and temptations to focus almost entirely on your career as you take on this new role. A critical element of ongoing success and wellbeing is ensuring you take the time to maintain your relationships with family/whānau and other loved ones.

Your own health, physical and mental, must be a priority. Staying well and being productive is something you can plan for and commit to in advance. If you haven't already, find your own General Practitioner (GP).

Taking time to anticipate and avert issues is key to avoiding undue stress. Here are some practical tips:

- Address conflicts before they escalate. Whether it involves a staff member, a patient, or a family, discussing a conflict in a timely and constructive (honest, friendly and respectful) manner usually diffuses stress and sets the stage for outcomes that suit everyone.
- Learn to say no to invitations and requests which are beyond your capacity in terms of time or skill level, or which lie outside your interests. Ensure you fully understand the ramifications of taking on additional roles or projects.
- Have contingency plans you can easily activate when regular routines are upset. Pre-planning scenarios for responding to unexpected events is vital for meeting professional and personal commitments with minimum stress.
- Plan the year ahead to set the stage for a healthy team. Schedule the time and activities necessary to keep yourself and your team professionally, physically and mentally fit. Consider annual leave, conferences and other educational and professional development activities. Encourage your team to keep family and personal wellbeing a high priority.
- Cultivate and maintain good relationships with colleagues and others. Relaxing and socialising with family, friends and peers can build resilience, restore distorted perspectives, relieve stress and help with problem solving.

Resources

[RACP support and advice for physicians \(includes links to other services\)](#)

PLANNING

Managing the clinical transition in your last rotation as a registrar

- Spend some nights being on-call as the consultant, with back-up.
- Involve yourself in the handling and resolution of any complaints that the team receives.
- Take the lead in difficult meetings involving patients and their families/whānau.
- Carry out an intern appraisal, along with the consultant, and obtain feedback on how you deliver positive feedback and how you discuss areas for improvement.
- After seeing patients, think about how you would manage them in your role as a consultant. Analyse and discuss this with your colleagues and also explore the motivation behind different decisions made by consultants.
- Act as a resource person for junior staff in your team or service.
- Lead some post-acute rounds, with the consultant observing. Request feedback afterwards.
- Request to be observed then appraised after delivering bad news and counselling patients.
- Identify a senior colleague who would be willing to mentor you through the transition into your consultant role.
- Talk with your family/whānau about the changes ahead for all of you, sharing mutual expectations and commitments.
- Ask your typists about your diction and how this can be improved.

The contract and the job description

Considering a role within an organisation

The strengths and weaknesses of various departments are often reflected in pressures on new consultants to take on additional duties and responsibilities. Reviewing a potential role with this in mind can be good strategic practice. Avoid falling into the 'doing one more thing' mentality that can quickly add hours to an already full workload and, once on the job, stay aware of your expected versus actual hours.

Before signing your contract

While everyone values different aspects of a role or workplace according to their own priorities, many have found the following to be important in setting up a good professional experience. Before signing the contract is the best time to negotiate for what matters to you, such as:

- sufficient non-clinical time for administration – 20 per cent is strongly recommended
- dedicated office space – be aware this can be very scarce, especially in public hospitals
- mobile phone arrangements that suit you and perhaps a pager as back-up – weigh up the inherent trade-offs of using your own versus a work mobile phone (e.g. network choice, paperwork requirements, keeping home and work separate, and any entitlements for use while overseas)
- clinics for follow-ups and for diverting acute cases – ensure there will be appropriate nursing support to organise and run them
- freedom to create your own clinic template so you can decide the timing and placement of new versus follow-up patients during clinic hours
- leave cover and call frequency – whether leave cover is provided separately or within teams significantly impacts the actual rostered call frequency
- student teaching – if your department is attached to a medical school, discuss any teaching expectations, whether they are remunerated and how they are organised.

If your role teams you up with another consultant, consider seniority, compatibility, conference aspirations, and ease of negotiating issues (e.g. arranging cover).

Advocating on your own behalf for appropriate remuneration can be somewhat daunting, whether or not you have done so before. You should objectively consider your skills and background, and perhaps also get advice from others in identifying your strengths. When considering your contract you might also consider:

- getting advice from colleagues in the same area/department as you and discussing clauses they may have in their contracts
- getting input from ASMOF in Australia and the ASMS in New Zealand
- getting recognition of any additional academic qualifications you have
- discussing the skills you have and how they can benefit the hospital
- whether you would like to do any private practice and how this might fit into your role.

Orientation and induction

This will be arranged for you by the hospital.

Over the years, consultants and Fellows have found it very useful to:

- meet the clinic nurse and relevant clinic administrators
- meet with the clinical nurse manager and other nurses working on the wards
- become familiar with:

- the hospital's clinical and administrative policies relevant to the role
- the current set of guidelines for trainees
- the hospital's computer systems – including results, scanned medical records and electronic patient notes. Find out whether (and how) you can get remote access
- the hospital's dictation systems.
- investigate what specialties are available and where to send internal and external referrals
- visit the laboratory and radiology departments.

Also, make a point of meeting with your manager and, ideally, the Chief Operating Officer or equivalent in your organisation.

Supervision

In your role as a consultant, you will be involved in supervising junior staff. It is now your opportunity to be the supervisor that you always wish you had.

