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Preparing for a consultant post in child and adolescent psychiatry

A practical guide for specialist registrars

The prospect of looking for a consultant post in child and adolescent psychiatry can be anxiety provoking. The ideal job should be balanced and fulfilling, with scope for personal and service development, and should minimise the likelihood of frustration and burn-out. It is not uncommon for newly appointed consultants to become dispirited by the discrepancy between the job description and the reality of the post.

At present, about 10% of all consultant posts in child and adolescent psychiatry in the UK are vacant, with consultant posts expanding nationally by 3–5% a year. On average, 1.5 candidates are interviewed for each post (available from D.C. upon request). This means in effect that for specialist registrars it is a buyer's market with scope for negotiation, which is particularly important given the variation in the range and quality of jobs.

This paper is intended to complement the recent *Bulletin* article aimed at regional representatives and those writing consultant job descriptions (Littlewood & Dwivedi, 1999). It is intended to provide a framework for realistic appraisal of consultant job descriptions and confidence in the process of applying.

Establish your priorities

Consider the following points (this is by no means a complete list and is in no particular order).

- *Geographical location* Do you want to work in an inner-city area or are you set on a remote rural location?
- *Familiarity of regional set-up* Do you want to remain in the area where you trained (and therefore where you know the consultant staff and they know you as a senior trainee) or are you seeking fresh pastures?
- *Acute or mental health/community trust?* Recent canvassing of opinion among child and adolescent psychiatrists suggests that the quality of working relationships and set-up are more important than the 'type' of trust.
- *Research, teaching, training* Do you want an academic post, or at least some academic/research sessions, and if so, how many? Are there existing or potential links to

university departments or established research projects? Are you interested in teaching? Will it be possible to supervise trainees? What is the trust's position on funding specialist registrar posts?

- *Special interests* What areas might you want to pursue as a consultant: for example, paediatric liaison, learning difficulties, adolescent mental health, in-patient units, forensic child psychiatry?
- *Full-time v. part-time* If part-time, how many sessions? Would you consider a job share? If so, it would be an idea to check out if you can pair up with a like-minded applicant in advance of any interviews.
- *On-call duties* What is the level of out of hours cover you would be happy to provide?
- *Type of team* What sort of team would you *not* like to be part of? What sort of colleagues do you envisage working with? Are you happy being the sole child psychiatrist or would you feel lonely/exposed/unsupported?
- *Premises and facilities* What would suit your style of working? Is a family therapy suite with appropriate audiovisual equipment a high priority? If you are negotiating for a larger team, will the premises be adequate to accommodate it?

Be ready

You will need to keep your curriculum vitae (CV) up-to-date. It is often useful to invite comments on it from consultant colleagues. Don't hold back – sell yourself? Look out for job vacancies in the *British Medical Journal*: it's still the standard place for consultant posts to be advertised.

Be proactive

There are three ways of finding out about jobs:

- formal advertisement;
- locally, you may hear about a post being developed; perhaps as a result of a retirement or owing to plans to expand a particular service;



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- further afield, there are also likely to be posts in the development phase or even ones that have not been advertised owing to a perceived shortage of local candidates: ask around other districts to find out what may be available, particularly if you know where you want to work.

Appraising the job description

Compare any job description you read with the model job description published previously in the *Bulletin* (Littlewood & Dwivedi, 1999). In particular, consider the following issues.

In your pre-consultant life, you will have become accustomed to a timetable that is pretty tight, and probably one in which all your sessions are accounted for. A consultant timetable (job plan) is a contractually binding agreement that you sign on appointment. You should be wary if the job description stipulates too many (more than six) fixed sessions in the job plan. 'Fixed sessions' refer to clinical commitments such as ward rounds and clinics, and not, for example, research sessions.

You will always need more flexibility than you think, and you do not want to tie yourself to a job plan that is too prescriptive. A useful way to consider the job plan is using the 'rule of thirds', where a third of the time is on direct clinical work, a third on indirect clinical work and a third on 'something else' (management, research, administration, audit, etc.). A further pitfall is to commit yourself to a particular number of new assessments per week, as this number will depend on the role you negotiate within the team. The job will evolve over time, both because of and despite you, and you want to be able to respond as flexibly as possible to any changes, wanted or unwanted, in your situation.

Finding out more – who to contact

It pays to visit (or telephone) certain key individuals when you are deciding about a particular post. The job description may indicate who to contact and whether visiting is encouraged either before or after short-listing has taken place. If this is not clear, it is worth contacting the named person in the advertisement to clarify the etiquette. You need to tread carefully – you want further information and to appear interested without giving the impression of canvassing. On the other hand, a trust with a 'dormant' job may welcome approaches at any time. If you do decide to visit, consider meeting the people and exploring the issues listed below.

