



# **PORTFOLIO CAREERS **for GPs****

**HOW TO BUILD YOUR IDEAL CAREER AND  
IMPROVE YOUR WORK-LIFE BALANCE**



**Expedition medic**

**Content creator**

**Entrepreneur**

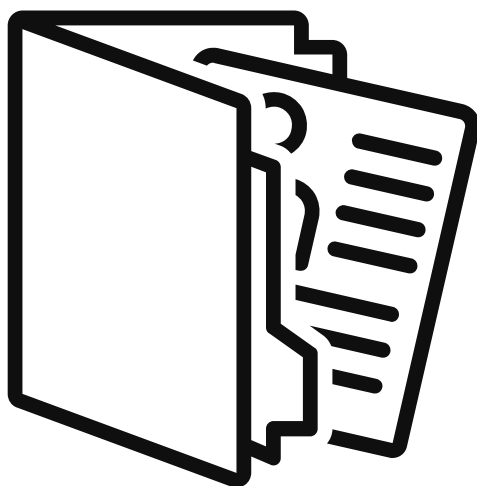
**Cruise ship doctor**

**Sports medic**

**CBT trainer**

**PATRICE BAPTISTE**

# **PORTFOLIO CAREERS for GPs**



The countless hours I spent writing  
this book would not have been  
possible without God and my family.  
For that I will be eternally grateful.

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**HOW TO BUILD YOUR IDEAL CAREER AND  
IMPROVE YOUR WORK-LIFE BALANCE**

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# Why I wrote this book: my story

Before we get into the detail of how you can develop *your* portfolio career, I felt that it would be helpful for me to explain what prompted me to develop *my* portfolio career. I think that understanding my story will help you understand where you are now and how you can get to where you want to be.

## Disillusionment

There I was, at a crossroads. Not sure where to go; I was stuck. Unfulfilled. Disillusioned. How did this happen... to me?

Ever since I can remember I wanted to work as a doctor. For years I relentlessly pursued this dream. Then one day it happened.

Finally completing my training, after six long years at medical school, I was ready to do what I signed up for. I was ready to help people using the knowledge and skills I had worked tirelessly to acquire.

However, it was not this straightforward. I was in for a huge shock.

Despite shadowing the doctors on the wards for three years as a medical student I was in no way prepared to start working as a doctor. There was so much I did not know. I am not referring to medical knowledge, because I expected that it would be a steep learning curve, and I knew that I would not give up and so learn all I needed to know to competently work as a foundation doctor and then as a specialty doctor. What I am referring to is the poverty of technology, the lack of staff, the lack of support for staff, the bureaucracy. I could go on. I was not taught any of this at medical school. In many ways I felt heartbroken. It was like unrequited love!

At the time I sensed that I had to make a decision: do I stay in a system that felt almost impossible to work and thrive in as a doctor? Or do I cut my losses, focus on transferable skills, and run whilst I still can? I was in my mid-20s, early on in my career; so, was it better to leave now than carry on miserable and living a lie? A portfolio career could offer the ideal balance, but seemed difficult to start whilst in full-time training due to the demands of training, exams and assessments. Creating a portfolio career, in my opinion, is much easier to do if part-time or when training is completed.



As medical students many of us leave medical school without enough training in the non-clinical aspects of a medical career (our finances, employment contracts as examples). We are therefore not really ready to develop our careers to the fullest extent possible. This lack of training, along with limited support for our mental wellbeing, can begin to lead to disillusionment and burnout. Starting to look for help in career development is an important step in starting to think about a portfolio career, and creating a career that really suits us. A career that we enjoy reduces disillusionment and burnout, and might just help improve retention and lead to better patient care and health outcomes!

So where can you learn the skills you need to develop your career? The British Medical Association (BMA) is obviously a good starting point, particularly its career development courses in the *Learning and development* section of the website ([www.bma.org.uk/learning-and-development](http://www.bma.org.uk/learning-and-development)). In addition, you could look at Medschool Xtra ([www.medschoolxtra.co.uk](http://www.medschoolxtra.co.uk)), a platform I created to help users (particularly medical students and early career doctors) assess their level of career readiness and to also learn much of the crucial knowledge needed to feel ready to start their careers. Finally, your more experienced colleagues will be able to help answer specific questions and guide you in the right direction.

