

# A mentorship scheme for senior house officers

Michael Beckett

**Many junior doctors are unsure as to how their aspirations and developing abilities will match up to the demands of specialty training. They need sensitive and realistic guidance if they are to make the right career choice in a highly competitive market.**

We are spending the whole day interviewing. We need to fill ten senior house officer (SHO) posts for our accident and emergency (A&E) department, and are seeing an almost endless stream of crisp young doctors, mostly preregistration house officers. It is not easy. Their curriculum vitae all look much the same, and they are all keen and eager to benefit from 6 months 'casualty' experience.

Another candidate, with just the right mix of anxiety and self control. He tells us he wants to be a neurologist. He is obviously quite genuine about this, but as he is talking, I look at him and feel it is unlikely that he will succeed in neurology. His personality does not quite fit. It is impossible to define, but he does not seem to have the qualities that will make a future neurological appointments committee regard him as 'one of us'. I say nothing about my impressions, but make a note on the interview sheet. Whatever my reservations, he is bright and keen, his eyes light up when he talks about his work, and so we decide to offer him a job.

A few weeks after starting he comes to talk to me. He is having doubts about his career, and is afraid I will think he is dithering and indecisive. I don't think so at all; I ask him what part of A&E work he finds he enjoys most. He is now thinking about paediatrics. I have noticed he is good dealing with children, and a couple of the nurses have mentioned this to me, so I encourage him. We talk about how he should rewrite his curriculum vitae (CV) to appeal to a paediatric appoint-

ments committee and make them want to interview and appoint him.

### WHICH SPECIALTY TO CHOOSE?

This little ritual is being repeated hundreds of times a year all over the country. I have been an A&E consultant for more than 10 years, and in this time over 200 junior doctors have worked in my department, all for at least 6 months. Some have stayed with their original career intentions, but many have not. Many excellent doctors have great difficulty in deciding what is the best specialty for them.

I have seen people abandon an orthopaedic career for psychiatry, and others abandon psychiatry for orthopaedics. I have seen people drop out of hospital medicine into general practice, and others drop out of general practice into hospital medicine. A few have even taken up a career in A&E. This professional changing of direction has become a familiar process that I watch with philosophical interest.

I have no doubt that 6 months or a year spent trying out different specialties before deciding on a career path is time well spent. This is a natural, healthy process of exploring one's own abilities and feelings, that should be encouraged in the interest of making happier, more fulfilled and therefore better doctors.

### WHAT ARE SHOS FOR?

Unfortunately life is not always so straightforward. Despite much discussion, there is no clear idea as to what the purpose of the SHO period is. The balance between service and education, between general and specialist training and between supervised and unsupervised work varies greatly

between different jobs and there is often no agreed consensus as to what is best for both patients and doctors.

It is a pity there is no Royal College of Senior House Officers that could work for its members by putting pressure on hospital managers and the Department of Health. Deciding on which career is best seems almost an incidental part of the job.

For those in the SHO grade, this time can seem to be a period of excessively hard work, unsocial hours and professional uncertainty from which the only way out is either to pass an exam with a high fail rate, or to opt for life as a staff grade which is rightly or wrongly seen as very much second best.

Some people are lucky enough to be driven through this time by a clear ambition and sufficient ability to achieve it. Others are helped through if they have the good fortune to find a guide who understands their hopes, their strengths and limitations, and the choices on offer. Others just splash about, but usually get to the other side eventually, even if a bit scratched and bruised. A few disappear from medicine and are never heard from again. Furthermore, in every hospital you can find senior staff who will say that if they had their time again they would have gone into a different specialty.

### IMPROVING THE SYSTEM

Surely we could do something to improve this process. Everyone would agree that specialization too early in a career is bad for most people, that a broad range of experience is good and that the taxpayer can expect some useful medical work to be done in return for supporting 5 years of undergraduate training. Most people would also

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agree that a junior doctor who gets an effective mentor is lucky indeed. And yet there is tremendous pressure on newly qualified doctors to specialize early. There is a feeling that the high flyers go straight from house jobs to prestigious SHO rotations.

In many specialties it is becoming very difficult to find good jobs that are not part of a training rotation: the competition for these rotations is intense, with hundreds of applications whenever they are advertised. This is probably the most competitive time of a doctor's career. Even good quality GP principal or hospital consultant posts will frequently attract less than a dozen applicants; often only one or two.

### SUPPORTING SHOS

Why should there be so little support at such an uncertain and crucial stage of a doctor's career? A mentorship scheme would offer young doctors much needed guidance. Why should we not

### KEY POINTS

- Many excellent doctors have difficulty choosing a specialty but a highly competitive job market favours those who decide early.
- Senior house officers rarely work for one consultant for long, and often do not get sensible career advice, tailored to their needs and abilities.
- A formal mentor scheme could provide individual guidance throughout the senior house officer years and beyond.

have a system whereby within a few months of finishing the preregistration year, each new SHO would approach a consultant and ask him or her to be his mentor?

This mentorship would last until the SHO got a specialist registrar post, or requested a change. The junior doctor might have worked for his/her mentor for no more than 6 months, but the relationship would continue throughout the SHO years. Even if the junior moved to another hospital, he/she would retain the same mentor. As well

as giving career guidance, a mentor would advise on CVs and filling in application forms, and give interview practice. He or she could provide sensible advice in difficult situations, such as what to do if having started in a post, it does not match up to the advertised job description.

### HOW COULD THIS WORK?

To make the system work well, I would suggest that mentors should be paid for taking on this role. This would be a radical move, but would bring many

advantages. A small honorarium for each SHO taken on could perhaps be paid by the postgraduate dean to consultants or GP principals who agreed to act as mentors. This might be conditional on attendance of an Effective Mentoring course and completion of a 6-monthly record form, submitted jointly by mentor and trainee giving evidence of satisfactory progress.

Mentors with reputation and a good track record would attract a number of SHOs, but perhaps there should be a practical limit of three or four at any one time. Ineffective mentors or ones with too many commitments elsewhere would be less in demand, or their SHOs would ask to change to someone more suitable.

### THE FUTURE

We have moved on from merely expecting consultants to provide a high standard of clinical care to their patients. It is now expected that if they are to be in a situation of supervising doctors in training, they should be effective teachers as well. There are courses to help people learn to teach, and maybe all doctors would benefit from going on one.

Today, a junior doctor can expect a reasonable standard of teaching in any recognized training job. Increasingly we are being asked to see the medical workforce as an expensive asset which should be used in an efficient manner. Perhaps we should also take steps to ensure that all doctors in training get access to a reasonable standard of pastoral care, tailored to their individual needs. A happy doctor in the right job is a better doctor. **HM**

*Conflict of interest: none.*