

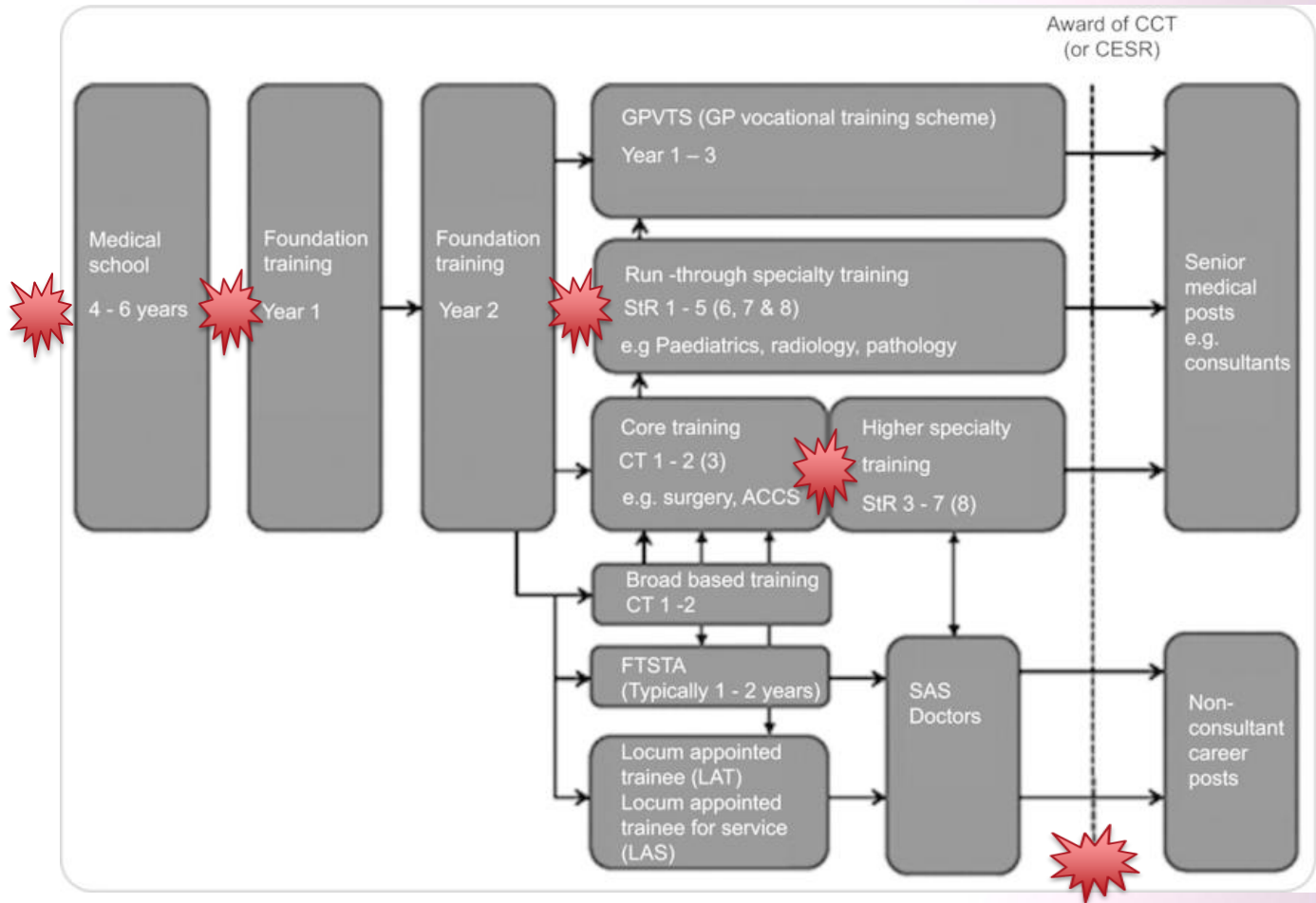
What influences medical career decisions?

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UK medical training pathways



Background

- There are many known influences on medical careers decision making e.g.,
 - Gender ¹
 - Individual preferences/”fit” ²
 - Exposure/experience of a specialty or a locality ³
 - Wish for work/life balance ⁴
 - Medical School ^{5, 6}

1. van der Horst et al. Med Educ 2010;44:595–602
 2. Soethout et al. Med Teach 2008;30:15–30
 3. Nichols et al. Rur Remote Health2004; 4:259.
 4. Dorsey et al. Acad Med 2005;80:791–6
 5. Parkhouse & Palmer. Br Med J 1977 Jul 2; 2(6078): 25–27.
 6. Cleland, Johnston et al. BMC Medical Education 2014, 14:151.
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Initial questions and studies

- How soon do medical students formulate careers intentions?
- How much do career preferences change during medical school - and if they do, what are the determining factors?
- What's the influence of medical school on career decisions?