## The realisation

After the foundation programme, like many doctors do now, I took a FY3 or Foundation Year three as it is known. I took time out to essentially find myself (again) and decide what I was going to do. I had stopped literally all the hobbies and interests that made me happy and allowed me to destress and unwind. I used to write poetry but stopped that as there was no time. I used to read but stopped that too as my eyes were often too heavy and dry when I returned home. I used to love exercising but I stopped that because as soon as I sat down for a few minutes and had something to eat, just the thought of exercising made me tired again. It was a vicious cycle and it had to end somewhere. I had to stop it.

*Have you cut back on your hobbies and interests and started to feel that this might be a problem? Have you considered how you might find time to take them up again? If so, then a portfolio career might be a part of the solution.*

I took that year to do all the things I used to enjoy. I also started networking. I hope you take away more from reading this book, but if you take just one thing away then make it that: network. The saying is true (as you may know already in your quest to get into medical school), “your net worth is your network”. I networked at medical and non-medical events. I spoke to lawyers, accountants, writers, basically anyone who was not a medic. I learnt about their careers and absorbed all I could. I did attend medical events too and, surprisingly, I found out I was not alone. I felt very alone, but through the events I realised this problem was bigger than me. There were many doctors who felt like me, who were unsure about what to do. I felt sorry for those doctors who had mortgages and families to support because they felt so trapped. They had to provide for and support their loved ones even if that meant being unhappy and sacrificing their dreams. Many doctors did not even know what their dreams were any more. Many were not sure about what they would do if they left medicine; they were institutionalised. They had no idea who they were any more. That saddened me and I really felt for them. I am thankful that I was able to take the time to listen to my inner voice and realise that I still wanted to be a doctor. I still wanted to help people and become the doctor I had envisioned as a child. If I was ever going to leave and change careers, this was not the right time for me to do so.

Once I realised that I still wanted to work as a doctor I had to decide:

- Whether or not I could face returning to the NHS and, if I did, how I would survive. I would certainly have to find a way to become even more resilient (the buzzword that seems to be used more and more in medicine recently).
- If I returned, what would I do?

I decided that I needed to prepare myself mentally and emotionally for returning to what I felt was a broken system. Some of the things that I found helpful were writing down my long-term goals to motivate me (e.g. ‘becoming a GP’, ‘financial security’, ‘career autonomy’), especially when things did not seem to be going to plan; I used exercise as an outlet which really helped when I returned to GP training after a long stressful day at work; I practised mindfulness to keep me focused and calm.

I decided that working in general practice was, for me, the best solution to the dilemma I was facing. GPs seemed to have more

control over their careers, they had more variety both in clinical and non-clinical worlds, and in many cases they were able to build long-lasting and meaningful connections with their patients. They also seemed to have time for teaching students. At the time, most of the GPs I met, although under pressure, seemed happy with their choice of career. Therefore, I felt that general practice would enable me to have more career autonomy and ultimately become the doctor I envisioned.

## **The start of my portfolio career**

That is when it began. I made a promise to myself that I was not going to let the system take away my passions again. I spent my FY3 year writing lots of articles – I enjoyed writing and wanted to develop my skills. I also wanted to incorporate it into my portfolio career somehow. I started writing poetry again because I found it therapeutic. I started a medical careers company (what I hoped would become a social enterprise, called DreamSmartTutors) and helped to support the next generation of doctors, and in the process developed as an entrepreneur, learning lots about the world of business. I knew it was going to be hard but I kept that promise to myself, and my portfolio career was born.

Once I returned to training, I did my best to continue what I started during my FY3 year. My portfolio career naturally happened, instead of being rigidly planned. I was still finding my feet in terms of becoming a GP, writer, speaker and so on. I spent several years working in these areas of interest, honing my skills. I felt it would be some time before I could say I have made a career out of them, or now have a portfolio career.

This is how it all started...

