

# MDRS Careers Strategy



# Medical and Dental Careers Strategy

## Introduction

The purpose of this document is to advise best practice and priorities for careers development within the UK Medical and dental workforce. Although it is clearly recognised that doctors form only part of the health care workforce, this is detailed guidance to maximise the potential of this group of healthcare professionals. It is also understood that multi professional working will be key in maximising benefits to patient care.

It is recognised that we work in a complex regulatory and educational environment involving multiple agencies. However best practice in careers advice should be applicable to all.

All of the principles apply equally to dentistry, but for sake of clarity the processes for medicine are used throughout this document.

## Principles

- A four nation approach to best practice
- Careers advice that empowers individuals to make their own decisions
- Social inclusion
- Doctors should be supported to be the best they can be
- Doctors must be prepared to adapt flexibly to changing future career pathways
- Careers advice should be timely, and realistic in context
- Careers advice must be tailored to both the individual's situation and the health economy

## Key Relationships

In order to look at medical training as life long and a continuum of practice, strengthening the relationship and understanding between UK Medical schools and Postgraduate training in LETBs and deaneries is vital.

The link between career aspirations and work force requirements must be made explicit to all doctors working within the UK health service. Therefore future links with employers remain important.

## The Realities of Being a Doctor

Throughout the medical careers structure opportunities exist and advice should be accessible before an individual starts or continues on a certain path.

There are concerns at the present time with regards to the numbers not entering specialty training directly after completing the Foundation Programme, and the

availability of this advice may support both recruitment and retention within the Medical Profession.

All those who advise on a particular career, must be able to advise or sign-post on the realities of day to day life, so advice is realistic and credible.

Traditionally selection processes have concentrated on academic and attitudinal values. However other skills such as resilience are vital. For all, however, the realities of practising medicine must be clear. These include the impact on personal life, and conversely the impact of personal life on a medical career.

Doctors are often leaders, and although not the only leaders of the multi-professional clinical team, they must be capable of leadership. Leadership skills are required and explicitly measured by the CQC<sup>1</sup>.

The modern, clinical environment is one of reduced autonomy compared to the historical role of the doctor. This is in a system of increased monitoring, on-going assessment and revalidation.

The support of translating skills into clinical practice, whilst available via educational and clinical supervision for clinical development, may also need to be developed for non-clinical skills.

Career choice is more than ever shaped by the reality of service needs, for example the need for fewer surgeons and more GPs. Medical students and junior colleagues need to be given factual information on the prospects of careers in certain specialties that they value and understand. This should evolve and inform individual career choices as the service changes; including acknowledging that career options are closely linked to the needs of the service and some may be limited.

In a continuously reconfiguring and changing healthcare environment our careers advice must reflect both the skills required of the doctor and the career choices available and an understanding that career development skills are required throughout a working life as part of the increasingly 'portfolio' nature of doctors' careers.

### **When access to Careers advice should be provided for doctors:**

The process starts before entry to Medical schools and clear guidance has been provided<sup>2</sup>. School leavers should be aware of what is available both locally and nationally with regards to careers opportunities in the wider NHS. The best possible information should be available for potential applicants to medicine. This may be via a variety of methods but particularly by NHS Careers and other careers services

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<sup>1</sup> [www.cqc.org.uk/content/our-new-inspection-model#reporting](http://www.cqc.org.uk/content/our-new-inspection-model#reporting)

<sup>2</sup> [www.medschools.ac.uk/SiteCollectionDocuments/Selecting-for-Excellence-Final-Report.pdf](http://www.medschools.ac.uk/SiteCollectionDocuments/Selecting-for-Excellence-Final-Report.pdf)

Guidance for careers advisers and teachers on supporting their students through the medical application process should be available and produced by the Medical Schools Council. LETBs/Deaneries should be able to sign post local networks to this information.

At each transition phase

- School to undergraduate
- Undergraduate to foundation
- Foundation to core or specialty training
- Into / out of programme
- Approaching CCT.

Further advice may be required on completion of training when substantive posts are available, and whether they should be taken or not.

Entry to medical school is particularly important and it is clear that the best possible information for potential applicants to medicine is provided by NHS Careers and other careers services.

Careers support in applying for roles at every stage may also be helpful.

Understanding the potential geographical mobility between professional groups, and ensuring geographical information is available about the differences in training, and indeed the differences in the health of the populations in the different parts of the UK.

Awareness of the increased flexibility of training is required by both those offering and receiving careers advice, as reported in The Shape of Training Review<sup>3</sup>, and the Accreditation of transferable competencies framework<sup>4</sup>, developed by The Academy of Medical Royal Colleges and approved by the GMC. In addition broader based training programmes allow more consideration prior to committing to a specialty<sup>5</sup>.

Although initiatives such as credentialing are welcome in encouraging flexibility, this may potentially require the availability of more careers advice as broader entry and change of career pathways are encouraged.

Doctors with adverse ARCP outcomes may require more support, as these could then be lost to the service if not advised, remediated and supported appropriately.

There are other groups of doctors who also require timely advice, who may be able to contribute to the NHS workforce:

- Doctors new to UK practice e.g. refugees, IMGs and European doctors

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<sup>3</sup> [www.shapeoftraining.co.uk/reviewsofar/1788.asp](http://www.shapeoftraining.co.uk/reviewsofar/1788.asp)

<sup>4</sup> [www.aomrc.org.uk/education-a-training/frameworks.html](http://www.aomrc.org.uk/education-a-training/frameworks.html)

<sup>5</sup> [www.rcgp.org.uk/training-exams/broad-based-training-programme.aspx](http://www.rcgp.org.uk/training-exams/broad-based-training-programme.aspx)

- Doctors requiring remediation or support as identified by appraisal and revalidation
- Doctors who wish to leave or enter the formal training pathway
- Doctors who may wish to leave the profession entirely
- Doctors who wish to pursue or develop non-clinical roles

The latter is particularly important as clinical leadership is encouraged.