Before beginning, it is important to understand and recognise that you are now a formal supervisor for your intern and/or registrar. It is vital that you understand what is expected of you by the Australian Medical Council (AMC) or the Medical Council of New Zealand (MCNZ) as well as the RACP. It can also be helpful to talk with colleagues about how they handle the processes involved. Some consultants choose to undertake training in how best to provide supervision and feedback.

Training, supervision and mentoring can all be counted towards your annual requirements for continuing professional development (CPD).

RACP runs a [Supervisor Professional Development Program](#) which includes face-to-face workshops, coaching, and online learning and resources. It is worth familiarising yourself with the [RACP Supervisor Handbook](#) and the [AMC standards for supervisors](#) in Australia and the [supervision information on the MCNZ website](#) in New Zealand.

Resources

[The Supervisor Handbook](#)

[RACP Supervisor Professional Development Program](#)

[AMC Standards for Specialist Medical Training](#)

Mentoring

As a consultant having a good mentor is important. You should seek out a mentor you can

trust and who you feel confident talking to about complaints, conflicts and other things that might bother you.

As a mentee you should be an active participant in the relationship, taking ownership and ensuring that the outcomes meet your personal and professional needs.

In addition to your mentor, it can also be very beneficial to build a solid professional relationship with a senior consultant outside your team. This relationship should offer you a sounding board to talk about your cases and other medical discussions. It's a good idea to seek someone who is open to debating alternative opinions and able to clearly explain why they would make a particular decision in certain situations.

Resources

- [Making the most of mentors: a guide for mentees](#) *Academic Medicine* 2009;84(1):140–144)
- [AMSA's guide to finding a mentor \(relevant beyond student years\)](#)

Non-clinical Supervision

It is recommended you consider non-clinical supervision. This involves talking to an external person who is trained in the supervision of senior professionals – often a psychologist or psychotherapist. It is useful to have an hourly session every four to eight weeks to discuss management issues, difficult conversations, work stresses etc. Usually you pay for this service and you may be able to use your CPD budget for this expense. Ask amongst your colleagues for recommended local supervisors.

Appraisal – 12 months

Appraisal is an important part of your development and of the service in which you work. You should expect that you will meet annually with the clinical Head of Department/Clinical Director and your Manager to discuss the past year and set your goals for the year ahead.

This is an excellent opportunity to reflect on the alignment between your job description and the work you are doing.

THE JOB

Section 1: Relationships with colleagues

The experience of senior colleagues means many of them are invaluable as a resource for second opinions and advice. These relationships can have benefits in terms of ongoing mentoring and the growth of your own knowledge and experience.

If you are practising in the same hospital where you did part of your training, you may now be a colleague of the consultants who were previously your 'bosses'. This can be daunting but remember that your fellow consultants will be interested in your new and different perspective on issues that arise.

Remember respect from all staff is earned and is not an automatic right of anyone's position.

There will be colleagues with whom you have disputes or conflicts and it is best to work through these quickly and professionally as you may have to work together over a long period of time. When deciding if you should hold your ground it can be helpful to consider whether the issue impacts patient care or if the result you are after is worth the potential impact of the conflict.

Most clinicians can be encouraged to see a different position even if they don't agree with it. Sometimes it may become necessary to involve a senior clinician to help mediate disagreements.

Section 2: Relationships with junior staff

As a new consultant you may have staff working for you who were once your peers when you were a trainee, as well as staff who only know you in your role as a consultant.

Establishing boundaries around decision making, especially with previous junior colleagues, will provide clarity if disagreements occur. Ultimately responsibility lies with you.

Over time, you may become increasingly comfortable – and even enjoy – discussing and debating the choices senior registrars make, despite their course of action differing at times from what you would have done. There is, after all, more than one way to manage most situations.

All consultants have their own style, but ensuring you are approachable to all staff, especially the most junior team members, will benefit everyone. This is important as it prompts staff to

talk directly to you when an issue is emerging and will give you the opportunity to intervene before a situation gets out of hand.

Most consultants are addressed by their first name and they make their mobile phone and pager numbers available to all team members; this is common practice and is rarely misused.

How to identify and manage a trainee who is struggling

Poor interactions with staff can sometimes reflect a lack of confidence and knowledge, or it can be a sign that you have a trainee in trouble. Take all staff feedback seriously.

It is important to meet regularly with your trainees to discuss the clinical expectations of the job, the skills and competencies needed to be a good physician, what you expect from them and what they can expect from you (a useful reference is the [RACP Professional Qualities Curriculum](#)). During these meetings identify and document any weaknesses in trainee performance and discuss what can be done to achieve a satisfactory outcome. Encourage the trainee to raise solutions of their own. You should both be as specific as possible and make these recommendations measurable.

Letting the Director of Physician/Paediatric Education (DPE) or the trainee's educational supervisor know early on is beneficial as they can provide advice and support to both you and the trainee.

If the trainee is struggling in the clinical aspects of their role, you may have to become more involved. This may mean longer and more frequent ward rounds, more reviews, and more frequent meetings and discussions.

More information about helping a trainee in difficulty can be found on the [RACP Trainee Support webpage](#)

Remember: early intervention is always the most simple and effective method of dealing with a trainee in difficulty.

