

Look after your foundation doctors

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Abstract

Background/Aims This article reports on the career choice of foundation doctors going through a local foundation programme and whether they planned to take an F3 year. The authors also prospectively gathered views relating to their career choice and the need for an F3 year.

Method Data were gathered from 193 foundation doctors training in Nottinghamshire between 2015 and 2020 through an unstructured interview process. Data were anonymised and used to learn about career pathway choices and whether they planned to take an F3 year option. Reasons for this pathway were also explored.

Results Data showed that there was a steady increase in the proportion of trainees opting for F3 over time

Conclusions The local picture in terms of trainees taking an F3 option reflects the national trend. Some trainees find foundation training a stressful time and so need to be offered support. The authors comment on the factors that make a career appealing to trainees.

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Introduction

This year marks the 15-year anniversary of the establishment of the Foundation Programme. One of its founding aims was to standardise medical training. Initially, this programme had faced a few criticisms and several recommendations for structural change of the Foundation Programme were made as part of an overhaul of 'Modernising Medical Careers' in the report 'Aspiring to Excellence: findings and recommendations of the independent inquiry into Modernising Medical Careers' (Tooke, 2008). This inquiry and subsequent report could be seen as the start of the incremental calibration of the Foundation Programme.

Tellingly, recommendation 39 of that report states: 'Doctors should be allowed to interrupt their training for 1 year or longer by agreement to seek alternative experience that enhances their career and contribution to the NHS, having regard to service need. The Regulator in conjunction with the Royal Colleges will determine whether experiences should contribute to completion of training subject to appropriate competency assessment. Postgraduate Deaneries and the Regulator should positively facilitate such experiences' (Tooke, 2008; 72)

This article reports on the career choice of foundation doctors going through a local (Nottinghamshire) foundation programme and whether they planned to take an F3 year. The authors also prospectively gathered views relating to their career choice and the need for an F3 year through an unstructured interview process.

Over the years, there has been a steady decline in the number of doctors taking up specialist training posts straight after completing foundation training (Hateley, 2016). This is well documented in the Career Destinations Surveys carried out by the UK Foundation Programme (2020). This has been seen either as a failure of career guidance (Hateley, 2016) or as an occurrence of a sensible and natural break in the training process (Hateley, 2016; Cleland and Johnston, 2019).

Method

One of the authors is an associate foundation programme tutor and sees all local foundation doctors who work with the local Trust for their mid-post reviews. At the end of each individual interview, trainees were asked about their career choice and what they based their decision on. If they said they planned a year out of training (F3) that was explored

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further. Anonymous data were gathered about career choice, whether they planned to take an F3 year or move straight into specialty training and some of the reasons for their choice gathered through an unstructured interview. Overall information was gathered on 193 doctors training in Nottinghamshire between 2015 and 2020. Their views give an interesting insight into their experience of medical training and how they approach career planning.

The results were plotted on an Excel sheet and that was used to calculate specialism and F3 choice frequency, taking into account cohort.

Results

Figure 1 shows the post-foundation career path choices of participants. The significant increase in doctors opting for F3 over the years has meant that this is now the overall leading option in this survey. Overall, the most popular career choices in the whole group were medicine, surgery, general practice and psychiatry.

The percentage of trainees choosing to take a year out steadily increased over the 5 years (**Figure 2**), from 9% in 2014–15 to 48% in 2019–20. This reflects the national trend.

Figure 3 shows the kind of career pathways favoured by those trainees opting for an F3 post. Trainees opting for F3 were more often undecided about their career choice (20.5%), compared to 8.8% of the total group of trainees interviewed.

