

# Medical students' views about Modernising Medical Careers: a questionnaire survey of London students

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**A survey of London medical students asked for their views of the changes to postgraduate medical education starting in August 2005. The majority had clear ideas about their career plans and did not want their career held back by the introduction of an extra year. They overwhelmingly preferred to start their early training in or reasonably near to where they had undertaken their medical studies.**

### INTRODUCTION

Postgraduate medical education is in for another round of reforms, starting in August 2005. The changes proposed in *Modernising Medical Careers* (Department of Health, 2003) will have an even greater impact on postgraduate medical education than did the Calman reforms. The reforms will make their impact at two key points, by introducing a 2-year foundation programme to replace the preregistration house officer year and by combining the senior house officer and the specialist registrar grades into a unified training grade.

The purpose of the foundation programme is to produce doctors with a solid grounding in acute medicine, a broad experience of the NHS in various settings, and a clear, realistic career plan. While the broad principles have been agreed (Department of Health, 2004), the details have still to be worked out. Medical students who graduate in summer 2005 will be the first cohort affected by the changes. Students and junior doctors have expressed concern that they do not have sufficient information about the proposed changes. Some have objected to being expected to apply for 2-year programmes without clear information about the location, content or career

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implications of the full programme (Shannon, 2004). Student representatives are worried that the new arrangements may make it more difficult for trainees to exercise choice about where they train, and fear being distanced from family, friends and educational links by being forced to accept far-flung placements.

The authors felt it was important, before the new arrangements were finalized, to survey the views of medical students about the proposed reforms and to hear from them about their career plans. Stress has a major impact on the working lives of junior doctors. The decision-making process underlying the applications to the first jobs of junior doctors is important to note. A strong social and family network is vital to ensuring that junior doctors are supported and so do not allow the major stressors in the first few years to result in long-term psychological morbidity.

### METHOD

The first author developed a questionnaire, which was circulated to senior deanery staff and student representatives in each of the five London medical schools and adjusted in the light of their comments. The intended subjects were the medical students who would graduate in summer 2005. Unfortunately these students were spread across a number of clinical sites, and there was no reliable means of reaching them by post or email. It was decided to distribute and collect questionnaires at educational events,

starting with an evening event at one medical school, intended for students from the class of 2005 just before they dispersed on electives.

Questionnaires were distributed and collected, and the response rate was excellent, but when the results were analysed, it was found that the attendees had almost all been from the class of 2006. This experience was treated as a pilot and the authors concentrated on getting good coverage of the other four schools. They worked with the student representative of each school to identify a suitable opportunity to distribute questionnaires. In one school it was handed out, with the permission of the authorities, during an examination. In the second and third, a compulsory lecture was targeted. The fourth was the largest and most difficult school, as it was too big to provide lectures for the whole class, so a series of seminars was targeted instead.

### RESULTS AND ANALYSIS

Completed questionnaires were obtained from 616/1226 (50%) students expecting to graduate in the summer of 2005, from four London medical schools. Of these, 349 (57%) were female, and 531 (86%) were UK nationals.

#### Immediate plans

When asked whether they intended to go straight on from graduation to the first year of their postgraduate training, 601/616 respondents (97%) said they did. Twelve (2%) intended to defer for up to a year, while three

respondents had no plan to continue in medicine. After completing the first year, 448 (74%) intended to go straight on to the second year of their postgraduate training. Of the rest, 110 (18%) were planning to go abroad to work for a time – mostly for either 6 months or a year. Another 16 (3%) were planning to go abroad and not return. A further 21 (3%) were planning to take time out of medicine, while 7 (1%) had not yet decided what they would do. Of the women, 36 (10%) intended to train part-time during the first 2 years after graduation, and of the men, 16 (6%). In summary, only 408/616 (66%) were planning to complete their first 2 years of postgraduate training in the UK and within 2 years of graduation.

### Career choices

When asked what specialties they were considering for their career, respondents mentioned a total of 44 different specialties. Respondents were asked to give three choices of specialty and many respondents stayed within the same specialty group for all three choices. The distribution of their first choices are summarized in *Figure 1*.

### Content of foundation programmes

When asked which subject they thought should predominate during the first 2 years of their training, 320/616 (52%) said general medicine, 58 (9%) general surgery, 22 (4%) general practice, and 10 (2%) another specialty. The remaining respondents supported an even mixture or a wider choice of subjects. Virtually the only respondents to favour a predominance of surgery or general practice in the first 2 years were those intending to become surgeons or GPs respectively.

### Location of foundation programmes

When asked where they would prefer to do their first postgraduate year, 391/613 (64%) said they would prefer London, and another 136 (22%) said either in London or within 2 hours of London. Only 30 (5%) of respondents said they would prefer a post away from London.

The reasons given for preferring a post in London are set out in *Figure 2*.

(Respondents were asked to tick as many responses as applied.)

### Views on Modernising Medical Careers

When asked whether respondents had heard about the reforms, 297/587 (50%) said 'yes', 145 (25%) said 'vaguely' and 145 (25%) said 'no'. Of those who said yes, 47/297 (16%) thought it would help their career and 94 (32%) that it would hinder it. The rest did not know.

