

Careers support

In the wake of the Modernising Medical Careers reforms, the issue of careers support has risen up the medical education agenda. This article looks at best practice in providing careers support to junior doctors and considers how to advise trainees whose career plans you believe to be unrealistic.

This article looks at how best to support trainee doctors with their career planning. It begins with a consideration of why trainee doctors need careers support, and who is best placed to provide it. Next the importance of having a structured approach to careers support is explained and the four-stage model (self assessment, career exploration, decision making, plan implementation) is outlined in some detail. The article concludes with some suggestions about how best to approach the task of supporting a trainee whose career plans may be unrealistic.

The need for careers support

Before the introduction of Modernising Medical Careers, studies demonstrated that there were deficiencies in both the quality and the quantity of careers support within medicine (Lambert et al, 2000; Jackson et al, 2003; Lambert and Goldacre, 2007). Yet with the introduction of the Modernising Medical Careers system in August 2005, the need for appropriate careers support has intensified as junior doctors are now required to make major career decisions 18 months after finishing their undergraduate training. This is a significant shift in the timeline of medical career planning as before Modernising Medical Careers, even 3 years after leaving medical school, the majority of junior doctors did not regard their career choices as definitive (Goldacre et al, 2004).

Who should provide careers support?

A NICEC (National Institute for Careers Education and Counselling) study of medical students and junior doctors found that the most frequent source of careers advice was senior doctors (Jackson et al, 2003). The guidelines for both the foundation (NHS Foundation Programme, 2009) and post-foundation (Department of Health,

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2008) training programmes state that all trainees should receive careers support from educational supervisors. Trainees with more complex career difficulties may need additional careers support from other educational faculty at trust level (e.g. foundation programme training directors, directors of medical education), or from deanery or university careers professionals.

The importance of a framework

In a large scale study of work-based career discussions, Hirsh et al (2001) found that if the providers and recipients of careers support shared a common framework, the recipients found the discussions more useful. Within a higher education careers context, the four-stage model of careers support below is commonly used. This is also the model used in the national medical careers website (www.medicalcareers.nhs.uk):

1. Self assessment
2. Career exploration
3. Decision making
4. Plan implementation.

Using this four-stage framework (and sharing it with trainees) facilitates a systematic approach to providing careers support. In a first session with a new trainee it is good practice to check his/her understanding of the framework and to find out where the trainee thinks he/she is in the overall process of career planning.

Helping a student or trainee with stage 1: self-assessment

Students or trainees may consider a number of different aspects as part of the self-assessment phase. As a bare minimum, supervisors should encourage the medical student or trainee to reflect on:

- Achievements, skills and interests
- Aspects of work that he/she finds particularly stressful
- Work values.

Some medical schools and deaneries provide career planning workshops for students or trainees with opportunities to complete various self-assessment tasks. The national medical careers website

(www.medicalcareers.nhs.uk) also contains relevant self-assessment exercises. If the learner brings the completed self-assessment exercises to a supervision session, these can be used as a starting point for a career planning discussion.

The list below gives examples of the sorts of questions that a supervisor could pose about a trainee's achievements, skills and interests:

- Through analysing specific achievements of which you feel particularly proud, what key skills did you identify?
- Of these skills, which are you most interested in using at work?
- How does your list of key skills tally with any relevant assessments that have been carried out at medical school, or as part of the foundation programme?
- Are there any key skills that you are not currently using at work that you would like to be able to use, in order to find work more satisfying?

Similar questions can be posed to a trainee to explore other self-assessment exercises that he/she may have carried out, e.g. on work values or on aspects of work that he/she finds particularly stressful.

The role of psychometric testing

Some trainees struggle with self-assessment exercises or, having completed them, have difficulty using the results to identify possible appropriate career options. For these trainees, completing a personality assessment (such as the Myers-Briggs Type Indicator; Myers and McCaulley, 1985) or an interest inventory such as the Sci59 Specialty Choice Inventory (Gale and Grant, 2002) can be useful.

