

Planning your career

How do you get into the specialty you want?
Alex Jones tells you how to make the most of
your first two years as a junior doctor

Training of junior hospital doctors in the United Kingdom is currently undergoing extensive change under Modernising Medical Careers.¹ The changes are intended to provide progressive and continuous run-through training for newly qualified doctors to reach the consultant grade in a shorter time (box). This has been brought about by the British government's desire to provide a more consultant led NHS with an increase in consultant numbers.¹

The starting point of this training scheme is the foundation programme, which you can apply to enter once you graduate from medical school. The foundation years are intended to ensure development of generic competencies while also allowing a doctor to develop key skills and interests that may be more specific to their chosen career pathway.

In these two years the trainee must gain comprehensive written evidence of their achievements in the form of a learning portfolio. This portfolio will be in both printed and electronic form and is supposed to provide a record of evidence that a junior has achieved set generic competencies believed to be important for all doctors to have obtained before entering specialist training. This portfolio will also form part of the selection process for further training.¹

Why do I need to think about this?

Many doctors involved in the previous training scheme seem sceptical about the changes in training and indeed the purpose of the portfolio itself. However, if it is done well it will provide an excellent opportunity for an individual to make himself or herself stand out at the end of the foundation programme. It can be used to plan one's training and make the most of the two years spent as a foundation doctor. Furthermore, beyond the foundation years a portfolio will continue to form the basis of assessment and provide evidence of competency for further career progression.¹ Hence it is vital that doctors at all levels of training are up to speed with their portfolio.

This short guide is intended to make you think about your portfolio and production of a personal development programme in a positive light rather than seeing it as a chore. With good organisation and planning you should be able to maximise your learning in the foundation programme and place yourself well in the increasingly competitive UK junior doctors' marketplace for run-through training and beyond. Do bear in mind that this article reflects the situation as of

November 2007, which may be subject to change. But it is likely that a portfolio approach to training will be retained.

What are your career aspirations?

To design a good training programme you need to decide what your career aspirations are. You will hopefully have been considering this at medical school and consequently have selected special study modules to develop your experience in these areas. You should consider where you see yourself in two years', five years' and 10 years' time.

Don't be worried if you are uncertain because the emphasis of the foundation programme is on generic skills. What is important, however, is that you have thought about where you might be heading and made appropriate plans for that likely career pathway. When unsure you should make your programme more generic but show that you are seeking experience in different specialties to help you decide. Remember that run-through training is going to benefit those who are focused on what they want to do early in their careers.

What requirements do you need to achieve?

Having chosen a particular career pathway you must then look beyond the foundation years to see what skills and experience are likely to be needed to progress in that specialty at a higher level.

A good starting point is to look at what the requirements were for entry to the old style senior house officer and specialist registrar rotations. For example, the person specifications for a basic surgical trainee or a surgical specialist registrar in the old system are similar to those for entry into run-through training. Person specifications for entry into specialty training year 1 for various specialties are now also available on the Modernising Medical Careers website and have both generic and more specific components.¹ Typical requirements include the demonstration of all foundation competencies; a logbook of clinical experience; and involvement in teaching, audit, and research.

Academic achievement at both undergraduate and postgraduate level is taken into consideration. Attendance at scientific meetings, presentation at such meetings, and attainment of postgraduate courses and exams are also considered relevant. Perhaps most important of all is that you can show insight into your chosen specialty. This was a key factor in the application forms for 2007 entry, where one section required that candidates show evidence of their motivation, suitability, and

insight specific to that specialty. It also asked for an example of how you have gone above and beyond the requirements of your job to pursue this career.

Because the training system is evolving and the Medical Training Application Service itself is not in current use, it remains difficult to predict how requirements will change over the coming years; hence you must take the initiative and cover all bases. This in itself will be commended and can be well demonstrated in both your portfolio and your CV.

How will you meet these requirements?

Once you have identified the skills and experience you need on your CV, you will have the basic framework for your personal development plan. You now need to consider how you are going to achieve these goals. Ideally you will have found a foundation programme that contains many of the specialties relevant to your chosen career.