Section 3: Relationships with other hospital staff

Developing and maintaining relationships with other staff throughout the hospital is important and is often mutually beneficial.

Nursing staff spend the most time directly looking after your patients. As the senior clinician, engaging with them is crucial; no question or idea should be dismissed and all opinions should be heard. Having a senior nurse on the ward round is desirable but has become less common, so it is important to take the lead in communications with other members of the multidisciplinary team.

If actions you request are not being carried out then you should discuss this constructively with the staff member involved. However, managing the nursing staff is the role of the Clinical Nurse Manager for the ward. If there is a pattern of behaviour or an issue that cannot be sorted out at a lower level, this is the person to speak to. Keep all contact professional and never make comments that criticise another member of staff. Issues should be discussed in terms of the tasks, actions and consequences for patient care, not personalities.

If an issue arises between the nursing staff and your staff, always take this seriously and discuss the matter directly with the relevant staff members in a clear, open and respectful manner. It can be helpful to keep in mind that behaviours are usually born out of fear or a lack of knowledge, or may relate to circumstances outside work, miscommunication, or differences in perceptions, culture or personality. However, if a pattern of behaviour is present, you may find it useful to seek advice from your senior colleagues or the Director of Physician/Paediatric Education.

Clear documentation is as important as good communication in strengthening and maintaining relationships within the team; it also helps ensure each person involved understands their part in delivering the plans of care.

Participating in teaching for medical, nursing and therapy groups is a good way of building relationships and teams.

It is likely that you will not have a secretary or a personal assistant, but that one secretary will act for the whole department. This person will be able to assist you in sorting out matters relating to refunds, meetings, payroll and other hospital processes.

Dictation systems vary between different hospitals, networks and private practices. You may find that your typing will be undertaken by a medical typist in the typing team. If so, it is important to meet the members of this team (and your nominated typist) as they are the ones you will turn to with the occasional urgent job or to repair a mistake you've made, such as dictating under the wrong patient identifier (Australia) or national health identifier (New Zealand). In other organisations typing may be outsourced and letters reviewed online without direct contact with the person who is typing your documents. In either case, it is important that you speak clearly, keep your message succinct (colleagues don't have time to read long letters), and have clear communication lines to those who are helping you to perform your job.

Section 4: Conducting a ward round

During the course of your training you will have observed the different ways senior colleagues conduct a ward round and you will have developed your own approach. Post-acute general medical ward rounds may be particularly pressured, e.g. you may have to assess a large number of patients with complex conditions. These assessments take place within a noisy ward environment and you may encounter unexpected disruptions such as junior staff being called away, unexpected absences and bed management pressures.

Developing your own ward round routine is important. Your assessments will need to be time-efficient yet thorough enough to develop a reasoned and appropriate investigation and management plan. Information may be presented to you in reverse order (e.g. laboratory data and then clinical data) with the potential to lead you down the wrong path.

Whatever approach you have to take in information, consider some of the tried and true methods:

- Find a relatively quiet place on the ward where you have access to laboratory, radiological and clinical information so you can do a 'paper round'. The 'paper round' should be done without interruption to avoid missing important information. If you can, take time to review the original referral letter from the general practitioner and the ambulance officer's or Emergency Department's reports.
- Ask junior staff to present their clinical findings, integrating the laboratory and radiological findings, to confirm their diagnosis. This approach may also identify if further investigations are necessary. Encourage junior staff to demonstrate their critical thinking and ask them for their opinions.
- Avoid micro-managing junior staff as this can impede their development and yours. The article ['Twelve tips for teaching avoidance of diagnostic errors'](#) may give you some useful techniques to use with your junior staff.
- You may wish to make a few pertinent notes in the clinical record under a heading such as 'paper round' or 'pre-ward round'. You may elect to review manageable groups of patients before you embark on the ward round proper, returning to this 'quiet place' to review another group before continuing the ward round.
- Another suggested approach is to structure your round as follows: begin with sick/unstable patients, then move onto potential discharges, new patients and, then deal with the remainder. This helps prioritise severity of patient illness and bed allocation, resulting in better patient care and flow through the hospital.
- On the ward round, after introducing yourself and the team to the patient and relatives, take time to ask the patient an open-ended question such as "What has brought you to hospital?" After acknowledging the humour in the answer "an

ambulance”, try to focus the patient on exactly what they understand to be the reason they have been admitted. Ensure junior medical staff and the patient’s relatives don’t interject while reassuring both groups that they can have their say in a moment. Don’t accept that the patient is a poor historian or confused until you reveal this for yourself. If necessary, do a focused physical examination (a skill you will have honed for your Part 1 Clinical Examination).

- Explain to the patient and/or relatives what you think the problem is and how it will be managed. This may mean explaining that at this stage you don’t know but will plan further investigation. In some circumstances explain that in your opinion the aim of treatment will be to keep the patient comfortable and for no further investigation to be undertaken as the patient is terminally ill.

Your junior staff may have completed an ‘NFR’ (Not For Resuscitation) or a ‘DNAR’ (Do Not Attempt Resuscitation) form if the clinical assessment indicated this would be appropriate or if these were the patient’s previously expressed wishes. This can be a sensitive and challenging area of medical practice. NFR should be discussed with the patient whenever appropriate/possible, and all discussions with colleagues and relatives should be patient-centred. It is appropriate to explain that, from a medical standpoint, resuscitation in the event of cardiac arrest or further deterioration is thought not to be appropriate but all care short of this will be given.

