

# Informing Choices: The Need for Career Advice in Medical Training

How should the support provided to doctors and medical students to help them make career decisions during their training be improved? Experience elsewhere suggests that unless such support is developed to meet the specific requirements of doctors and medical students, it is unlikely to achieve all its objectives. This NICEC Briefing summarises the key findings from a research study that set out to find out exactly what these requirements were and how best they might be catered for.

Drawing on the results of a survey of the medical career advice and guidance needs of a nationally representative sample of doctors in training and final year medical students, the Briefing demonstrates that doctors have real problems finding their way through their career and training choices. Existing career guidance provision is often fragmented and poorly resourced. We argue that a proactive and educational approach to career advice and guidance provision is needed. This will require a fundamental change of mindset so that medical career advice and guidance is positioned as a part of medical training.

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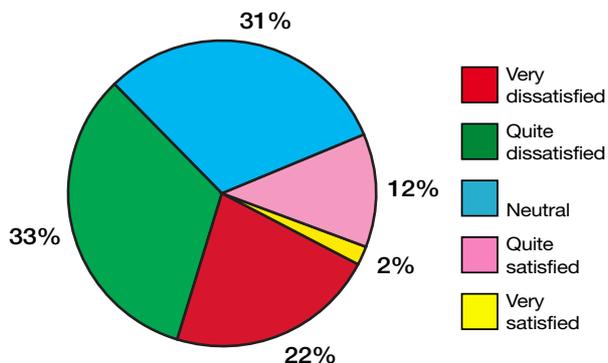
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# Existing career advice

Figure 1: Satisfaction with career advice



A major finding from the survey was the considerable dissatisfaction with existing career advice and guidance provision. Over half (55%) the survey respondents reported that they were quite or very dissatisfied with the career advice and guidance they had received, while only 14% were quite or very satisfied (figure 1).

Final year students were even less satisfied with their career advice and guidance than other respondents (64% dissatisfied).

The survey also found that:

- 86% of respondents agreed that most of what they know about careers in medicine has come from personal experience
- 66% of respondents agreed that there were many areas of medicine that they know too little about

## The Research

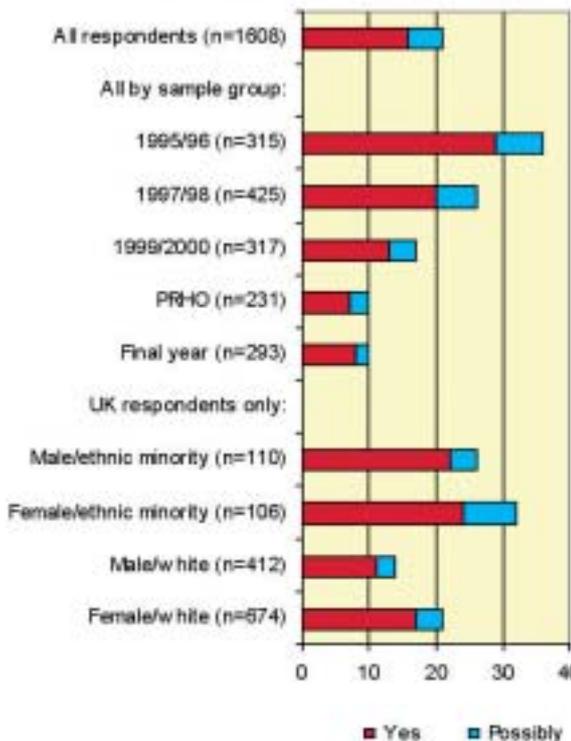
The research set out to develop an understanding of the career support needs of doctors in training from the doctors' perspective. This was achieved through conducting a national survey of final year medical students and doctors in training. Questionnaires were sent to final year medical students, House Officers (PRHOs), and three samples of doctors in training (eg Senior House Officers (SHOs) and Specialist Registrars (SpRs)) stratified by year of first registration.

The survey achieved a 42% response rate with 1,740 questionnaires returned. Both UK and overseas doctors working in England were included in the sample which was taken from the BMA membership records.

A number of providers of career guidance and policy-makers in the field of medical education were interviewed. This generated contextual information that could be used to frame the survey findings and to understand the issues affecting the development of existing career support.

# Impact of lack of advice

Figure 2: Negative impact of lack of advice



Lack of advice was identified as a problem by many respondents. 16% of respondents reported that lack of advice had led them to make decisions that they now regretted and a further 5% said that lack of advice had possibly led to this happening (figure 2).

The proportion who said that lack of advice had, or possibly had, led to poor decisions during their training increased across the sample groups. While only 10% of final year medical students and PRHOs reported that lack of advice had, or possibly had, led to decisions they now regretted, 36% of the 1995/96 cohort reported that it had.

