

# Maximizing your career potential

## Recent NHS changes

In the last few years, the NHS has undergone a frantic pace of change and reform. These include the Modernising Medical Careers (MMC) reorganization of medical training (Department of Health, 2004), introduction of the European Working Time Directive, Darzi centres and a community focus to health-care provision (Department of Health, 2009). These affect all career pathways although the exact impact of moving care into the community upon careers is yet to be seen. In addition, there is now much more overlap between traditional 'medical' and 'surgical' specialties, e.g. cardiology and radiology are becoming increasingly interventional. There is also increased regulation of doctors throughout their careers with revalidation and Postgraduate Medical Education and Training Board requirements which must be satisfied to gain entry to the specialist register, a prerequisite to being a consultant or GP.

## Start building your portfolio at medical school

Given all the above factors it is important to focus on your long-term career right from the start of medical school. If you are in the foundation years and have not done this then it is never too late to start, although the earlier this is done the more specific will be your portfolio of evidence for your chosen specialty or specialties. Doctors in foundation year 2 (F2) will need to submit applications for specialty training by December of that year.

**Dr Helen M Goodyear** is Associate Postgraduate Dean for Careers and Less than Fulltime Training, West Midlands Workforce Deanery, St Chad's Court, Birmingham B16 9RG and Head of the Postgraduate School of Paediatrics in the West Midlands and **Dr Melanie Jones** is Associate Postgraduate Dean for Careers and Less than Fulltime Training, Wales Deanery and School of Postgraduate Medical and Dental Education, Cardiff University, Cardiff and is Special Advisor on Careers to the UK Foundation Programme Office

Correspondence to: Dr HM Goodyear

Some specialties are run-through and have one point of entry at ST (specialist training) year one while others are 'uncoupled specialties' and you will need to be competitive to reapply at ST3. So what can you do to maximize this? A four-step approach to careers is recommended (*Table 1*), which involves self assessment, career exploration, decision making and plan implementation (Elton and Reid, 2007; Elton, 2009). Missing out or rushing through a stage may result in superficial choices which are not well thought out and in the long term are not appropriate.

## Essentials in your portfolio

It is essential that you engage with the foundation portfolio (*Figure 1*), whether this is the e-portfolio or paper based, and keep it up to date with workplace-based assessments which include mini-clinical evaluation exercises, direct observation of procedural skills and case-based discussions. You also need to ensure you take part in multisource feedback. The portfolio can be used to demonstrate commitment to your specialty. Ensure that you keep educational logs up to date and evidence for achieving competencies in the

**Table 1. MOT medicine on track checklist**

### Stage 1: Self assessment Review portfolio

Carry out self assessment exercises

- Are you clear about
  - Core work values
  - Interests
  - Key skills
  - Your personality
  - Personal stressors

Have you discussed these results with your educational supervisor?

### Stage 2: Career exploration

Have you spent time reviewing different options on the national careers website ([www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk))?

Have you identified two or three career option to explore further?

Have you matched implications of stage 1 (self assessment) to results of stage 2 (career exploration)?

### Stage 3: Career decision making

Have you identified what has helped you to make a good careers decision in the past?

Using the ROADS checklist review your career decision. Is it:

- Realistic – are you being realistic about yourself and the job demands?
- Opportunities – have you considered all available?
- Anchors – building in the things that provide support for you
- Development – will you be able to fully develop your potential?
- Stress – minimized those aspects of work that you find particularly stressful

Have you discussed your plans with your educational supervisor?

Have you got a backup plan (sometimes referred to as plan B)?

### Stage 4: Implementing your career plan

Have you checked the timetable for specialty recruitment?

Have you read through the personal specification with care?

Have you matched examples from your portfolio to the person specification and started to prepare for filling out the application form and for the interview?

Have you done any interview or selection centre preparation?

curriculum (Figure 2) is put in the relevant section on an ongoing basis and that you do not leave these all to the end of the F1/F2 year to achieve.