## **Working as a clinician**

Once I completed my training, I started working as a salaried GP. Towards the end of my GP training I secured a job at a practice local to me. I then went on to work remotely as a locum. I was planning to stay at that practice for a long time because I was not keen on moving around, like I did during my training years. I really liked working there but I found it difficult to return to work after maternity leave. The pandemic also seemed to impact the dynamics at the practice, and returning to work almost seemed like returning to a completely different practice. I thought about continuing to work as a remote GP because I was not sure about

returning to face-to-face work – I was concerned about losing my clinical skills but wanted to prioritise my wellbeing and my family. I took on a salaried role as a remote GP but felt that the pay was not sufficient for the significant workload, and left this role after about five months.

I returned to working remotely as a locum and, when the surgery no longer needed my services (one of the drawbacks to locum work!), I decided that it might actually be time to return to face-to-face working and managed to secure a long-term locum post at another local surgery. I earned more working in the surgery and was able to keep up my clinical skills. I had also started to feel slightly isolated working remotely (despite the efforts from the various surgeries to include remote GPs) and my son was growing up, so I felt it was a better time to try to make that transition.

### **Working as an educator**

During my time in my first salaried post, I spent two years teaching medical students as a GP Tutor, and I completed courses to become a foundation trainee, out-of-hours and clinical supervisor. This led me to successfully undertaking a module on the Health Professions Education MSc at University College London (which helped me to secure several positions such as a GP educational fellow and senior lecturer at the University of East London). I also started examining medical students at Queen Mary University of London during my final year as a GP trainee.

I worked as a senior clinical lecturer at The College of Medicine and Dentistry, Ulster University (I didn't apply for this role, but was contacted by the CEO of the college via LinkedIn – I cover the importance of social media in *Section 3.5.3!*) and was appointed as an Associate Lecturer at The Open University.

I became registered as a PLAB (Professional Linguistic Assessments Board) examiner during 2019, which I applied for because it seemed interesting, and I wanted to gain experience in this area.

### **Working as an entrepreneur**

As mentioned above, I founded DreamSmartTutors to enable me to deliver courses and workshops for those interested in a medical career. My main focus was to inform students about working life as a doctor so that they truly understood the realities of a medical career. I also aimed to improve diversity (in the form

of ethnicity and socioeconomic background) at medical school. Sadly, DreamSmartTutors ended for a number of reasons including wanting to focus on my family more, lack of a team and support as an entrepreneur. Later (see below) I started another entrepreneurial venture which was unplanned!

And, as I write this section, this is where I am now...

I have had to write this section of the book last because my career has changed significantly since I accepted the challenge to write this book, just over two years ago now. At the time of writing this book I am working in the following roles:

- Clinician – I work as a locum GP in a lovely practice, currently two sessions a week, potentially increasing to four sessions or starting as a salaried GP if a position arises. I also work remotely 1–4 sessions a month.
- Medical educator – I work as a senior lecturer and module lead at the University of East London. I occasionally examine OSCEs at Queen Mary University of London. I also run a YouTube channel ([www.youtube.com/c/drpbaptiste](http://www.youtube.com/c/drpbaptiste)) which focuses primarily on supporting those interested in and working in general practice; my patient information videos on here led me to being recognised by YouTube as a credible source of health information.
- Researcher and entrepreneur – along with my team at Medschool Xtra I am working on a tool to assess career readiness among medical students and early career doctors and provide them with the resources to enable them to become career-ready. I was accepted onto cohort seven of the NHS Clinical Entrepreneur Programme and received funding from the Medical Protection Society (MPS) Foundation for this work.
- Writer – working on this book! This has meant I have written fewer articles than in the past, although I continue to write for GP Online.
- Speaker – I speak at schools and colleges about a medical career, and also at universities and conferences about a variety of topics including career readiness and how to create a portfolio career (!)

What I really like about portfolio careers is the autonomy; they can change as much or as little as you want – you control the direction of your career. My career moves have been a combination of wanting to put my family and wellbeing first, alongside choosing what I think would be best for my career goals overall. Having a

portfolio career has enabled me to make these changes. I am not reliant on one income and can supplement my main sources of income with smaller freelance roles such as speaking and writing.