Discussion

This foundation rotation offered a wide variety of medical and surgical specialties posts, as well as psychiatry and academic posts. Of interest are the comments that trainees gave regarding their career choice decision. They enjoy procedures, effective interventions, an evidence-based approach and practice that maintained their clinical skills. They particularly value putting knowledge into practice and seeing results, ie making a difference for the patient. Some mentioned that they enjoy working in a team and working closely with the consultant. Trainees like being productive and feeling useful to the team. In many cases their choice was influenced by having had a good experience as a medical student, for example being involved in the clinical work and having experienced a ‘well-organised placement’. On the other hand trainees dislike being under-used or being a ‘dogsbody’ in a fragmented service. They can get disillusioned in a particular career if they see consultants experiencing

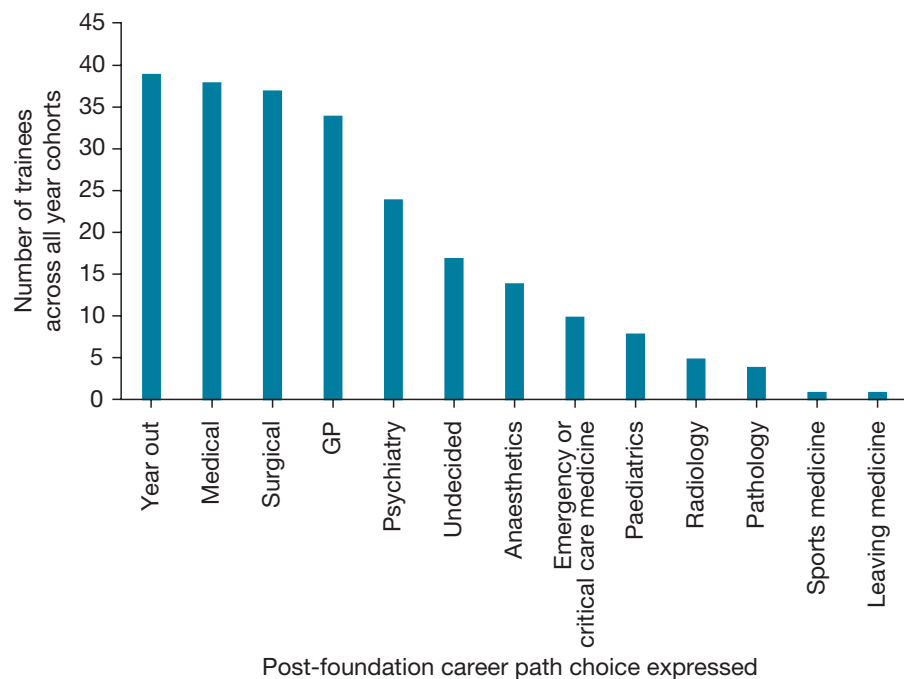


Figure 1. Post-foundation career path choices of participants.

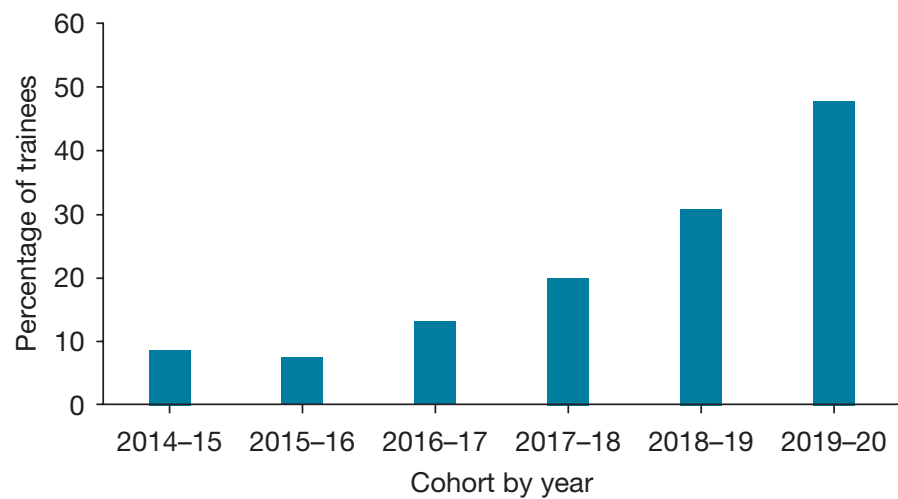


Figure 2. Percentage of trainees choosing F3 per year.