Among UK respondents there was a trend for female respondents to be more likely than male respondents to report that lack of advice had had an effect on their decisions. However, the trend was more marked for respondents from minority ethnic backgrounds of both sexes.

These findings were reinforced by many additional comments written on the survey questionnaires which spoke of the difficulty of getting advice. They indicate the cumulative negative impact of lack of effective career support especially at the post-qualification career stage.

# Training experiences

Many doctors are spending a long time as SHOs. 14% of UK doctors and just over a quarter (27%) of overseas doctors were still SHOs five years after registration. Of those survey respondents who had become Specialist Registrars, 15% were in temporary or locum positions.

Lack of flexible training opportunities was a major cause of dissatisfaction. 42% of female respondents and 15% of male respondents had been put off training in certain specialities because of lack of flexible training opportunities, potentially aggravating shortages in some areas.

This impact was greatest for women with children, about half (49%) reporting that they had been put off training in some specialities.

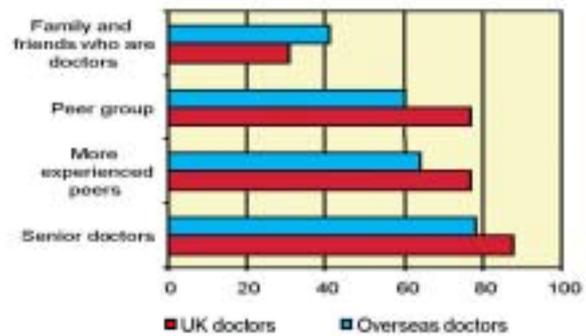
The survey indicates that there will continue to be a strong demand for flexible training opportunities, most of which will occur at a relatively late stage in respondents' training. Among female respondents:

- 41% of the 1995/96 sample group planned to undertake some of their future training on a part-time basis, 26% were unsure whether they would or not, while the remainder were not going to
- 62% of those with dependent children planned to undertake some of their future training on a part-time basis compared to 30% of those without children

Although 56% of respondents were quite or very satisfied with the overall quality of the training they had received, nearly two thirds of doctors in training (63%) were dissatisfied with the time spent on education/training compared to service provision. In addition, only 8% of SHOs experienced opportunities to train and develop to a great extent, and only 12% of SpRs and Clinical Research Fellows felt they had the opportunity to develop specialist skills to a great extent.

# Sources of career advice

Figure 3: Use of major sources of career advice



Three sources of career advice were used more frequently than any others. The most frequently used were senior doctors (eg Consultants, GPs), mentioned by 85% or more in each sample group. The other two frequently used sources were more experienced peers (eg in next grade) and the peer group (eg those in the same grade). Both of these were mentioned by 63% or more in each sample group.

Overseas doctors in the SHO grade and above were less likely to use these three major sources of advice and guidance than UK doctors in the same grades but more likely to use family and friends who are doctors (figure 3). UK respondents from minority ethnic backgrounds were also less likely than other UK respondents to use senior doctors as a source of career advice (79% compared to 90%) but more likely to use family and friends who are doctors (42% compared to 31%).

Postgraduate Deans Offices, tutors at Medical School and Faculty Regional Advisers are seen by medical schools and postgraduate deaneries as key structures for career advice. However, there was relatively low use of these three sources which might be expected to be significant sources of pastoral and educational guidance. Excluding final year students, who were not asked about use of the Postgraduate Deans Office or Faculty Regional Advisers, only 30% of respondents had used one or more of these sources with little variation in this percentage by sample group.

The five sources of career advice and guidance rated most useful by those who had used them were:

- More experienced peers (93% rated as useful or very useful)
- Senior doctors (87% rated as useful or very useful)
- Family and friends who are doctors (83% rated as useful or very useful)
- Peer group (80% rated as useful or very useful)
- BMJ Classified (now BMJ Careers) Career Focus (79% rated as useful or very useful)

Overall, the survey revealed a clear trend for respondents at all levels to look for advice within the profession and via informal rather than formal contacts. It also identified that there are significant groups of doctors, eg overseas doctors, doctors from minority ethnic backgrounds, women, whose needs are not being met by existing provision.



## Wanted: a level playing field

There is a widespread perception that careers in medicine are not pursued on a level playing field. These views were held particularly strongly, but not exclusively, by certain groups of respondents, for example overseas doctors and UK doctors from minority ethnic backgrounds. These two groups also appeared to have less access to the largely informal support networks that are currently the main sources of career advice and guidance.

Overseas doctors and doctors from minority ethnic backgrounds were particularly concerned about appointment procedures at the SHO grade and selection for Specialist Registrar training. The survey found that:

- 46% of overseas SHOs were dissatisfied with the way appointments are made to SHO rotations compared to 36% of UK SHOs
- 91% of doctors in training from outside the EEA and 78% of doctors from other EEA countries agreed that it is more difficult for doctors who are not from the UK to get access to specialist training programmes compared to 59% of UK doctors in training

46% of PRHOs were also dissatisfied with SHO appointment procedures, perhaps reflecting a contrast with the more systematic procedures being introduced in many localities for PRHO appointments.