You should also include a career reflection on each post that you undertake in the foundation programme – this can include descriptions of the working environment, what aspects of the work you enjoyed, and also what aspects you have found challenging – these reflections demonstrate that you are giving careful consideration to future career choices. Audits can be undertaken to reflect interest in a specialty, e.g. if doing surgery and you are thinking of doing paediatrics then choose a suitable topic such as umbilical hernias. Volunteer to give presentations at local departmental meetings such as grand rounds. Read relevant journals and understand changes in medicine, particularly any which relate to your chosen specialty. Ensure that your portfolio is excellent and is not going to let you down at interview.

## The four-stage plan

### Stage 1: Self assessment

It is important to have rigorous self assessment. Honest self appraisal is the first step towards discovering the specialty or specialties that suit you. There are self-assessment exercises on the national careers website ([www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk)) and a variety of resources including the ROADS to success (Elton and Reid, 2007), windmills career exploration days ([www.windmillsonline.co.uk](http://www.windmillsonline.co.uk), Hawkins,

1999) and Schein's career anchors (Schein, 2006). All deaneries put on careers events so check for local resources.

These tools help you understand your values and interests, importance of work life balance, family and other influences and skills. Are you suited to a predictable 9 to 5 job or would you thrive on unpredictability and not mind working out of hours to get this? What would be stressful for you? It is vital to gain this understanding before choosing a career pathway.

For some doctors, use of psychometric tests will be appropriate but need to be undertaken with a skilled assessor. These include the Myers-Briggs Type Indicator questionnaire (Myers, 2000) and Sci 59 which specifically looks at which specialties you are suited to (Gale and Grant, 2001). Used alone these tools are potentially dangerous and can give users a wrong impression of their suitability to specialties. Some deaneries hold sessions for trainees on use of psychometric tools.

### Stage 2: Career exploration

It can be easier to decide what you don't want to do in the future than what you do want – at this stage narrowing down to the top three or four choices is sufficient to give a manageable number of options to explore in more detail.

### Rotations in foundation

The rotations that you undertake during the foundation programme will give you

the opportunity to explore a variety of possible future career choices. As well as learning new skills you will be able to observe the working environment and have discussions with consultants, more senior trainees and GP about their working lives to aid your decision making.

### Tasters

Tasters enable you to spend time in a speciality which is not included in your foundation programme and develop insight into the work of the speciality. Reflective notes on the taster should be included in your portfolio. To get the most of your taster it should be carefully planned and guidance on this is available from your foundation programme dean or director or online ([www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)).

### Information

There is a vast array of information and careers resources ranging from careers handbooks (Cottrell, 2009; Eccles and Sanders, 2009), websites and BMJ Careers. While the sheer volume of information can be overwhelming, it is well worth investing time gathering information and reflecting on what is really important to you. The UK medical careers website ([www.medicalcareers.nhs.uk](http://www.medicalcareers.nhs.uk)) is recommended as a starting point and following links to other sources of information. Local careers events will give you the opportunity to meet with specialists and trainees in the various specialities.

Your postgraduate centre and foundation programme director or dean are well used to having career discussion with trainees. Deanery careers teams are also available for discussion. No-one will tell you which choices to make – their role is to help you explore the options. There are also national BMJ careers fairs giving you the opportunity to meet with deanery careers teams, Royal Medical Colleges, and health services from abroad.

### Competition ratios

Competition ratios for entry to speciality training are available on the MMC website ([www.mmc.nhs.uk](http://www.mmc.nhs.uk)). Competition ratios change each year and are a numerical summary of the past, not a prediction of the future. They should not be the basis for choosing a speciality career. When looking

Figure 1. Portfolio essentials.

