Carry on working!

Marc Patterson

Marc Patterson was a consultant orthopaedic surgeon at University Hospitals Sussex NHS Foundation Trust for over thirty years working in Haywards Heath and Brighton, a level I Trauma Centre. Marc is an examiner for the Royal College of Surgeons of England (Past Chairman of the Court of Examiners) and is Chief Examiner and Secretary General of SICOT.

The work of a Consultant Orthopaedic Surgeon is a complex and satisfying role. But working for the NHS is similar to working for any huge organisation, i.e. very stressful and frustrating so within the structure of the consultant role, you have to find a way to make it work for you. You have to carve out your niche. The hamster wheel turns rapidly and, if you don't crystallise your plan early in your career, middle age and retirement beckons quickly.

Retirement can be handled in three ways. You can retire early and sail into the sunset (literally) and never set foot in a fracture clinic ever again, you can work until you drop, or you can find a middle way which transforms your life as a satisfied surgeon to that of a satisfied retiree.

Early consultant years

After training in London and Singapore, I was appointed as a consultant in orthopaedics and trauma to the Princess Royal Hospital, a busy district general hospital in mid-Sussex in 1989. It was an active and efficient unit both for elective orthopaedics and trauma. On-call was never dull because of fast country roads and a challenging three lane main road from the end of the M23 to Brighton which encouraged daredevil overtaking, providing sufficient long bone fractures to keep up trainee's operative numbers. Frank Horan was my senior colleague and the mentor that every new consultant needs. He was very active in politics, training and medical school circles (particularly with St Mary's, hence the link

Helping to prepare a clinical skills station in MRCS.

with London trainees). He advised me to only undertake straightforward operations in my first year, avoid operating on staff members and to review my practice regularly and weed out procedures which plainly did not work well in my hands (this was long before regular appraisal and revalidation).

His main advice, and it is advice I have passed onto trainees ad nauseam, was to find a medical activity outside my normal day to day orthopaedic experience – examining, medical politics, sports medicine or joining international organisations etc. in an attempt to stay fresh, learn new skills and appreciate how other specialties worked, frequently leading to the realisation that everybody else was experiencing the same problems in the NHS, quite possibly worse than your own.

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Becoming an examiner

With his encouragement and having established myself as a consultant, I became an examiner for the Royal College of Surgeons of England in the early noughties. The old FRCS was replaced by the MRCS and I became more involved in the development of the new exam, particularly communication skills, and subsequently became Chairman of the English Court. Through my connection with the MRCS, I was taken under the wing of Tony Hall and eventually took over from him as the SICOT (Societe Internationale de Chirurgie Orthopedique et de Traumatologie) Chief Examiner supervising the SICOT Diploma examination (MCQ & Viva) which was developed by him based on the FRCS.

Every exam I am involved in teaches me new skills, practices and knowledge and remains an important part of my continuing medical education. It is also a pleasure to have worked with hundreds of fellow examiners from around the world from different specialities and countries who remain lifelong friends and colleagues. Examining is also great fun!

I would therefore encourage all young established consultants to consider becoming an examiner. This challenges you, provides you with a new perspective on education and assessment, the opportunity to meet and learn from surgeons all over the world and you might just leave a lasting contribution to the profession of surgery.

In 2005 (16 years into my consultant career), Mid Sussex joined with the Royal Sussex County Hospital in Brighton creating a large teaching hospital with the new Brighton Medical School. I covered major trauma in Brighton for ten years before transferring to a weekend rota covering regular consultant-led emergency fractured neck of femur lists.

I originally had an eleven session contract (subsequently dropping one session to comply with private practice rules). This then converted to a PA contract with additional sessions to cover for management (clinical lead, MAC Chairman and BMA Consultants and Specialists Committee) and College Duties (Educational Supervisor, GP VTS work and AAC Consultant Appointments). I decided to remain on the weekend rota for a longer period than some of my colleagues because the nature of the weekend work 'soaked up' a number of PA sessions leaving me to continue undertaking my college work and private practice.

I continued contributing to my NHS pension under the 1995 agreement. I stopped contributing at the age of sixty as I was advised that further contributions would not be reflected in my final pension pot.