Having a portfolio career does require some level of fearlessness and you have to be confident in taking risks, whether big or small. At times I have made what could be considered by some as quite drastic or hasty decisions, but I did what I thought was best at the time and, importantly, had the flexibility in my career to be able to do so.

In creating my portfolio career, I did not have access to a specific guide or framework. Everything I did was literally trial and error! Looking back, it would have been useful to have some more support and structured guidance in what could work and how to go about carving a portfolio career. Therefore, this book has been designed to support you as you begin your own journey to creating a portfolio career. It can be used as a practical guide based on research around career development, my own personal experiences – what has worked and not worked for me – and the stories of other portfolio GPs doing some amazing things. I truly hope it helps you find fulfilment and peace in your very own portfolio career!

# Acknowledgements

The publishers and I would like to thank all the interviewees and interviewers who contributed to *Chapter 6*. The interviewers are a combination of medical students and doctors who are interested in general practice and/or portfolio careers. They were matched to the interviewee based on their interests and passion to learn more about a particular portfolio career. They were keen to participate in contributing, which would also help with their own career development.

I would also like to thank Scion Publishing for the opportunity and the much-needed support they provided along the way.

# Chapter 2:

## Planning for a portfolio career

*By the end of this chapter you should be able to:*

- Feel that you have developed a deeper understanding of who you are and where you fit within the wider constructs of society
- Apply the basic principles of career development theory to your own emerging portfolio career.

*Chapter 1* provided a background to portfolio careers and how they fit into our ever-evolving society. Now we can begin looking at the steps you need to take to create your own portfolio career.

### 2.1 The importance of career development in medicine

One of the primary aims of medical schools is to prepare students for the clinical aspects of working life as a doctor, and medical schools focus (and quite rightly so) on the requirements of the GMC's *Good Medical Practice*. However, working as a doctor also requires non-clinical knowledge and skills, such as:

- creating a medical CV and career portfolio
- financial literacy
- understanding employee contracts and rights
- leadership and managerial skills.

These may not always be gained during your time at medical school, even if you have participated in a wide variety of extracurricular activities. Medical schools do try to support students with career development, but the quality of this support varies across medical schools. This might be due to lack of adequate mentors, lack of sufficient time to develop non-clinical skills, and the stigma associated with some topics, such as mental health and financial literacy.



**You might think that if you don't learn the non-clinical knowledge and skills whilst at medical school, then surely you would once you start working life as a doctor?**

Ultimately this lack of knowledge and missing non-clinical skill set may lead to reduced fulfilment with your career, poor mental health, financial difficulties and, at its worst, to you considering leaving the profession. As medics most of us have experienced, first-hand, the problematic systems and structures in place that can significantly affect our career development. But now let's look at other factors (internal factors pertaining to you) that can influence your career and how they might manifest over time.

## **2.2 Are you ready for a portfolio career?**

Before considering planning (or re-planning) your career, you might want to take a moment and consider whether you are really ready to begin this journey (we will go through career planning readiness in more detail in *Section 3.3*).

Whilst we work through *Section 2.3*, think carefully about:

- whether a change in your career (even a small one) is the right choice *now*
- what is motivating you to consider a portfolio career
- whether you are looking to refine your career, or wanting to take it in a completely new direction.

## **2.3 The first steps to developing your career**

First things first: before you can begin creating your portfolio career, you need to analyse exactly who you are. To help you do this, it is worth being aware of four key career development theories:

- Parsons' (1909) trait factor theory. This theory is also known as the talent-matching or matching theory; a person aims to understand their own personality traits, abilities and interests and then seeks to match them against the requirements of different jobs.
- Ginzberg *et al.*'s 1951 theory of occupational choice; a 'developmental theory'. Ginzberg *et al.* thought about occupational choice evolving through various stages or periods in one's life.