Personal development plan	
Self appraisal for each post	
Documented meetings with educational supervisors	
Workplace-based assessments	Mini-clinical evaluation exercises
	Direct observation of procedural skills
	Case-based discussions
	Multisource feedback (360° assessment)
Logbook of procedures	
Educational logs	
Careers management reflections	
Courses and seminars	
Progress towards achieving foundation competencies	

Figure 2. The eight sections of the foundation curriculum competencies which need to be achieved.

1. Good clinical care
2. Maintaining good medical practice
3. Teaching and training
4. Relationship with patients and communication skills
5. Working with colleagues
6. Probity, professional behaviour and personal health
7. Recognition and management of acutely ill
8. Practical procedures: procedures that F1 doctors should be competent and confident to do and teach to undergraduates OR procedures that F2 doctors will become proficient in an appropriate range of procedures specified by each speciality

at competition ratios consider data on applications per post, how many came for interview and finally how many were appointed.

### Person specification

This outlines the essential and desirable criteria for the person to be appointed. Reading the person specifications of various specialities or entry points lets you see how you match the criteria and what additional skills and experience you will need to meet these requirements. Achieving the desirable criteria improves your chances of being shortlisted and appointed.

### Less than full time training

Life events, such as caring for dependants, ill health or disability, may mean you wish to work part time. Those with a well-founded reason may train on a less than full time basis in all medical and surgical training programmes. There are defined criteria for who is eligible to train less than full time ([www.bma.org.uk/careers/training\\_trainers/flexible\\_training/index.jsp](http://www.bma.org.uk/careers/training_trainers/flexible_training/index.jsp)) and each deanery has a less than full time team to give advice and support. Currently, 7.5% of all trainees work part-time, some for the whole of their training and others for just a short time.

### Completion of stage 2

How does your desire to enter a particular speciality match with your equally strong desire to remain in a particular geographical location? What can you compromise on? These questions can be easy to answer – ‘I want to be a surgeon and don’t mind where I work’ or ‘What is most important is to be close to my family’. However, they might be very challenging – will you apply for a speciality which is not your first choice in order to remain in a particular location? Will you move to another part of the UK to get the job you want and live away from your chosen partner for a period of time?

### Stage 3: Career decision making

Use the ROADS checklist (Elton and Reid, 2007) to review your career decisions.

- Are you being Realistic about yourself and the job demands?
- Opportunities – have you considered all the options? Have you restricted your choices too much?

- Anchors – building in things that support you. Do your anchors fit your career pathway, e.g. time for family, sport, hobbies?
- Development – will you be able to fully develop your potential? Is there enough in your chosen career path to challenge, stimulate, have fun?
- Stress – You have thought about and acknowledged your stressors, does your career plan enable these to be contained, reduced or minimized?

Discuss your plans with an impartial career supporter – someone who acts as a sounding board and a critical friend. They may challenge your assumptions but should not tell you what to do. Beware of anyone who says ‘If I were you ...’ – they are not you, it is your career and only you can decide which path to take.

### Plan B

Have you got a backup plan (plan B)? Not everyone gets exactly what they want, so having alternatives is sensible. If you really want a particular job but are not successful when you first apply, how will you improve your skills and competencies for next time, what are you going to do in the meantime? If you don’t get the job you really want, are there others which would be just as suitable? Make a list of your alternate choices before you make your application for your first choice. Plan B should be carefully made and given as much attention as plan A.

### Stage 4: Plan implementation

It is vital that you know the recruitment timetable and deadlines. Do not leave these to the last minute. If you have gone through the previous stages in depth and know your plan in time, look at the application form for the relevant specialty a year in advance. Person specifications do change slightly from year to year but they give you a good idea of what is expected and you may be able to tailor your experience to more closely match the person specification.

Check if your deanery is running any application form or interview skills workshops and book onto these early as they are very popular. Always take note of word counts and read the question in depth: what are they really asking and how can you answer to show you have the competencies in this area. Remember to be honest. Commercial firms offer to complete

forms and these are strongly advised against. All read the same and are obvious to shortlisters. Get the advice of your educational supervisor as to whether your answers are along the correct lines. Check and double check your form, especially for spelling mistakes.