An important additional spin-off from this process is making contacts with key personnel with whom you may be working closely if you accept the post. Some of the questions below could usefully be explored with several professionals – and their differing perspectives on the same issue may be very illuminating. Furthermore, it is entirely acceptable to ask whether there is anything in particular you should be aware of.

Existing multi-disciplinary team

What is their style of working? What theoretical models do they employ? Is the skills mix adequate? Are there any particular policies or a current working philosophy you should be aware of? What would they see your role as being? Is there flexibility? What are the arrangements for assessing children and adolescents who commit self-harm? Where would you admit young people, should this prove necessary? What are the relationships with other statutory and voluntary professional groups like?

Local child psychiatry consultants

Find out how you would fit in with your prospective colleagues. For instance, does someone else adequately cover your area of special interest already? Are the consultants committed to professional development? Do they meet regularly? How do they view management? Is child mental health considered to be adequately resourced or is it seen as underdeveloped? Are you expected to be involved in the commissioning process with primary care groups? Finally, do you like them? (This is not strictly necessary but it helps.)

Paediatricians

Are there good links between child health and child mental health? Is there the willingness and level of understanding to set up or expand a liaison service? How are children with learning difficulties managed? In short, what do the paediatricians want from the child mental health service and what do they offer?

Adult psychiatrists

What are the current arrangements for catering for older (ie. above school age) adolescents with mental health problems? What are the age cut-offs and hand-over protocols?

Chief executive

Is this an organisation/trust you would want to be part of? What is its track record in the strategy for child mental health (is there a strategy for child mental health)? What is the management structure of the trust (vertical or horizontal)? Which directorate/trust would you be part of (for example, mental health or child health)? You should be able to draw a diagram to illustrate the structure and decision-making levels in the trust. How do consultant medical staff fit in with this? What is the corporate ethos?

Medical director

How supportive is he or she to child mental health? What are the strategic aims of the trust? What access do consultant medical staff have to decision-making levels in the trust? What are relationships between the trust and other agencies like?

Finance/business director

Could you see/have a copy of the latest annual report detailing the trust's financial position? Ask for examples of recent successful business plans. Is this a person you could 'do business' with?



Director of social services (children's services)

What social services resources are available for disturbed children and adolescents? What is the view of having social workers based permanently in or seconded to child mental health teams? What changes would social services want in their relationship with child mental health?

Director of education

What resources are there to help children and adolescents who manifest problems in school? How effective is the educational welfare service? Are there educational social workers? What are seen to be their respective roles and those of educational psychologists? What effect has the introduction of the policy of local management in schools had on the above? More specifically, you might ask about anti-bullying and school refusal policies.

Preparing for the interview

Make sure that this groundwork you have done has given you a good grasp of the job. You should be clear if you are happy with the post as it stands or whether you would only accept it with modifications.

Given the changing nature of consultant interviews, be prepared for longer than the traditional 45 minutes. You may well be asked to give a presentation on a particular topic, for example, your ideas on how the service should be developed, and you may face more than one panel of interviewers! If you are short-listed, talk to local consultants, preferably recent appointees, to get a flavour of what lies in store for you.

Think about current relevant issues. However, try not to rote learn a set of answers; this appears spontaneous. Be familiar with relevant sections of recent policy documents and developments, for example:

- *Working Together to Safeguard Children* (Department of Health et al, 1999);
- *Children in Mind* (Audit Commission, 1999);
- *Clinical Governance: Quality in the New NHS* (NHS Executive, 1999);
- *The Quality Protects Programme 2000/01: Transforming Children's Services* (Department of Health, 1999a)
- *Modernising Health and Social Services: National Priorities Guidance 1999/00–2001/02* (Department of Health, 1998)
- *National Service Framework for Mental Health: Modern Standards and Service Models* (Department of Health, 1999b)

- Crime and Disorder Act 1998
- *Child and Adolescent Mental Health Services: Together We Stand* (NHS Health Advisory Service, 1995).

Ask consultant colleagues to give you a practice interview. Videotape it – not only is this useful to review later, also it will make you more nervous and therefore provide a more realistic preparatory exercise.

After the interview

Once you have been offered the job, consider negotiating further before signing on the dotted line. For instance, do you want to have a computer for your room, or for accommodation to be improved? Are you happy with the relocation package? Is the job plan too prescriptive? What salary will you be starting on? If these become sticking points, why not offer to start a few months later, thereby allowing the salary savings to be used to meet your requests. Have the contract scrutinised before signing it. If you are a member, the British Medical Association will do this for you.

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