However, Borges and Savickas (2002), in a comprehensive review of the literature on personality tests and medical specialties, concluded that there is more variation in personality traits within medical specialties than between them and more than one medical specialty fits the personality of any particular medical student. They therefore recommend that completing personality tests should be used as a way of

increasing self-knowledge, rather than as a diagnostic process to 'match' a particular personality to a particular specialty.

Similarly, if a student or trainee decides to complete the Sci59 inventory, the results should be regarded as a list of possible careers that he/she might want to explore further, rather than as a 'diagnosis' of specialties that will definitely suit that particular individual.

Helping a student or trainee with stage 2: career exploration

The key task for the educational supervisor is to encourage the trainee to conduct a thorough exploration of different career options that interest him/her before any final decisions are made. At the outset, it can be helpful to highlight that:

- Career exploration takes time so the student or trainee needs to ensure that this stage is not rushed
- Career exploration does not take place in a vacuum. Instead, the results of the self-assessment phase inform the particular questions that each student or trainee should research when exploring career options
- Even if the trainee thinks he/she knows what he/she wants to do post-foundation, he/she still needs to go through the career exploration phase. This is because being able to articulate his/her particular skills, abilities and interests from stage 1, and then match this list systematically to the demands of a particular specialty (stage 2), forms the basis of providing solid answers on written application forms or at interview.

Sources of information

The national medical careers website (www.medicalcareers.nhs.uk) can form the starting point of career exploration as it contains comprehensive information on every specialty. In addition, learners should look at the websites of any relevant deaneries and Royal colleges, as well as the archive of useful articles at BMJ Careers (www.bmjcareers.com). The Modernising Medical Careers website (www.mmc.nhs.uk) contains information about how competitive the different specialties were in the previous application round.

Supervisors can also encourage trainees to explore key journals in specialty areas that they are considering. Although many of the

articles may be too specialized, a trainee can ask him-/herself whether he/she is gripped and intrigued by the articles, or whether the content leaves him/her somewhat cold.

Tasters

Undoubtedly the best way to find out if you are suited to a particular career option is to try it out. Some trainees can do this, as they will be applying for an option that they worked in during a foundation placement. If this was not possible (either because there are no foundation placements in that specialty, or because the trainee did not succeed in getting that particular placement) then they should arrange a 'taster' week. Trainees need to avoid being in the position where they are applying post-foundation for a specialty in which they have had neither a placement nor a taster.

Helping a trainee with stage 3: career decision making

When helping a trainee with the process of career decision making, one approach is to ask the trainee about a previous important decision that he/she feels (in retrospect) worked out well, not necessarily a career decision. Ask the trainee what made it a good decision and how he/she went about reaching that particular decision. The supervisor can then ask the trainee if there are any decisions that he/she feels (in retrospect) did not work out so well. What can the trainee learn from this example about how not to make an important decision in future?

To support trainees with the content of their career decision making, the ROADS acronym (Elton and Reid, 2007) can be used to structure the discussion through posing the following questions:

- Realistic** – Are you being realistic about yourself and about the demands of the job?
- Opportunities** – Have you considered seriously all the opportunities available?
- Anchors** – Have you built in the things that provide support in your life?
- Development** – Do your choices fully develop your potential?
- Stress** – Have you considered the aspects of work that create particular stresses for you?

A plan and a back-up

Borges et al (2004) indicated that there is no one perfect specialty choice for each person. Students or trainees should be helped to understand how choosing different special-

ties would construct satisfying and successful careers. It is sound practice to encourage trainees to have a back-up plan (preferably with a less competitive specialty), that they would also be happy to pursue if they are not successful with their first choice.

Trainees who are seriously considering leaving medicine

The educational supervisor's first task is to explore whether there are some educational difficulties in the trainee's current placement or current mental or physical health issues that are contributing to the situation. In these situations a supervisor would need to liaise with senior educational faculty who had responsibility for that particular training programme. But if it seems that lack of educational support or health problems are not the issue, then the trainee should be advised to seek more specialist careers support from senior educational faculty at the trust, or from careers providers at the university or deanery.

Helping a trainee with stage 4: plan implementation

The role of the supervisor at this point is to encourage the trainee to give adequate attention to completing application forms and/or CVs and preparing for the interview or selection centre process.