For example, you may favour a career in orthopaedic surgery and your foundation programme may well contain this. However, if it does not then you must be proactive and seek experience in key disciplines. With doctors' working time reduced there should be ample opportunity to attend additional outpatient clinics or theatre lists in specific areas that interest you. Be prepared to push yourself forward as learning opportunities are there to be taken.

When you are working in the accident and emergency department, as most doctors do in their foundation programme, you can advertise the fact that you are interested in a specialty so that your colleagues tell you when cases are admitted to that specialty. You can organise to shadow the senior house officer or equivalent doctor when they are on-call to develop your experience and learn from them on the job.

Applications for courses tend to be oversubscribed so you must be organised and apply early. You need to choose your projects such as audit and research carefully and be realistic about what you can complete in any given placement.

How will you show what you have achieved?

The key to your portfolio being accepted as well as standing out is that you must provide evidence for everything you claim to have done. This part can be a nuisance but it is absolutely vital.

For example, when you attend clinics, theatre lists, teaching sessions, or while shadowing other doctors, take a prepared sheet that states you have attended on the dates given. Ask the relevant doctors to sign this proof of attendance, and ideally use one of the portfolio assessment tools as well, such as a mini-clinical evaluation exercise, direct observation of procedural skills, or case based discussion.² Make copies of these and put them in your portfolio.

These various tools seek to provide evidence of different skills. For the mini-clinical evaluation exercise the trainee is

observed doing a duty involving patient interaction, such as taking a history or breaking bad news. Direct observation of procedural skills entails the trainee being watched doing a practical skill such as venepuncture or intravenous cannulation. The case based discussion entails talking about a case with a senior doctor and considering learning points from the experience. All of these are described in more detail in the Modernising Medical Careers website.¹

Record all important practical procedures as you go by keeping a list with patient identifier numbers and dates, as this will form the basis for your skills logbook. If the attendance is additional to your normal duties this process will show that you have identified a weakness in your skill or knowledge base, thought about how to deal with it, dealt with it, and gained evidence to prove it.

Your educational supervisor can help

It is your responsibility to arrange the appropriate meetings with your educational supervisor. He or she is likely to be supervising a number of other trainees in addition to doing their normal clinical duties. Consequently, they will appreciate you attending meetings with a clear plan of action and all documents well prepared and organised.

At the first meeting explain your career aspirations and describe your training plan, as your tutor should be able to advise you on important aspects that you may have overlooked. If your tutor is difficult to access be patient and persevere, as you are obliged to complete the appropriate documentation during the foundation programme.

Reflective learning is crucial

Reflective learning is key to the portfolio, and most of us probably do this automatically. However, to be organised, set aside time each week to reflect on cases you have seen. Write a brief summary of what you learnt, what you did well, areas for development, and so on. Do this as you go along because it is difficult in retrospect. Where possible try to get a senior doctor or nurse to complete a validated assessment tool such as a mini-clinical evaluation exercise to coincide with the personal reflection.²

Stand out from the crowd

We enter medical school from many different backgrounds—this is especially true with the increasing graduate entry to medicine. During medical school we try to develop these differences further with special study modules and elective study periods. You would be well advised to include your special study modules in the portfolio and also further areas that make you stand out, such as audit and research projects, writing protocols, doing presentations, and teaching medical students. »

How is the UK training system currently set up?

Before Modernising Medical Careers, the training system began with a one year post at preregistration house officer level, where a doctor would spend six months in medicine and six months in surgery before working for a number of years as a senior house officer in various disciplines of the doctor's choice. Thereafter, competitive entry for a national training number in a given specialty (in which there were a limited number of places) was undertaken to gain a specialist registrar post. On completion of registrar training, which was usually around five years, the doctor could apply for a certificate

of completion of specialist training and would then be entitled to work as a consultant in the UK.