Explain that should the situation dramatically change, then the continuing appropriateness of the NFR decision will be reviewed. Given this situation, it is good practice for medical staff to invite the relative(s) to express a view but care must be given to ensure that the relative is not left feeling that they are making the NFR decision. For more information on the legal and ethical issues related to DNAR orders please refer to the [Australian and New Zealand Committee on Resuscitation \(ANZCOR\) guidelines](#).

- Another important consideration on the ward round is the discharge plan. Letting the patient and their relatives know the day you are thinking the discharge might take place allows you to outline any follow-up care which may be required, and with whom ensuring the patient is fully informed and able to progress through the discharge process quickly.
- Sometimes it is good to ask a patient’s GP to discuss advance care planning with them after they’re discharged. As the health system continues to see an increasing number of elderly, frail patients in Australia and New Zealand, it may be appropriate to manage future illnesses in the community to avoid possible hospital admissions.

- It is vital you discuss legal responsibilities, especially relating to driving, with patients and their families, and record this advice in the discharge letter. Refer to the [Assessing Fitness to Drive](#) publication written by Austroads (the New Zealand Transport Agency is a member of Austroads) for advice, although you may need to also reflect your expert opinion.
- Airlines can give advice about flying after an illness, other organisations can advise regarding diving and other dangerous sports. There is a growing body of literature around returning to sport after a concussion.
- Ensure that a member of the team is documenting all relevant findings and discussions as the ward round progresses and that enough information is provided in the medical record to give a reliable picture of the thinking and rationale behind management decisions. The notes should not be so detailed as to impede the ward round but, if reviewed months later, should be easily understood and convey what has happened. This type of documentation is the best protection for both you and the medical team.

Resources

- [Twelve tips for teaching avoidance of diagnostic error](#)
- [ANZCORs Guideline 10.5 – Legal and Ethical Issues Related to Resuscitation](#)

Section 5: Relationships with managers

While consultants and managers will approach problems from different backgrounds and perspectives, both views are equally valuable; it is worth taking the time to understand the other's perspective.

Recognising that managers work under different pressures, it is better to avoid judging their ability or value and instead to work alongside them and plan the direction of the department together.

Managers are receptive to improvements in care – particularly if they come with benefits such as shorter stays or fewer admissions.

When organising clinical audits within the department, ensure that some of these focus on utilisation, demonstrating how savings or waste reduction achieved in one area might be used in another area.

The Chief Executive Officer and Chief Operating Officer can influence decisions and processes that reach across departments and throughout the whole organisation. Your observations as a clinician working on the floor may provide them with useful insights and evidence to support improvements.

The Quality Manager and team are able to assist in a variety of areas and also have a wealth of knowledge and expertise on processes around clinical audits, patient safety issues, adverse events and other areas that ultimately make the hospital a better and safer place for patients.

Section 6: Administration

Personal administration becomes more important when you are in a permanent position. You are likely to have regular and intermittent administrative tasks to undertake. Your life will be much simpler if you set up a system early. These are some of the common tasks:

- check your mail regularly and respond to requests, especially those regarding patients, in a timely manner
- check emails once or twice per day and, with consideration, respond accordingly. If a colleague is asking for help (e.g. a swap on the roster) it is useful for you to say 'sorry, but no' as well as 'yes' by return of email. Try and be creative in finding solutions, as it's likely you will want similar help in the future
- if you fill in timesheets, complete these promptly at the end of each pay period.

Doctors in New Zealand should be aware that:

- you **MUST** have up-to-date medical indemnity insurance, an annual practicing certificate and CPD certificate. If you are not a permanent resident, you must also have a valid visa. Without these documents it is illegal to work as a doctor in New Zealand. Do not let them get out of date.
- there will be claim forms for professional expenses such as APC, RACP fees and special society fees. These are different to CPD claim forms. (The terms Continuing medical education (CME) and continuing professional development (CPD) are used interchangeably).
- your CPD allowance is dependent on your hours worked for the District Health Board (DHB). If you are part time (less than 40 hours per week) and have **NO** other source of medical income then you are entitled to a full CPD allowance. However, if you have private practice, do extra locums for other organisations or have another job with the RACP/Ministry/University etc, then your CPD allowance will be pro-rata. Check the arrangements in the ASMS contract, and also see the ASMS "Standpoint" publication in appendix A for information on this. If your extra work is only very minimal, then the DHB may negotiate in good faith.
- having copies of your hospital's CPD claim form easily available and claiming your expenses in a timely manner (within a few weeks of the event) can be helpful. If you book through the DHB travel agent they may be able to take the money directly from your CME account.

- if you are not sure what activities can be funded through your CPD allowance – ask your colleagues, clinical leader, ASMS or manager before spending the money. This will reduce arguments about it afterwards. There is good advice available on the ASMS website.

Section 7: Appraisal

Appraisal is an important part of your development and of the service in which you work. You should expect that you will meet annually with the clinical head of your department and your manager to discuss the year that has been and your aims for the year ahead.

This is an excellent opportunity to reflect on the alignment between your job description and the work you are doing. It may also be an opportunity to discuss any 360-degree assessments you have taken part in and to promote improvements for the department.