Issues that a supervisor might discuss with the trainee include:

- The practicalities of the application process: how many applications can be submitted and the closing dates.
- Being suitably prepared before the application process goes 'live'. Time scales for the opening and closing of a given specialty application can be very short. Trainees need to look at the previous year's person specification in advance and choose relevant examples from their portfolio that match the different elements of the person specification. When the application process starts for real, all the trainee needs to do is check whether there are any significant changes between the new person specification and the previous one.
- Checking and double checking all forms and CVs. Spelling or grammatical mistakes give a sloppy impression.
- Plagiarism. The trainee needs to look at the advice that has been given on this issue and then adhere to it.

Interview preparation

Different specialties use different selection processes for post-foundation specialty recruitment. Specific information is available on the Modernising Medical Careers and Royal college websites. If a trainee is applying for a specialty that uses formal interviews, he/she should think through the sorts of questions that he/she is likely to be asked and prepare strong answers to them. The trainee should also know his/her portfolio inside out, and be able to use it to give specific examples of key skills and abilities as well as examples of areas in which he/she was initially weaker, and what he/she did to improve performance in these areas.

A trainee whose career plans may be unrealistic

In this situation, the educational supervisor should pose challenging questions to the trainee, such as:

- What does the trainee see as his/her key strengths?
- How does this self-assessment of his/her key strengths tie in with some of the assessment evidence in his/her portfolio?
- In which areas has he/she been assessed as being less strong? Are any of these areas important in terms of demonstrating suitability for the specialty of interest?
- Has the trainee researched the likely competitiveness for the specialty of interest?
- What are his/her thoughts on the fact that he/she is interested in a particularly competitive specialty but he/she has not been assessed as being particularly strong in some of the key competences?

If a trainee persists in holding onto his/her career aspirations, despite a full discussion of these sorts of issues with his/her supervisor, he/she could be offered an additional careers support session with a senior consultant in his/her specialty of interest, or with a specialist careers adviser.

While educational supervisors have to behave responsibly to the trainee, they are not responsible for the trainee's career decisions. So if a particular trainee wants to ignore the facts about how competitive it is to succeed in his/her chosen pathway, then ultimately that is his/her decision. The educational supervisor's role is to ensure that the relevant issues have been raised in a clear, yet supportive way. It is not always possible to stop some people from making poor career decisions (Kidd, 2006).

Career planning and lifelong learning

Finally it needs to be emphasized that career decision making does not end once the trainee has chosen his/her specialty. Doctors need to make career decisions throughout the whole of their career, e.g. sub-specialty choices, the type of hospital or GP practice they want to work in or additional responsibilities they want to pursue. That career planning is a lifelong task is specifically mentioned in the operational framework of the Foundation Programme (NHS Foundation Programme, 2009) and also accords with contemporary approaches to careers support (Krieshok et al, 2009).

Conclusions

One of the effects of the Modernising Medical Careers reforms of postgraduate medical education is that trainees have to make significant career decisions 18 months after leaving medical school. The independent inquiry into Modernising Medical Careers recognized the importance of improving the quality and quantity of careers support from medical school onwards (Tooke, 2008). While educational supervisors will be the primary source of careers support, specialist services should also be made available at university or deanery level. This article has highlighted the importance of the provider of the careers support adopting a structured approach to career planning, and sharing this overall four-stage framework with the trainees. In this way, trainees will be encouraged to approach the task of career planning systematically and thoroughly. But it is equally important to emphasize that career planning does not cease when a trainee has chosen his/her specialty pathway. Instead, the acquisition of the career planning skills needed to navigate a path

through the four stages of the career framework is an essential aspect of a trainee's overall professional development. **BJHM**

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KEY POINTS

- The effectiveness of careers support is enhanced if both the recipient and provider work from a shared framework.
- The four-stage model (self-assessment, career exploration, decision making, plan implementation) provides an appropriate framework for the provision of careers support.
- It is important to encourage the student or trainee to spend sufficient time on each of the four stages.
- Clinical faculty with educational responsibilities should also recognize when it may be appropriate to refer a particular student or trainee for specialist careers support.
- Acquiring key career planning skills is not only necessary for specialty choice, but is an essential component of ongoing professional development.