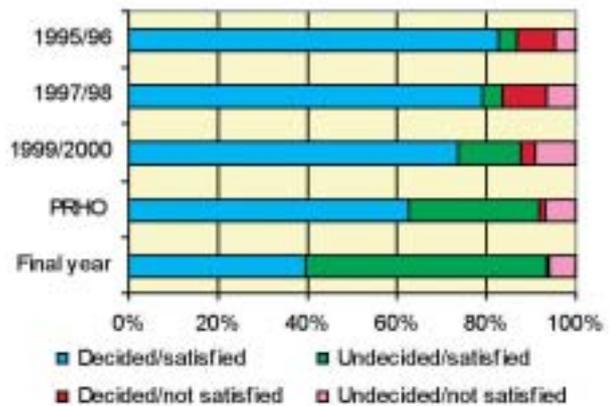
Half the overseas doctors in training agreed that there is too much patronage in the way people are selected for posts at the SHO level as opposed to 26% of UK doctors in training. UK PRHOs and doctors in training from minority ethnic backgrounds were also more likely to agree with this statement, with 54% of these respondents agreeing compared to 40% of other UK respondents.

Other groups can also feel disadvantaged by the current training system. For example, 64% of GP Registrars and 54% of SHOs on the GP Vocational Training Scheme felt they were made to feel like second class citizens during hospital rotations compared to 33% of SHOs who were not on the scheme.

Finally, as we have already noted, lack of flexible training options primarily disadvantages women and, especially, women with children.

## The current career situation

Figure 4: Career situation



On the basis of their replies to questions about their current career situation, respondents were grouped into one of four categories:

- Decided and satisfied with their career decision-making: 69% of respondents
- Undecided and satisfied: 19% of respondents
- Decided and not satisfied: 6% of respondents
- Undecided and not satisfied: 6% of respondents

Although over half of final year students were undecided but satisfied, the proportion of respondents in this category fell off quickly across the sample groups. The proportion of respondents who were not satisfied with their career decision-making increased from 6% of final year students to 16% of the 1997/98 cohort and reduced only slightly to 13% of the 1995/96 cohort (figure 4).

The same pattern existed for both UK and overseas doctors, and was not affected by gender, even though female final year students and PRHOs were slightly more likely to fall into the undecided category than their male peers. UK respondents from minority ethnic backgrounds were more likely to be in the not satisfied group than other UK respondents.

Over half (54%) of all respondents reported that there was an area of medicine which they had seriously considered and had now decided not to pursue. 42% of final year medical students and PRHOs had already decided not to pursue an area, while nearly two-thirds of the 1995/96 and 1997/98 cohorts were in this situation.

Respondents who were not satisfied with their career decision-making were more likely to have rejected an area of medicine and to be from minority ethnic backgrounds. Overseas doctors were also more likely to report that they had rejected an area of medicine.

More final year students and PRHOs had rejected areas of medicine than had definitely decided on the area they wanted to pursue, indicating that many early career decisions were about ruling out areas rather than deciding on a specific area in which to work.



# Review of existing provision

Our interviews with staff at medical schools and postgraduate deaneries indicated that they were aware of the poor career support available to doctors in training. They were fairly confident that the current system deals adequately with students and doctors in training in real crisis, but do not know how many doctors find their way into jobs they do not like and which may not use their skills to best advantage.

The current system of career advice relies mainly on one-to-one support by medical schools/postgraduate deaneries and access (formally or informally) to senior doctors in varied specialties. This system is very fragmented and confusing. It is seldom communicated clearly to students or doctors in training and those offering advice may or may not be trained for this role. It is not 'joined up' across the various stages of medical training.

The fragmentation of responsibility for these activities between medical schools, postgraduate deaneries, Royal Colleges, trust managements, clinical directorates, the BMA, the GMC, the Department and others is a major issue affecting the development of existing career advice and guidance services.

There is not only fragmentation at a national level but also at a more local level between the key players at different career stages, eg between undergraduate medical schools and postgraduate deaneries. This makes it even more difficult for doctors to know who or where to go to for career advice.

This fragmentation limits the co-ordination of existing services and hinders the development of new ones. It means that there is no agreement about roles and responsibilities between the various organisations that could be taking initiatives in this area. It is likely to lead to both duplication of effort and failure to provide essential career interventions.

Provision of career support is also made much more difficult by weaknesses in the workforce planning process, which can lead to sudden changes in demand for doctors in certain specialties, and lack of integrated information on job and career opportunities.