There is no standard process for the conduct of performance appraisals and the priority given to them varies significantly. The first step is to make sure you know what is required, and when it is required. In some cases appraisal processes and credentialing processes are linked and this can be an important opportunity to review and adjust your defined 'scope of practice'. There will often be forms to complete and a list of specific items that you will need to provide to your head of department prior to the appraisal meeting.

To prepare for appraisal meetings it is useful to summarise your achievements, involvements and intentions. Having a file that you add to throughout the year is more efficient than trying to gather it all together just prior to the meeting.

Resources

Your employer will most likely provide a guide that will help you prepare for an appraisal meeting. The RACP has also developed a [Professional Development Review template](#) that can be used for annual appraisal as well as for Regular Practice Review. The link below is to the guide provided in the Partnering for Performance process used in Victoria. Not all of this information will apply to all appraisal processes.

- www2.health.vic.gov.au/about/publications/policiesandguidelines/partnering-performance-guide

Section 8: Continuing professional development

An effective physician is a lifelong learner – and continuing Professional Development (CPD) is one key to successful practice. It is also a requirement for registration. The Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ) have accredited the RACP to provide a framework that meets minimum standards. All physicians and paediatricians

completing their CPD through RACP must meet the standards set by the RACP. You can find the information about your CPD requirements and access a range of useful resources in the online [MyCPD Interactive Handbook](#).

CPD requirements across New Zealand and Australia

Requirements for CPD are currently in a state of flux. The MCNZ has outlined a strengthened framework to CPD which will be implemented from mid of 2022. The MBA will finalise the changes by early 2021 and introduce and provide a timetable for their implementation. RACP regularly informs members of regulatory changes and the current requirements are always outlined in the [MyCPD Framework](#). It is important that all members enrolled in the MyCPD program stay up to date as these changes are introduced. Members are advised to consult the requirements outlined in the [MyCPD interactive handbook](#).

The RACP MyCPD framework and MyCPD program

The RACP MyCPD Framework is designed as a flexible and self-accrediting framework within which members are encouraged to complete activities relevant to their scope of practice and that meet their learning needs. The [online MyCPD](#) program is a self-reporting tool designed to allow members to record the activities they complete and, if they choose, to upload evidence of that activity completion.

You could find a detailed introduction to the CPD Framework for the current year in our CPD [interactive handbook](#).

Planning your CPD

The RACP's MyCPD program is intended to support the planning, recording and reflecting on your learning and professional development that is aligned to your scope of practice and stage of career. Planning your learning strategy at the outset is essential.

As you plan your CPD you may want to consider documenting your activities in a professional development plan. The following questions may also help:

- What do you need to learn in order to thrive as a new consultant?
- What are your priorities?
- What resources are available that will help you?
- How much learning do you need to do in general areas and how much in your areas of special interest? Don't forget the need for CPD in the professional qualities domains.

- What time are you planning to set aside for learning? How will these sessions and this time impact on your other commitments? One key to time management is that if you don't allocate time, it won't happen. You need to draw up your schedule so there is time for self-directed learning.
- If you practice in a department, what educational meetings will you allow in your schedule? (If you are going to go to grand rounds you cannot schedule a clinic at that time). What review of performance activities (particularly peer review) occur and what options are there to participate with others in auditing the department's work?
- If you will be working in private practice or in a small centre, you might have to search to find available activities that you can either visit or join by videoconference. Formal teaching is not the only way you can learn, even if your practice is remote or isolated. Make the most of online learning or webinars. Join a virtual peer review group or participate in audit activities that occur at regional or national level.
- Are there any projects you want to take on that will help provide structure to your learning? You might introduce a quality control project and/or other research innovations. For example, the use of a screening tool to measure patient-reported or other outcomes can standardise data collection and provide good evidence to drive practice improvement.
- How are you going to tell if you are providing a good service? Are you going to include any performance measures in your practice? These could be process measures like the standard of your documentation, or the percentage of patients treated according to guidelines, or patient outcomes. The data you collect systematically now will determine what questions you can answer later.
- How are you going to organise and document your learning? There are various software tools that can help, such as online bibliographies that allow you to keep track of papers that you have read and annotate items of interest. You can organise electronic diaries to permit retrieval of CPD activities for documentation in your annual return.

Documenting CPD

CPD participation is monitored by the RACP through MyCPD.

Documenting your CPD is easiest if you do it as you go along.

Each year the RACP conducts a random audit to meet the requirement of regulators, who also conduct their own random audits. Audit participants will be required to provide supporting documentation of their MyCPD activities.

It is a good idea to record your CPD in a way that you will have no difficulty in demonstrating that what you have entered is correct if you are audited.

Here are some suggestions for how you can make recording CPD easier:

Take notes

One of the easiest ways to create source material is to take notes. Notes can document CPD activities that would otherwise be invisible, such as teaching on the wards.

The most straightforward method is to dedicate a notebook that you bring to conferences, journal clubs, meetings, rounds, and other activities. Note-taking doesn't need to be extensive, but it will be most helpful if you focus on what you learned and how to apply these insights in your practice. You could also use a note-taking app on your mobile phone or tablet.

Keep a journal diary

Proof of a journal subscription does little to demonstrate engagement or learning for CPD. Some Fellows find it helpful to keep a journal diary to reflect on their reading, and often do so as part of a larger note-taking strategy.

