Trainee Story – Dr James Bonnington

About Me

I'm James Bonnington and I'm a consultant in critical care and respiratory medicine at Nottingham University Hospitals. I trained in respiratory medicine and general medicine in the Leicester deanery and critical care in the London deanery. I joined the specialist registrar in 2016. I'm passionate about my work, cycling and I'm a bit of a geek too.

My Job Plan

In total, I currently work 12.75 PA, the breakdown is:

Direct Clinical Contact (DCC) 9.5 PA

- Critical Care 8.5.
- Interstitial Lung Disease 1.

Supporting Professional Activities (SPA) 2.25 PA

- Core SPA 1.5.
- Running the clinical fellows teaching program 0.25.
- Running the critical care journal club 0.25.
- Educational supervisor 0.25.

Additional Responsibilities 1 PA

- Governance lead for the critical care department 1.

What I Wish I'd Known About Becoming A Consultant

You are not alone. I well remember my first day as a consultant. I found my office, switched on my computer and felt very alone. Then there was a knock on the door. Then another. And another. By the end of the morning, my phone was full of new numbers and the invitation to call any of them 24/7. The team I work with is brilliant: they'll regularly phone me for advice on respiratory patients and in return I'll call them about everything else! If you've ever wondered where your consultant disappears to in the middle of the ward round: I've blown our cover now!

You don't have to do everything. When you become a consultant, you'll be presented with a dozen possible projects, all of which will sound very enticing. Take time to reflect on what will really excite you and learn to say "no" well.

Within the projects you choose, learn to delegate. "Only do what only you can do" (Andy Stanley). As a registrar, you spend hours tapping numbers into an Excel sheet to make an audit happen. As a consultant, empower and encourage juniors to do the work that you do not need to be carrying.

You need to be extraordinarily well organised. Up to this point, you may have got away with keeping everything in your head. As a consultant, you'll be carrying 3-5 times as much information. Establish a system that will work for you in the first few weeks and stick to it. My job plan is very full and there's little margin for forgetting things. My wife and I use collaboration software just to make sure there's always milk in the fridge….

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Don't fear appraisal. The ARCP system of training tests competency and I feared that appraisal would be the same. I was terrified preparing for my first appraisal! My appraiser is excellent and very wise: we use the process as a way of reflecting on the year that has passed, what's gone and well and what's been difficult. It's also a springboard into the next year, a time to dream and set challenges. I leave feeling excited and re-energised.

Following that, don't forget to show your appreciation for your support team. However much you've been supported in the background through training, you'll need them ten times as much now you're a consultant.

To perform at your best, you must look after yourself. When you started training, you probably got away with nightly takeaway and a monthly jog in the park. Looked in the mirror lately?! I'm ridiculously fortunate to work with a former world class athlete who understands my job as well as my body. She sets my training and nutrition programmes for me and I'm fitter now than I've ever been and have much more mental resilience. You might not want to go to that extreme but, in critical care, I regularly have to make crucial decisions or perform life-saving procedures after being on my feet for 12 hours. You cannot be the best for your patients in those moments if your body isn't in good shape.

Being a respiratory physician on critical care gives you a privileged opportunity to input into patient care. Things are changing but critical care retains its background in anaesthesia. Your training will have exposed you to an understanding of respiratory physiology and pathology that your colleagues won't have. Things move at pace in respiratory medicine: ILD is no longer necessarily a death sentence and monoclonal therapy is more and more common in asthma. You are uniquely placed to educate and inform discussions.

Your job plan is not fixed and the world is your oyster. As an intensivist with a respiratory background, I've already been involved in home ventilation, working on an advanced respiratory care unit and overhauling the perioperative management of OSA. Now I'm part of the ILD team and loving it. Who knows what my future holds!

Being a respiratory physician in critical care helps no end in building relations around the hospital. Of course, I'm fortunate in working in a very friendly, supportive trust but speaking the "language" of a respiratory physician has helped in talks with microbiology, radiology, physiotherapy and many others.