## **Resources to deliver Careers advice within LETBS/Deaneries**

The following should be available to all doctors if required:

- Careers advice available on a 1:1 basis
- Systems to ensure all trainees have access to training in personal career management including support at transition points to maximise their career potential.
- Advising those already in the workforce wishing to change or work differently e.g. change of training scheme, removed from training on an outcome 4
- Information on vacancies, recruitment ratios and application processes for entry points onto specialty training schemes.
- Ensuring that clinical and educational supervisors are aware of the services, so they may sign-post effectively (and possible building onto existing ES training). The trainers should be able to access appropriate training to deliver basic career support to trainees and recognise those situations where they need to refer trainees.
- Sign posting to specialty training advice, which is well served by the Colleges and specialist societies and NHS careers website.
- Sign posting to regional websites and information on geography as well as specialty.
- Staff and Associate specialists, trust doctors and non-training post doctors should also be supported to maximise their potential for the benefit of patients. Arrangements for this will be different in each of the 4 nations.
- Ability to support doctors back into the workforce after a period of absence NOT through a training programme e.g. refugees returning to practice.
- Trainee support as in standards set by the GMC<sup>6</sup>.
- Remediation as identified by either the ARCP, appraisal or revalidation processes
- Access and signposting to share electronic resources for both doctors and faculty e.g. webinars, slide sets and publications
- Oversight of national links
- Links with multi professionalism and meaningful multi professional education.

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<sup>6</sup> [www.gmc-uk.org/Trainee\\_Doctor.pdf\\_39274940.pdf](http://www.gmc-uk.org/Trainee_Doctor.pdf_39274940.pdf)

## Support for Faculty

Career advice should be delivered by appropriate individuals with appropriate training and support

Any organisation that has an obligation to deliver careers advice must encourage and support its faculty to undertake relevant CPD, recognise and value its staff.

These can be both medically qualified and lay specialist careers advisors who are highly trained. Career pathway to be developed for careers advisors with sign posting to qualifications. Links with credentialing for medical careers advisors as a career pathway

We recognise that doctors in training go to senior colleagues clinical and educational supervisors and consultants for careers advice and these groups should be trained and supported to give appropriate advice.

Faculty must be empowered and supported to say no to students and even qualified doctors, to continue or start in a career in medicine if inappropriate

As part of GMC standards for training educational and clinical supervisors should also be supported and in some cases trained to deliver accurate careers information. Faculty should be supported in delivering their career support obligations as outlined by the GMC: The Trainee Doctor 2011<sup>6</sup> 6.9: *Trainees must have relevant, up to date and ready access to career advice and support.* This in turn will enable faculty career helpers to build competence in line with the GMC Recognition of Trainers<sup>7</sup> Domain 6: Guiding Personal & Professional Development.

## Outcomes and Metrics

Like any publically funded service, Careers Services must be able to show they add value to the service and the individuals, and to our patients.

Measures that could be used include traditional metrics such as feedback and evaluation of sessions. However innovative metrics could include:

- Recruitment numbers looking at the needs of the service and needs of patients
- Retention
- Levels of referral to formal support services, or trainee self-referral to careers services
- Attrition
- Equality and Diversity outcomes

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<sup>7</sup> [www.gmc-uk.org/education/10264.asp](http://www.gmc-uk.org/education/10264.asp)

## **Research into careers**

Research is required to underpin both career advice methods as well as understand the needs of doctors. Research should include tracking of career pathways and factors governing decision making.

Areas of interest could include work life issues amongst different generational groups, efficacy of interventions, usage of available information and support and information about what doctor's want and how they want it delivered.

Exploring what can retain doctors to both the NHS and the UK is also of interest.

## **Specialty and academic Careers**

The traditional medical specialties are well established and sign posted/served by training pathways, Colleges and specialist societies as well as the NIHR.

All careers advice should sign post to these sources of information and resources, not replicate. Recruitment ratios locally, regionally and nationally should be freely available.

Academic career advice should be broad enough to be useful to those who have not embarked on an integrated academic programme.

## **Dissemination and Communication**

It is recognised that we work in a complex regulatory and educational environment involving multiple agencies. Working inclusively will be the key to dissemination of best practice

There needs to be appropriate cascade of information with appropriate and timely use of technology. The recently re launched NHS careers website could be very useful and all agencies should work together to allow this to happen.

We know more detailed guidance may be necessary in certain areas, and the NHS careers website should provide this for both challenged specialties and geographies if we are to reduce health inequalities within the UK.

## **Support for people expressing a wish to leave or leaving Medicine**

For some, it is entirely in the best interest of the individual and the service to leave medicine as a career. For others however it would be a disservice to lose them from healthcare completely.

There may be some who need to leave healthcare and careers advisors must be able to advise on this, appropriate use and opportunities of the medical degree.

With the advent of revalidation there must be a discussion on the effects of suspending the license to practice and registration with the GMC.

It may be appropriate to move between sectors, have a career breaks and the realities of doing so must be clear before the individual embarks on such a course.

There must be the availability for local advice to signpost to alternatives.

Individuals must be empowered individuals to make the right personal choices.

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