You can annotate papers you have read (electronically or otherwise) as evidence of your involvement with the material as well as a way of consolidating your understanding.

Use social media

Most conferences now create a specific Twitter hashtag for the event. Fellows can use the hashtag to tweet their comments on sessions and panels during the day, potentially initiating discussion with other attendees. You can also use tweets to yourself as a way of keeping contemporaneous notes.

Update your calendar

The simple habit of annotating your calendar can provide you with a daily record of CPD activities and the time you allocated to them.

Blocking out time for CPD, particularly activities outside your routine or comfort zone, also makes you more likely to complete it. Many digital calendars allow you to assign categories to activities. Create a tag for CPD and at the end of the year you can view and print everything you've classified in a complete list.

Time activities

For CPD that defies any of the documentation strategies above, consider just keeping track of your hours. There are a range of apps and time-management programs available.

Upload files to MyCPD

MyCPD has the capacity for you to upload documents, providing you with a ready collection of source materials in the case of an audit (documentation is only required to be provided for 100 credits). If you are recording a lecture or a paper in MyCPD, consider uploading it at the same time.

The systems you set up now to promote learning effectively and efficiently and to document your learning achievements will pay large dividends over a lifetime of professional learning, and contribute to creating a fulfilling and sustainable professional life.

Resources

- [RACP MyCPD Program](#)
- [RACP MyCPD Interactive Handbook](#)
- [RACP Professional Practice Framework](#)
- [The Australian Health Practitioner Regulation Agency \(AHPRA\)'s standards and guidelines for Continuing Professional Development \(CPD\)](#)
- [MCNZ Recertification and Continuing Professional Development booklet](#)
- [Evernote](#)
- [Toggl](#)

Section 9: Taking on extra roles

Consultants are invited to take on many related administrative roles, including positions on departmental and hospital committees, medical school or RACP committees, and groups associated with professional societies such as the Internal Medicine Society of Australia and New Zealand (IMSANZ); these may include conference organising committees.

It is wise to postpone joining committees until you have settled into your role as a consultant. After you have given yourself six months, consider first what you can bring to the department before making any decisions to commit yourself elsewhere – whether within the hospital or externally.

Section 10: Service development and audit

There are some successful methods and principles which can be helpful when attempting to make changes within your department or hospital.

The main points to be aware of are:

There are some successful methods and principles which can be helpful when attempting to make changes within your department or hospital.

The main points to be aware of are:

- don't try to change things too soon:
 - it takes approximately six months to get a feel for the current systems and processes
 - try and establish the reasons for the current processes
 - see if support exists for changing processes
- use relevant evidence such as accepted clinical guidelines to assist change:
 - evidence of benefit motivates clinicians
 - evidence of efficiency motivates management
 - improving processes can improve patient outcomes.
- aim to work with people who will support you:
 - look for colleagues who are early adopters of change and engage them
 - most of those who are hesitant to change will come around in their own time if the benefits are shown to have positive outcomes for patients or make processes simpler and easier.

Evaluate the effects of the changes you have introduced honestly and openly: don't push on if your proposal turns out to be unsuccessful.

Clinical audit and practice review are important parts of your role as a professional; they should be regularly recorded along with other professional development activities in your CPD program. You can get ideas for audit from your immediate colleagues, at conferences, in journals, and at your peer group. Many hospitals also have an audit department and can help with ideas, statistics and publications.

In New Zealand, audits also include reviewing randomly chosen clinic letters with a colleague, comparing your management of common conditions with national benchmarks etc. It is good to involve your junior staff in the audit process – undertake a team audit for instance.

You can find more information about clinical audit on the [Ministry of Health website](#).

Section 11: Interacting with families/whānau

Most families who have a relative in the hospital want to be kept informed and up to date about decisions and treatment plans. They may find this difficult if they are working during the day and can only visit after hours. Not keeping the family informed can lead to miscommunications, frustrations and possibly complaints.

The main areas of concern for families are:

- Has the problem been diagnosed?
- How is the problem being treated?
- What tests are being done?
- How long will the patient need to be in hospital?
- Will the patient need additional support once discharged?

Obtain the patient's consent to meet with the family to discuss the patient's case. Advise the patient that you will discuss with them what was said during the meeting with their family.

If they can't meet with you in person a phone call is a good alternative and can often be done during a relative's lunchtime.

When you meet with the family:

- arrange meetings in a private room and only when you have sufficient time to spend with them
- arrange a fixed time separate from ward rounds
- have the attendees identify one person to act as the conduit of information to the rest of the family; this is particularly important for extended families
- document the meeting carefully as this may assist you later
- understand that the family may be frustrated and emotional during the meeting and may take this out on you
- use language that the family understands and answer all questions honestly and offer to provide more information if the family seems unsure on anything
- explain uncertainty – this is an important part of these consultations
- turn your phone off.

The RACP has developed a guideline for [Consulting with Māori and their whānau](#)

Section 12: Cultural competence

In your role you will be coming into contact with people from culturally and linguistically diverse backgrounds, whose family/whānau and community needs may differ from your own. As a consultant you are in a position of influence as to how healthcare is delivered in your workplace. As well as continuing the process of gaining cultural competence you should lead by example, looking to influence and even challenge colleagues' behaviour.