The new system differs in that all trainees including UK and international graduates will follow a similar generic programme for the first two years after graduation or entry to the UK. This is called the foundation programme and will generally include experience in six different specialties. At the end of the foundation programme, doctors must select their chosen specialty and apply for a run-through training post in that discipline. Run-through trainees will be known as specialty registrars and this so called

specialty training will last typically for five to eight years depending on the specialty. Failure to obtain a run-through post in their chosen specialty will result in the doctor having to select an alternative career pathway.

This means that graduates will have to choose their career pathway at a much earlier stage than in the past, with less opportunity to try different specialties before doing so. Furthermore, it also means that the job application process beyond the foundation programme will be highly competitive with only the most highly ranked individuals achieving their first choice career.



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The key point that stands out when selecting applicants for further training posts is what they have added to their CV in terms of personal development in a given time. As most foundation doctors will enter their postgraduate training with similar competencies, skills, and experience, you need to show that you are continuing to develop in the first two years.

Senior house officers were previously called the lost tribe by the Department of Health³ because it was felt that many doctors were just drifting within the system and not really progressing. Hence the emphasis is now on constant progression and added value. If you show in your foundation years that you have not only developed all the core clinical competencies but have gone beyond this then your CV and portfolio will stand out. Those who do not seem to add value are less likely to progress.

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Summary

- Take the initiative with your training
- Try to choose your preferred career pathway early and research the things you will require to progress in that specialty
- Plan your training accordingly and be prepared to review your plans as necessary
- Discuss your plans with your educational supervisor early in your placement and be prepared for meetings with him or her
- Know your strengths and areas that require development.

Ensure you tackle these areas

- Practise being a reflective learner
- Go out of your way to seize learning opportunities
- Make sure you add value to your CV in the foundation years
- Collect evidence to show what you have done. This is vital for career progression.

Provenance and peer review: Not commissioned; externally peer reviewed.

- 1 Modernising Medical Careers. www.mmc.nhs.uk.
- 2 Foundation Assessment Programme. Healthcare Assessment and Training www.hcat.nhs.uk.
- 3 Department of Health. *Unfinished business*. London: DoH, 2002.



As if junior doctors didn't have enough to fret about. Now, as well as job hunting within the NHS they also have to think carefully about taking time out to work abroad. They can thank VSO (www.vso.org.uk), the international development charity, for that. With the organisation's recent warnings about the efficacy of gap year schemes, who can blame juniors for wondering whether it's worth the effort.

Spurious work?

The debate about the usefulness of gap years kicked off in August 2007 when VSO warned young people about taking up "spurious work in developing countries." Suddenly it seemed that many gap schemes offered little more than costly "voluntourism." Stories abounded of experiences that paid lip service to the hyped up promises of placements. It seemed that not everyone who pitched up in developing countries, eager to put their medical training to use, had been given the chance to develop their professional portfolio.

Overnight, doubt was cast over what had become a rite of passage for many young medics. Is the gap year, that chance to make a difference while seeing the world, all that it's cracked up to be? And, by implication, if it's not, what does it do to the continuity of training within the NHS?

Leaving the NHS for a year could have enormous implications for your career path. This, according to Ruth Grearson,

VSO's director of marketing for health, is worrying when considering the benefits of good placements.

Time out of training

"One problem that VSO has," she says, "is that doctors think that one year is a long time out of the NHS. Yet you are building skills and experience and gaining, abroad, what it could take years to develop within the NHS. Clinical practice, training skills, and leadership are all a part of what you learn on a placement."

According to Grearson this is why VSO has formed a pioneering partnership with NHS Scotland. The scheme allows NHS employees to volunteer with VSO as if on secondment. It then guarantees them a position of a similar grade upon their return to the United Kingdom, allowing medics to benefit from placements safe in the knowledge that their position in the NHS doesn't suffer as a result. Grearson sees this as recognition of what medics have to gain from going abroad. "It's demanding and challenging but exhilarating too," she explains. "And while management may lose a member of staff for a year they get much more back with the skills that that employee learns while away."

Professorial endorsement

Which is why gap year placements have become such a trend. In fact, while researching this feature, interviewees left little doubt why schemes were precious to personal and