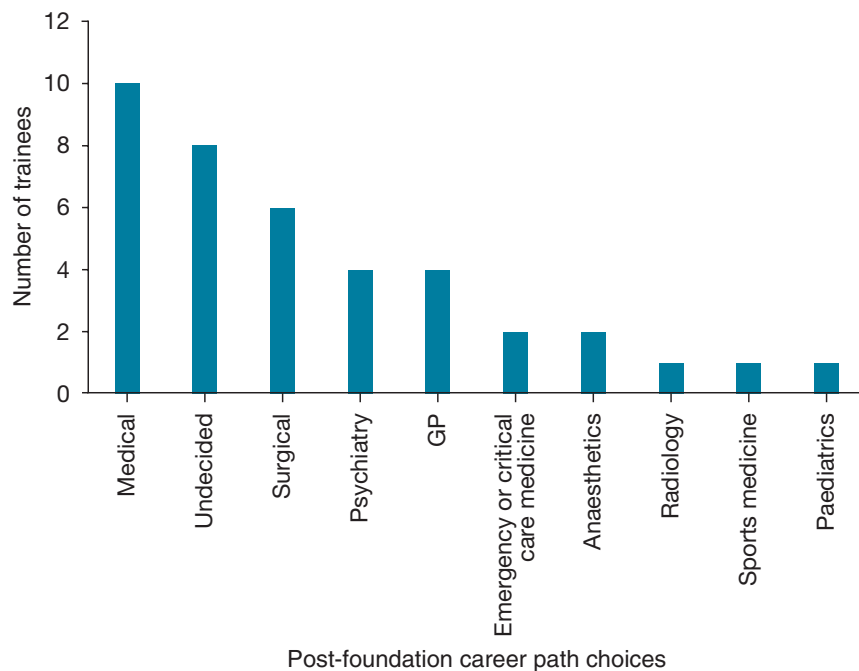


Figure 3. Career choices for doctors choosing F3.

a poor work–life balance. Trainees might also be influenced and swayed by the choices made by friends; sometimes certain career choice options were expressed in small ‘cohorts’.

Trainees also mentioned pay, the option of developing special interests and having had a good teacher as other important factors in deciding their career pathway.

The figures show that 12 out of 39 foundation doctors planned to take F3 in 2018–19, reflecting the national trend of increased uptake of F3. The reasons for this uptake give an interesting insight into the trainees’ perception of their training process.

Reasons cited include:

- To take time out to travel
- To experience work in a certain specialty to help with eventual decision regarding career choice
- To have time to consider options
- To practise medicine abroad
- To take a break from stressful training
- To do locums to fund travel.

Key points

- The proportion of foundation doctors opting for an F3 year has increased; this seems to have become an accepted part of the training experience.
- Foundation years can be a stressful time for junior doctors.
- Doctors' experience of work in the foundation years has a real bearing on their career choice.
- Look after your foundation doctors to invest in your specialty recruitment.

There was very little indication or mention of trainees wanting to leave medicine (only one trainee was planning to leave medicine). Echoing other articles on this topic (Hateley, 2016; Cleland and Johnston, 2019), there is little to worry about the rise in uptake of the F3 year – it is more likely that this is seen as a natural break in training with the ultimate aim of helping decision making.

Some trainees mentioned that they found the foundation years stressful and this was their reason for taking a year out. Studies show that most trainees do return to medicine after their year out. Rimmer (2019) comments that, in 2018, 37.7% of FY2s took up a specialty post at the end of F2, a significant drop from the 71.3% in 2011. Despite this, the overall proportion of trainees remaining in the UK to work as a doctor remained about the same (69.7% in 2018; 66.2% in 2016).

Conclusions

This article confirms what we already know about the foundation programme, that is that the number of trainees opting for F3 had increased. Overall the reasons for their choice to go for an F3 year remain healthy, but it is important to remember that some trainees do find foundation training a stressful time and so need to be offered support.

This also sheds some more light on the reasons why trainees choose a particular specialty. It is their experience as medical students and in their early foundation posts that are influential in their choice. These pointers can be used to encourage recruitment to a specialty: the key is to ensure that the trainee is seen as more than just a service provider; the more they are involved, are part of a team and have a positive overall experience, the more likely they are to be encouraged to choose that career.

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Conflicts of interest

The authors declare no conflicts of interest.

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