Resources

- [RACP Online Learning Resources Cultural Competency](#)

Section 13: Dealing with complaints

Patients and their families/whānau are experiencing a high stress situation. It is vital to remember that if you get a complaint from them it is not personal (even though it may feel that way). Most complaints can be settled with a simple face-to-face discussion.

If you think a situation may result in a complaint then it can be useful to write down your recollection of events immediately as this will be a good addition to the clinical notes. Some complaints are filed weeks or months later, at which point it may be more difficult to recall the situation as it occurred.

Getting a complaint does not make you a bad doctor – everyone gets them at some stage in their career – what you learn from the experience and how you improve your practice into the future is more important.

Keeping compliments and cards received from patients and reviewing them periodically can provide you with reassurance and reaffirmation.

It also pays to be mindful that different institutions have different policies about dealing with complaints. Familiarise yourself with your institution's policy and speak to your Hospital Patient Liaison Officer (or equivalent) as soon as you receive a complaint. It is sensible to review your notes thoroughly before taking any action to remedy the complaint.

Generally, when a complaint is received:

- write to the complainant and acknowledge the complaint. Before writing, discuss your response and the complaint with your medical defence organisation to obtain the appropriate guidance and advice.
- apologise for any distress that the patient or family/whānau may have experienced (apologising is not an admission of guilt or negligence)
- make sure all aspects of the complaint are addressed in the letter.
- offer to meet and discuss the complaint.

When meeting, ensure you also repeat the apology. You do not have to accept the complainant's recollection of the events. Refer to the notes and discuss any differences. It is important not to become defensive or take an adversarial position as this will not help to reach a resolution.

If the Coroner or your state/territory Workers Compensation Authority is involved, then you should involve your medical defence organisation early in the process. The hospital's Chief Medical Officer, Clinical Director and/or Quality team can all provide assistance and constructive advice based on previous experience in dealing with complaints. The Quality team can also provide a contact point for the family if needed.

It is useful to discuss the complaint and the case with a trusted senior colleague to gain their perspective. If a junior staff member is involved in the complaint it is best for you to deal with the patient and/or family/whānau and then discuss the outcomes separately with the staff member in an honest and non-threatening environment. In this meeting, cover what was written in the original letter and later what occurred in the face-to-face meeting. They should review the notes and offer their perspective on the events before your next meeting with the family. You should advise them, if appropriate, to discuss the case with their insurer also.

Section 14: Writing reports for the Coroner and other agencies

It may be necessary in your role as a consultant to provide reports to the Coroner or other agencies.

Support is available to you through your organisation or insurer and it is encouraged that you take advantage of this, especially if this is a new situation. Ask a colleague for a report they've written previously, so you can get an idea of the format and writing style.

Before any report is submitted, have the Quality team check the format. Also request your insurer to review the content as well as questions being asked of you by the Coroner.

If you are required to attend an inquest you will be informed by the Coroner's office via the Quality team. When going through this process:

- state the facts as documented in the notes
- don't interpret the notes unless specifically asked to by the Coroner
- keep focused on the questions asked and do not address any side-issues
- if simply asked for a summary of events, give a chronological description of the events as documented
- if you state something that is not documented in the notes, this will carry less weight. It is still acceptable to do this, but ensure you can provide evidence to support your response
- answer all questions at the inquest as honestly and succinctly as possible
- you may be reporting on an event that occurred several years ago and it is acceptable to say that you don't know the answer or can't recall a certain event. Don't try to guess or attempt to provide an answer in these circumstances.
- paediatricians spend more time in court than other specialists due to their role in child protection. There are courses available to teach you how to present yourself and write reports. Other physicians should seek help from the hospital legal team or Medical Protection Society before agreeing to appear in court.

Section 15: Guidelines for peer review and other meetings

A peer review group can provide a supportive forum for professional development and clinical consultation.

Peer review is an MCNZ required activity for CPD. MyCPD framework has introduced Reviewing Performance as a new category, where peer review is one of the typical activities and can be claimed under this category. When setting up a peer review group and subsequent meetings, there are particular steps to follow. These are additional to the requirements of organising and running other types of meetings. You must complete a minimum of 10 hours peer review each year

Planning or setting up a peer review group

- A group of between seven and 12 participants works well and the range allows for individuals being away.
- Decide on the focus of the group (e.g. general physicians or anyphysicians).
- Confirm the members of the meeting and what expertise or specialty they each bring to the meeting.
- Identify who will coordinate the meetings, where you will meet and who will act as the contact person.
- Establish a regular meeting cycle (monthly works well) and a time limit.
- Identify the appropriate category in your CPD program for recording these meetings on your annual return, for example, in the RACP MyCPD program peer review meetings can be claimed under Category: Reviewing Performance, and clinical audits can be entered under Category: Measuring Outcomes.
- Outline the meeting rules.
- The group should evaluate its progress and rules at least annually.
- Have the participants sign a confidentiality agreement that covers both the information acquired and the discussion held. It should also cover:
 - whether or not a person can act as a reviewer for a case that has been discussed at a peer group they have attended
 - what will be done if an issue of competence comes up with respect to a colleague (see the [AMA Code of Ethics in Australia](#) or the [NZMA Code of Ethics in New Zealand](#)).