Interviews vary according to specialty but most involve multiple mini-interview stations. Prepare as much as you can. Know your portfolio in detail and have examples of cases which can be used to illustrate your answer to a question.

### Working and training abroad

There are various options when considering working abroad: time out between training programmes (e.g. between foundation and specialty training), time out during a foundation or specialty training programme, or arranging a placement abroad that would count towards your accredited training. All options have pros and cons, and there may be restrictions. Discuss this with your foundation school dean or director.

### When is the best time to go abroad?

Although there is no single time when travelling abroad would be better, general advice from deaneries and foundation schools suggests that it is often best to complete both years of foundation training before working or travelling abroad. This ensures that, should you want to return to the UK for specialty training, you have the requisite competencies signed off to be eligible to apply. Much depends on your own circumstances and whether this is the right time for you. Part of planning to go abroad includes making your plan for returning to work in the UK.

### Working outside medicine

Not all medical graduates remain within the field of medicine, but go on to other careers, e.g. journalism, finance, music, business, law, training for the Olympics. Trainees considering leaving medicine can access advanced career support from the director of medical education or their associate dean for career development.

### Conclusions

There are currently over 60 programmes leading to the award of a certificate of completion of training in the UK and multiple

career pathways ([www.pmetb.org.uk/index.php?id=approvedcurricula](http://www.pmetb.org.uk/index.php?id=approvedcurricula)). The majority of medical graduates are fulfilled in their careers. Life has many crossroads so view career development as a lifelong process requiring continuous review and reflection. Making career choices is not easy and often requires revision. There is never a single correct choice, other opportunities are always available and there are multiple sources of advice and support. **BJHM**

Table 1 is reproduced by kind permission of Dr Caroline Elton, Head of Careers planning and advice London Deanery.

Conflict of interest: Dr H Goodyear is Associate Postgraduate Dean for careers in the West Midlands Workforce Deanery and Dr M Jones is the Associate Postgraduate Dean for Careers in the Wales Deanery and special advisor to the UK Foundation programme office on careers.

Cottrell E, ed. (2009) *The Medical Student Career Handbook*. Radcliffe Publishing, Oxford  
Department of Health (2004) *Modernising Medical*

*Careers – The next steps. The future shape of foundation, specialist and general practice training programmes*. Department of Health, London  
Department of Health (2009) *NHS 2010–2015: from good to great. Preventative, people-centred, productive*. HMSO, Norwich  
Eccles S, Sanders S (2009) *So you want to be a brain surgeon*. Oxford University Press, Oxford  
Elton C, Reid J (2007) *The ROADS to success. A practical approach to career planning for medical students, foundation trainees (and their supervisors)*. Postgraduate Deanery for Kent, Sussex and Surrey, London

Elton C (2009) The “medicine on track” checklist. *BMJ Careers* 108–9  
Gale R, Grant J (2001) *Sci45. The specialty choice inventory. Computer based careers advice for doctors in training*. Open University Centre for Education in Medicine, Milton Keynes  
Hawkins P (1999) *The art of building windmills: career tactics for the 21st century*. GIEU, Liverpool  
Myers IB (2000) *Introduction to type: a guide to understanding your results on the Myers-Briggs type indicator*. Information Press, Oxford  
Schein EH (2006) *Career anchors: self-assessment*. 3rd edn. Pfeiffer, San Francisco

## KEY POINTS

- Start building your portfolio at medical school and ensure it has all the essentials in it for the foundation years.
- Follow a four-stage approach to careers. Do not be tempted to miss out a stage as specialty choices may then not be appropriate in the long-term.
- Choose foundation rotations and taster sessions to help you make your career choice.
- Read person specifications in detail and prepare well for interview.
- Career development is a lifelong process requiring continuous review and reflection, and you can review your choice, change your mind and move along another career pathway.