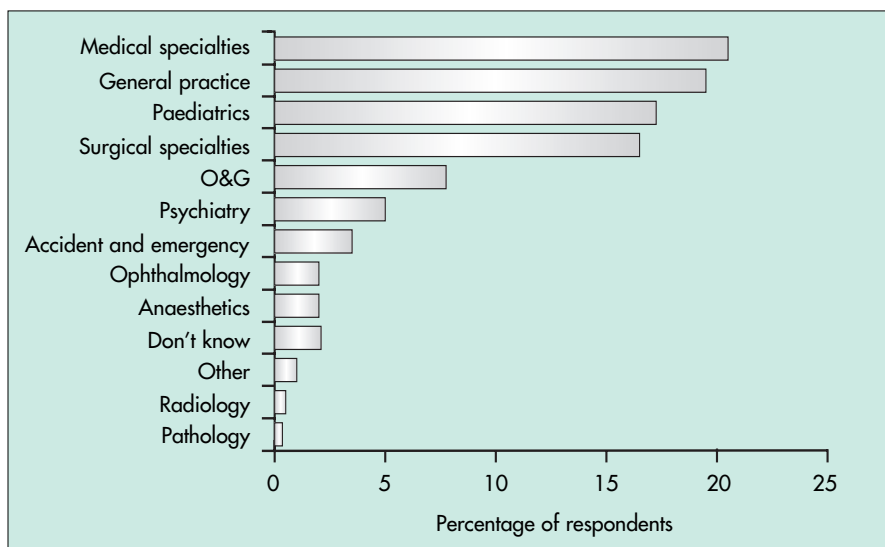
### DISCUSSION

The results of the survey have provided important information about how medical students view their early postgraduate training and their anxieties about the proposed reforms. The majority

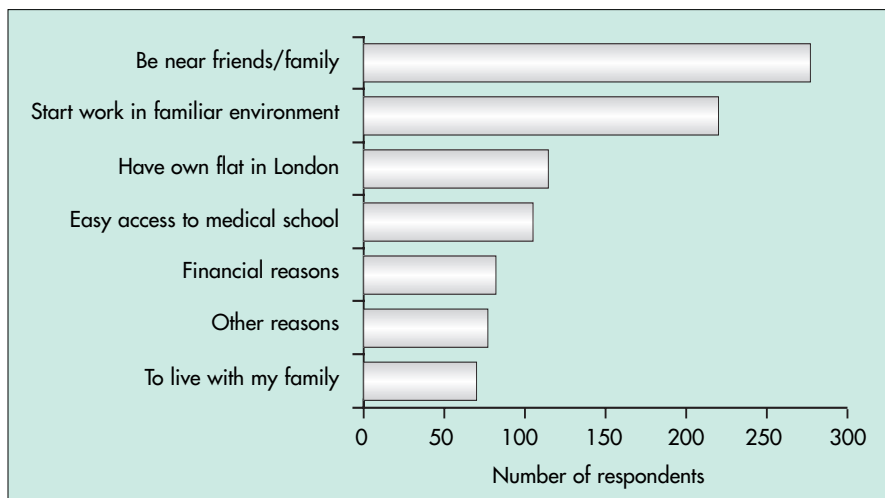
had clear ideas about their career plans, and in a third of cases these included taking time out, working part-time, or training abroad for a time. The workforce implications of this will need to be carefully considered as plans for implementing foundation programmes are made.

The respondents wanted their early years of training to include general medicine and the specialty of their future career, and they did not want their career held back by the introduction of an extra year. They overwhelmingly preferred to undertake their early training in or reasonably near to London, where most of them had their friends, families and a familiar working environment, and where they could maintain educational links to their medical schools.

*Figure 1. Career specialty of first choice. O&G = obstetrics and gynaecology.*



*Figure 2. Reasons for wanting post in London. Respondents could give more than one answer.*



Starting a new job is stressful enough; starting life in the working world is even more so. While the organization and support provided during the intern year is critically important (Firth-Cozens et al, 2000), a strong social and family network is also vital to ensuring that junior doctors are well supported at this important transitional

time (Paice et al, 2002). While significant numbers of students (75%) had heard of *Modernising Medical Careers* and the reforms to some degree, only a minority thought it would support their future career development. If the reforms are going to improve the lives of doctors, and be welcomed, students need to understand them better and

have the opportunity to shape their development and implementation. These views need to be given proper consideration by those planning this round of reforms if a generation of new doctors is not to become rapidly disillusioned. **HM**

*Conflict of interest: JM is a fourth year London medical student and part of the first cohort to be affected. The London Deanery will be responsible for implementing the changes.*

### KEY POINTS

- Foundation programmes as part of the reforms to postgraduate medical education are due to start in August 2005.
- This survey of London medical students due to graduate in that year shows that significant numbers (75%) had heard about the changes but that only a small number of students (16%) currently thought that the proposed changes would help their careers.
- Only two-thirds were planning to complete their first 2 years of postgraduate training in the UK and within 2 years of graduation.
- The majority had clear ideas about their career plans and did not want their career held back by the introduction of an extra year.
- The vast majority (86%) wanted to undertake a programme near to where they graduated, with only 5% of students preferring not to be within 2 hours of London.

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