The ground rules for any meeting – including peer review group meetings

The ground rules for any meeting should be circulated to the participants before the first meeting. These ground rules may include:

- the rules of membership
- responsibilities of the Chair and the participants.
- what constitutes a quorum – this must be agreed upon. A quorum is needed for changing the rules, accepting new members etc, but not needed for simply holding a peer group.
- the confidentiality of the information to be discussed (this should be explicitly noted)
- the requirement for attendees to identify any perceived and real conflicts of interest; these should be declared before the first meeting
- the commitment to:
 - keep meetings constructive
 - maintain a supportive environment and encourage all participants to

- contribute at each meeting
- confirm the time and date for the next meeting before participants disperse.

Role of the Chair

- Ensure the meeting starts and finishes on time.
- Ensure the agenda is circulated before the meeting along with relevant background information and the previous minutes.
- Encourage attendees to participate and identify who will keep minutes.
- Allow participants to express their view without interruption as long as it is succinct, and politely intervene if the participant goes beyond this.
- Outline any limit to the number of issues that a single attendee can bring to this meeting.

Any disagreements or rule changes will be resolved through the Chair by either stopping discussions that may be inappropriate or putting contentious issues to the group after hearing from each side.

Role of the participants

- Arrive on time.
- Participate in a constructive manner.
- Be concise and stay on topic.
- Be sure to have reviewed the minutes from the previous meeting and feedback as necessary on actions taken.
- Do not hold private background discussions during the meeting.

Section 16: Setting up in private practice

You may be considering whether to set up in private practice. While you may be able to seek advice from your consultant colleagues, some may be reluctant to share their experiences with someone who may, in essence, be seen as a competitor.

Some of the issues you should consider when deciding whether to set up in private practice include:

Am I professionally ready?

- Do I have the professional experience, competence and skills required to work in private practice?
- Do I have access to individual or peer supervision?
- Do I have sufficient professional indemnity insurance?

- Am I familiar with and understand the relevant:
 - laws
 - code of ethics
 - ethical guidelines?
- Can I manage the requirements of my own case load independently?

Am I personally ready?

- Do I want to own and run my own business?
- Do I have the time to devote to establishing and running a private practice?
- Am I physically and mentally able to meet the demands of a private practice?
- Am I willing to undertake risk?
- Do I want to practice as a sole practitioner? Do I want a team around me?
- What will I gain from working in my own private practice?
- What will I lose/miss from not working in public health/other sectors/models of practice?

Am I business ready?

- Do I understand the basic business and regulatory requirements of running a small business?
- Can I calculate and evaluate the costs of running a business?
- How can I calculate/project my income?

Resources

- [Australian Psychological Society, Setting up a private practice: Issues to consider, March 2014](#)

FOR THE FUTURE

While everyone has their own style of practice it is useful to have a toolkit to help you establish your own solutions. Much of the advice in these pages is specific to particular processes and the nuts and bolts of life as a consultant.

Most senior consultants would probably agree the core aspects of being a consultant revolve around your relationships, your ability to communicate and how you manage stressful situations.

When there seems to be a shortage of hours in the day, or inevitable issues arise, it is invaluable to have colleagues and team members you can count on as well as the support and goodwill of your family.

Let this guide be a reminder to avoid common mistakes of those who have come before you like overcommitting yourself, becoming isolated through neglect of family or lack of contact with colleagues. Do not lose sight of why you chose your particular specialty in the first place and don't lose your passion.

Keeping these suggestions front-of-mind can benefit your career and help ensure your job satisfaction in the early days and throughout the years ahead.

Finally, we recommend you keep in mind these 10 ways to be a healthier physician:

1. Have your own GP.
2. Avoid taking work home.
3. Establish a buffer zone (time out) between work and home.
4. Take control of your work hours
 - schedule breaks
 - take days off
 - strike a balance between the hours of paid work and the demands of your job
 - put holidays in your diary months ahead and tell your family.
5. Manage your time by making realistic schedules and not over-committing yourself (at work and home).
6. Manage your work environment.
7. Use your colleagues for support and maintain and work on relationships with your partner and friends.
8. Take time out for your own needs through activities such as relaxation, enjoying personal interests or pursuits and maybe spending time alone.
9. Do not feel guilty or 'less of a doctor' for demanding a work-life balance.
10. Humour is therapeutic: surround yourself with fun and humour daily.

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GLOSSARY

ACC – Accident Compensation Corporation

AHPRA Australian Health Practitioner Regulation Agency

AMA Australian Medical Association

AMC Australian Medical Council

ASMOF Australian Salaried Medical Officers' Federation

ASMS – Association of Salaried Medical Specialists

CMO Chief Medical Officer

COO Chief Operating Officer

CPD Continuing Professional Development

DHB – District Health Board

DHAS Doctors' Health Advisory Service

DPE Director of Physician Education or Director of Paediatric Education

HDC – Health and Disability Commission

IMSANZ Internal Medicine Society of Australia and New Zealand

MCNZ – Medical Council of New Zealand

MPDT – Medical Practitioners Disciplinary Tribunal

PQC Professional Qualities Curriculum

RACP Royal Australasian College of Physicians

RMO Resident Medical Officer

SMO Senior Medical Officer

SPPP Supporting Physicians' Professionalism and Performance