The lack of national figures on the number of training places being offered in the various specialties has made it very difficult for doctors in training to estimate the degree of competition for SpR training in different disciplines. This was a major concern for the survey respondents. As it can take several years to pass exams required as a prerequisite for entry to higher specialist training, unless there is some degree of continuity in SpR training opportunities, it is impossible for doctors in training to plan ahead. They risk committing to career plans that will take several years to come to fruition, perhaps involving completing a higher degree, without any certainty about whether there will be an SpR training opportunity available.

# Developing a new strategy

The main message from this research is that a proactive and educational approach to career advice and guidance provision is required. Medical career advice and guidance should be positioned as part of medical training and making sure that doctors have the opportunity to acquire the skills to manage their careers should be an integral part of that training. This implies a fundamental change of mindset in the whole approach to career advice and guidance for medical students and doctors in training.

Equipping doctors to manage their own careers requires the development of interventions to enable individuals to:

- Develop career management skills
- Understand their interests and appraise their strengths and weakness
- Develop action plans for their career development and make more informed career decisions

This new approach needs to be backed up by the development of self-help (eg web based) career materials for doctors.

These developments need to be underpinned by a variety of forms of career information (eg about career options, career paths, training requirements, levels of opportunity/ competition). The existing informal support mechanisms, which are the main vehicle for on-going career support, also need to be enhanced, by building career advice more firmly into the roles of doctors in touch with junior grades. As part of this process, training initiatives to improve the career support skills of experienced doctors need to be extended. The possibility of extending such training to receivers of career advice, possibly as part of career education initiatives, should be explored. Consideration should also be given to offering formal career mentoring programmes to overseas doctors and doctors from minority ethnic backgrounds.

In order to provide a source of impartial and independent advice, a network of advisers trained in career counselling and with detailed knowledge of medical training should be based in the main teaching hospitals.

Much of the factual information required could be made available using the internet and by enhancing existing websites.

All these initiatives are required to support the majority of doctors in training, who experience difficulty with their career planning, as well as to meet the needs of those who are disadvantaged within the present system.

There is also a need to establish a mechanism to co-ordinate work in the careers area at a national level. These efforts should actively involve those already developing innovative practice in medical schools but also bring the key national and local players together, including the relevant professional bodies, to share experiences and reduce development costs.



# Four arguments for change

- 1. The wider issue of medical morale.** Many of the medical students and doctors in training in this study managed their careers in spite of the system rather than with any active support. They frequently felt they could have made better career decisions. They wanted more active support for career decision-making than they received. The kinds of support advocated here would not be expensive compared with the formidable costs of medical training and could generate significant benefits in terms of morale.
- 2. The dependence of the NHS on large numbers of overseas doctors.** The survey provides evidence that these doctors feel marginalised, but that they also have additional advice and guidance needs. A more diverse medical workforce will have even greater need for career advice and guidance to ensure that medical careers are pursued on a level playing field.
- 3. The persistent problems of combining medical training with family life.** These are aggravating shortages in certain specialties, distorting the deployment of the increasing numbers of female doctors, and – most seriously of all – potentially undermining the general future supply of students willing to study medicine. Although improved career advice and guidance will not solve the problem of work/life balance in medical careers, it will help people prepare for and cope with it.
- 4. Deployment of skills.** Doctors are very expensive to train and it is important that they find their way into areas of medicine that they are good at as well as ones they like. In other organisations with highly skilled workforces, the deployment and development of scarce skills is the main driver for paying attention to career choice and investing in improved career advice.

This research has demonstrated that doctors have real problems finding their way through their career and training choices. It is wasteful and ineffective to keep ignoring this problem when a proactive and educational approach to career advice and guidance could make the complex career choice process less painful and more effective. More informed career choices by medical students and doctors in training would offer multiple benefits. Waiting until doctors encounter career problems is costly both to the individuals involved and the health care system in this country.

# Summary of changes needed

- 1. A new role for careers education:** Careers education should become an integral part of the medical school curriculum.
- 2. Improved career information:** High quality career information is required about career and training options including national data on training places.
- 3. Development of self-assessment and planning tools:** Tools to facilitate self-assessment and career planning should be developed and used as part of the curriculum in medical schools and postgraduate education. Their development should be centrally funded by the Department.
- 4. Trained career contacts and improved support networks:** Initiatives to improve the career support skills of experienced doctors need to be extended. Career mentoring programmes for overseas doctors and doctors from minority ethnic backgrounds should be considered.
- 5. Availability of impartial and expert advice:** A network of advisers trained in career counselling and with detailed knowledge of medical training should be put in place.
- 6. National co-ordination:** National co-ordination is required to ensure that these proposed developments take place, to disseminate emergent good practice and to provide funding to support local initiatives.

## Further information

The full report, *Informing Choices: The Need for Career Advice in Medical Training*, is available on request from NICEC, Sheraton House, Castle Park, Cambridge CB3 0AX

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