Working towards retirement

I retired at the age of 65 in 2018. I did not consider retiring and returning on a fixed term contract because (a) I didn't want to be tied down to regular sessions and (b) the Trust didn't want me to work on those terms! I wanted to continue working in orthopaedics for the NHS in some capacity but not full time. I therefore returned on the NHS bank after a one-month break having taken my pension. This gave me the freedom to plan my activities under my own terms and without the straightjacket of a fixed term contract. Under this scheme, I undertook NHS activity in terms of trauma ward rounds, virtual fracture clinics, fractured neck of femur lists, an element of elective hip and knee work and teaching and examining of medical students. I worked when I wanted, doing some regular work but mainly filling in gaps in the rota for leave or illness. I was available at short notice to cover gaps but if I was busy, on holiday or had other commitments, I just said no! Because I was still employed by the NHS, I was eligible for annual NHS appraisals. I continued in private practice during this period, stopping operating in 2022 but continuing outpatient and medico-legal work until this year. I continue to examine in the UK and abroad, sit on Consultant Advisory Appointments Committees and have been elected as Secretary General of SICOT so will have continuing orthopaedic input without challenging clinical work. >>

The Court of Examiners provides all the examiners for MRCS.

Executive Committee of SICOT.

Bill Allum in the *'Advancing the Surgical Workforce: 2023 UK Surgical Workforce Census Report'* details the problems facing the more experienced consultant[1]. 64% of 55-64 year old consultants plan to retire in the next four years because of unmanageable workloads, lack of time to teach and mentor, conflicts between clinical and management priorities, working beyond contracted hours, inability to take all annual leave and burnout and stress. NHS England in its 2023 paper on 'Retaining doctors in late stage career advice'[2] added health and wellbeing issues, work-life balance, caring responsibilities, pension concerns, concerns regarding performance, poor team culture and not feeling valued. Many of these concerns can of course be applied to professions other than medicine. The positive aspects of continuing to work include flexible working, adjusted clinical responsibilities, feeling supported and respected, job satisfaction, continued learning, new roles and the reduction of the impact of pension taxation.

I received one unexpected tax bill from the Inland Revenue because of the annual allowance fiasco but stopping pension contributions absolved me from further expense. From 1st April 2023, members of the 1995 section who retire and return to the NHS can join the 2015 Scheme and build more savings. The lifetime allowance for tax-free pension saving was abolished and the annual allowance was increased meaning that for most NHS staff, pension tax charges will no longer apply. From 1st October 2023, members of the 1995 section can apply to take between 20% and 100% of their pension and carry on working, keeping pay and pension. To do this, members must reduce pensionable pay by 10%.

Phased retirement

Physical decline is often said to start at about 45 to 50 years of age but knowledge and experience are maintained far longer[3]. However, surgeons are terrible at self-assessment of their abilities. Rovit[4] suggested three reasons why surgeons resist retiring – loss of self-esteem, fear of death and resistance to change. Surgeons' daily work is full of excitement and responsibility. The transition from busy surgeon to retiree should therefore be gradual and allow for a personal shift in self-worth. Less on call and less complex operating is imperative but continuing orthopaedic work in a less intense atmosphere is just as rewarding and eases the transition to full retirement. It also releases opportunities for new highly trained young surgeons. Some orthopaedic surgeons find more peace of mind by giving up their private practice first and continuing in the NHS in a different role as a senior consultant, for example mentorship.

Early planning for retirement is better both for finances and expansion of personal hobbies. Enough money, outside interests and knowing in one's heart that self-worth is not dependent on being a doctor are all needed for successful retirement.

I don't say that the pathway through my consultant career is right for all but it has worked for me!

1. Every new consultant needs a mentor and every old consultant should be a mentor!
2. Foster alternative interests in medicine outside your day-to-day NHS work role.
3. Medical examining can be very interesting, rewarding, exciting, educational and fun.
4. Plan for retirement early in terms of finance and outside interests.
5. A gradual reduction in clinical orthopaedic work (be that NHS or private) but retaining an interest in other orthopaedic activity makes the transition easier.
6. Continuing to work for the NHS after the age of 65 (in a different role) can be just as rewarding. ■

References

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