- Super, in his 1953 career development theory (also a 'developmental' theory), developed Ginzberg's work, identifying limitations which helped in formulating a theory including various career development stages and tasks. His future work involved a more holistic approach than Ginzberg's, with its foundations in systemic thinking.
- Systems theory: a more contemporary view of career development. This theory considers multiple factors or systems in relation to career development; they are integrated to such an extent that they cannot be separated.

### **What do these career development theories have to do with creating my portfolio career?**

Reviewing theories such as these exposes you to different ways of thinking and therefore to the possibilities that could be open to you. They can be used to help you learn more about yourself and your environment, and to provide you with the clarity needed to build strong foundations for your own career. The rest of this chapter will help you to put the theories into practice.

### **So, what exactly is career development?**

It can be defined as an ongoing process of understanding yourself and the world around you, and using that to inform your choices and therefore career trajectory (which includes a collection of your jobs and/or vocations).

Career development is a lifelong journey encompassing self-discovery, transition and change. Some people meticulously plan their career and others act more impulsively, grabbing opportunities and saying 'yes' to various experiences that come their way. Others may use a combination of the two; I have certainly used a combination of planning and exploring new opportunities or experimenting (based on my interests) during my career (see *Example 2.1*).

#### ***Example 2.1***

Whilst on The Emerging Women Leaders course at University College London, I had the opportunity to hear from some extraordinary women. Many of the leaders I listened to agreed that their career (and career success) had been a combination of planned and in some cases largely unplanned, seemingly serendipitous events.

They also highlighted additional pertinent points:

- Career development does not have to be a strategic, meticulously planned process:
  - saying 'yes' to more opportunities can lead you to new and exciting pathways and career success
  - sometimes you have to create opportunities for yourself and set an example.
- Career development is complex and impacted by many factors such as family, social circumstances, personality traits and life events.
- Their successful careers were also due to advice from mentors.
- Having multiple mentors (who have different skill sets and connections) is crucial to career success and personal development.
- Look out for advocates. These are individuals who will go the extra mile to help you; speaking positively about you to others and putting you forward for opportunities (also known as sponsorship, which we will discuss later; see *Section 3.6*). Consider those who you may not initially think would necessarily want to or be able to help you.

Now, let's see how we can put the theories outlined above into practice. The following section explains how the career development theories are useful for you to critically evaluate and use when developing your own career.

## 2.4 The importance of assessing your interests, skills, qualities and achievements

You may have applied to medical school because you felt working as a doctor was more than a job, it was a vocation; I personally had (and still have) that view. Frank Parsons held similar views. He was the American academic who created the talent-matching theory, also known as the matching theory or the trait factor theory.

To choose the right career, according to the talent-matching theory, you should fully understand yourself, including your personal abilities and interests, and the requirements of the job market. Based on this information you should ideally find a 'match' which should (hopefully) be the right choice for you. This sounds easy to do in principle; however, you may need to consider changes to your personal development, your circumstances, and changes within the job market itself. Finally, you might find that you 'match' to multiple careers instead of just one 'right' one. Perhaps you could consider undertaking this 'matching' process several times throughout your career?

In the sections which follow, there are a few questions you can use to get to know yourself that little bit better. Try to answer the questions as fully as possible.

2.4.1 Interests

**What are you interested in and what are your preferences?**

For example, do you enjoy writing? If so, medical or opinion-based articles? Personally, although I have *had* to write factual pieces during medical school and training, I *prefer* writing opinion-based articles and poetry because I find them therapeutic. This is not to say I am not interested in the former, but I have recognised as I have developed that I prefer to write more creatively and have therefore pursued this avenue both as a hobby and career.

**Note down your interests below** (*I've added a few examples to get you started*):

Art – painting, sculpting

Education

Paediatrics

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- Can you 'match' any of your interests with any jobs you know of?
- Do any of these matches interest you as potential careers?
  - if so, what factors could influence your decision to pursue this career path now or in the future?
  - for example, might it be too expensive to start right now? If considering a career in, say, occupational health and aiming to complete the diploma, the costs for the initial two-week course, examination and any revision books / course could reach £3000.

(I've added an example to get you started):

Interest	Possible job	Why is/ isn't this an option?
Education	Medical school lecturer	No experience