

## The College

### Career advice and counselling

The following papers were given at the Open Forum of the Education Committee on 2 October 1989.

#### *The development of careers advice and counselling for doctors in training*

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In this article *careers advice* is used to mean the provision of information about careers and *counselling* is used about helping and guiding an individual doctor in training about his particular concerns and needs. The report produced in 1987 on hospital medical staffing, *Achieving a Balance: a Plan for Action* recognised the need to balance the number of hospital doctors in training with future career opportunities, and also the need to provide formal career advice and counselling for them. The report also recommended that the present system for counselling that is in place, consisting of Consultants, District Clinical Tutors, Postgraduate Deans and College Specialty Tutors is, in its essentials, a framework which does not require significant change. There was a recommendation that doctors in training should be made aware through their contract of employment of the availability of counselling and also that it should be positively offered. The authors of the report did not, however, develop this theme and advised that further discussions would be necessary.

The Conference of Postgraduate Medical Deans of the United Kingdom and also the English Committee of Postgraduate Deans, have therefore initiated Working Parties to respond to the Report (1988, 1989). Deans considered that career advice and guidance should normally be provided by the junior doctor's educational supervisor who is likely to be the consultant for whom he is working. The General Medical Council has previously emphasised the need to identify an educational supervisor for each doctor in training. Where guidance is needed, District Clinical Tutors and District Specialty Tutors may be called upon, particularly if a change of specialty is being considered. The role of the District Clinical Tutors, who are responsible to Regional Postgraduate Deans, should be to act as facilitators

and co-ordinators rather than as counsellors, unless they have specific knowledge related to the specialty of interest to the trainees. Counselling is likely to be a time-consuming process and it seems clear that many doctors-in-training do not wish to talk to their immediate consultants because of the influence these consultants may be perceived to have in supporting them for their future careers. There is likely to be a need to make specific staff appointments to assist with counselling. Some regions are appointing Associate Deans, but in the Oxford region, although funding for an Associate Dean has been obtained, it has been agreed that for a year or two at least, the districts, through their District Clinical Tutors, will make appointments of counsellors. They will be paid honoraria related to the number of individuals to be counselled.

A number of specific requirements were identified by Deans:

(1) *Job descriptions*

In order to provide career advice, each post should have a detailed job description and a weekly time-table describing the experience to be obtained. These should be approved by visitors reviewing the posts from the Royal Colleges and by Regional Postgraduate Medical Education Committees. Some regions are considering the use of log books to monitor the work done and to record the reviews described in the next section, but others are concerned about the use of log books as it is difficult to keep reports on an individual's progress purely in the hands of the individual himself. Unsatisfactory reports can be easily dispatched by means of a bin or a fire! The development of a regular report system would require central co-ordination and some Deans consider that this goes beyond reasonable management of careers.

(2) *Review of trainees by supervisors*

At the beginning of each training programme trainees should meet their educational supervisor, who will usually be their consultant. The procedures for monitoring progress should be discussed. Further meetings to assess progress should occur at regular intervals. Some junior

doctors may be concerned about their failure to make progress in their careers, and these doctors in particular should be offered formal career counselling.

- (3) *Statement about careers advice and counselling*  
A statement should appear in the contracts provided by regions for their junior staff. This is in line with the proposal in the Report *Achieving a Balance*. Examples from two regions are included in the Report on the development on counselling being issued through the Standing Committee on Postgraduate Medical Education and Training, on behalf of the Committee of Postgraduate Medical Deans (1989).
- (4) *Information requirements*  
There is a need to co-ordinate and disseminate information about postgraduate medical education for providers, District Clinical Tutors and Postgraduate Deans as well as for doctors-in-training. Postgraduate Deans recommend the regular production of a formal newsletter or journal on medical training in the National Health Service. The newsletter or journal should have an editorial board consisting of Postgraduate Deans and others concerned with postgraduate medical education and should be produced by the Department of Health. It could contain reviews about training for particular careers and the provision of facilities for postgraduate medical education, as well as articles about original approaches to postgraduate medical education, including medical audit and the assessment of trainees. It could become a useful resource for information about training requirements of colleges and faculties, as well as for bulletins from the Department of Health.
- (5) *Development of training related to counselling*  
Increasingly, Postgraduate Deans are involved in promoting the educational strategy for management in their regions. Several important educational approaches can be introduced through management training, including techniques for training juniors, development of counselling skills and the way in which they may be helped to develop their careers.

The development of more adequate career advice and guidance for doctors in training will require a more reliable data base on doctors in training and also about the posts. Maintenance of records of all training that is taking place and the posts will be a major requirement for counselling programmes to function satisfactorily. A number of regions are already developing such programmes, using their manpower systems as a base. All regions will require such systems to be capable of co-ordination as doctors move between posts in different regions.

Some psychiatrists in training may point to over-staffing in training posts and difficulties that exist for particular individuals. It is easier for a non-psychiatrist, as I am, to point to problems which have recently concerned me in another discipline. An appointment committee for two Senior Registrars in surgery in the Oxford region, had 62 candidates to consider and 6 were short-listed. Of the 62 candidates all had fellowships and towards a half already held, or were about to submit for a higher degree. Many were approaching their late 30s. Such doctors are being frustrated in their careers. Some may not make consultant posts, and it is not surprising if their interest in continuing education, research and the future development of their professional experience become stultified by years of waiting. Postgraduate Deans are trying to develop the systems which will assist all doctors in training posts to achieve their full potential in reasonable time.

## References

- Report on Postgraduate Medical Education (1988): A review of the Education implications of 'Achieving a Balance: Plan for Action'*. Conference of Postgraduate Deans and Directors of Postgraduate Medical Education of the United Kingdom (available from the Secretary, Dr Michael Parry, Scottish Council for Postgraduate Medical Education, 8 Queens Street, Edinburgh EH2 1JE).
- The Further Development of Career Advice and Counselling for Doctors in Training (1989)*. Report of the Committee of Postgraduate Medical Deans produced by SCOPME (Standing Committee of Postgraduate Medical Education, 3rd Floor, 26 Park Crescent, London W1N 3PB).

## Career counselling and women doctors

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The career pathway of men and women doctors has been examined in a detailed report from the Policy Studies Institute (Allen, 1988). All doctors said that there had been very little careers advice and counselling available at medical school or while in training grades. Most women doctors thought that there should be careers information directed specially at women, with the general understanding that career pathways of women were likely to be disrupted to a variable extent by family commitments.

There are now equal numbers of men and women entering medical schools, and it is estimated that by the year 2000 women will occupy about 40% of the NHS medical manpower posts. Over 80% of women