Q27. To what extent are the following factors important when considering your future career options (please tick one response for each factor)

	Extremely <u>important</u>	Moderately important	Slightly important	Not at all important
Intellectual satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own aptitude/skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential earnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work/life balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career prospects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/partner's career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of patient contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuity of patient contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation links	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work

Life





Scale of 1 to 5 where 1 represents
you rate your level of satisfaction

2 3 4 5

Scale of 1 to 5 where 1 represents
you rate your level of satisfaction

Medical appointment reminder preferences

Imagine you have an appointment scheduled with your primary care provider in 2 months.
From these options, please select the medical appointment reminder you prefer the most.

3/16

	Reminder 1	Reminder 2	Reminder 3
Initial reminder type	Electronic calendar reminder (Outlook, Gmail, etc.)	Phone call (personal call or automated)	Social media (Facebook, Twitter, etc.)
Arrival of initial reminder	1–2 weeks prior to appointment	1–6 days prior to appointment	More than 1 month prior to appointment
Reminder content	Clinic location information (clinic address, directions and map)	Clinic location information (clinic address, directions and map) and reason for visit	Rescheduling information (phone number or email)
Number of reminders	2 or 3 reminders – same type	2 or 3 reminders – different types	1 reminder
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You are coming to the end of your current post and you are looking for your next job. The Ministry of Health has sent you a summary of your next post, but you have also seen an advertisement for a job in the newspaper. You compare the two job descriptions:

Generic (unlabelled) design

	JOB A	JOB B
MONTHLY SALARY	BASIC	20% INCREASE
LOCATION	URBAN	RURAL
WORKLOAD	HIGH	LOW
HOUSING	PROVIDED	NOT PROVIDED
FURTHER TRAINING	AFTER 5 YEARS	AFTER 2 YEARS

Which job would you take? Job A Job B

Take neither

Opt-out option

Levels of attribute

Attribute

Generic (unlabelled) design

	JOB A	JOB B
MONTHLY SALARY	BASIC	20% INCREASE
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Which job would you take? Job A Job B

Take neither

Opt-out option

Levels of attribute



Stage 1

- Literature search to identify attributes and levels
- Online qualitative survey (students and trainees - What three things are most/least important to you when making a decision re your medical career)
- Focus group discussions
- Development of initial questions, attributes and levels

Stage 2

- Pretesting (completion time, integrity of the model)
- Pilot testing
- Think aloud interviews
- Completion time
- And so on

Stage 3

- Distribution
 - Students in the five Scottish medical schools (paper) (810/1124 responses)
 - Trainees across Scotland, plus HEE NE and NW (online) (1323/16700 responses)
-

Trainee/student DCE

Characteristics/Attributes	Description given to respondents	Possible levels
Familiarity with hospital/unit	This refers to how familiar you are with the hospital or unit, whether you have rotated around it previously or have other knowledge of it	Unfamiliar Quite familiar Very familiar
Geographical location	This refers the geographical location of the training position including the amenities on offer and the proximity to your family/friends	Desirable Not so desirable
Opportunities for partner/spouse	How much does the location offer employment/training opportunities for your partner/spouse (if you have one)	Limited opportunities Good opportunities
Potential earnings	This refers to how your potential earnings compare against average career earnings in your chosen specialty after completing training	Average earnings 5% above average 10% above average 20% above average
Clinical/academic reputation	This refers to the prestige/status associated with the Hospital/Unit/Programme	Indifferent reputation Good reputation Excellent reputation
Working conditions	This refers to working conditions, such as rotas, amount of on-call, time off and/or staffing levels etc.	Poor Good Excellent

This section invites you to consider alternative placements/opportunities for your next stage of career. Imagine you are looking for your next position and have been offered two alternatives. The two positions only differ according to the characteristics outlined below. All other unmentioned characteristics are the same.

Please take a moment to read through these characteristics outlined below.

You may **not like either** position but we would like you to state which you think is **better!**

There are a series of 9 choices.

Choice 1 of 9: Which position would you prefer?

	Position "A"	Position "B"
Geographical Location	Not so desirable location	Desirable location
Familiarity with hospital/unit	Unfamiliar	Quite familiar
Opportunities for partner/spouse	Good opportunities	Limited opportunities
Potential earnings	Average earnings	20% above average
Working conditions	Poor conditions	Excellent conditions
Clinical/academic reputation	Indifferent reputation	Good reputation
Please tick one box	<input type="checkbox"/>	<input type="checkbox"/>

Trainee Valuations



Valuations



+52%



+40%



+32%



Final Year student Valuations



+44%

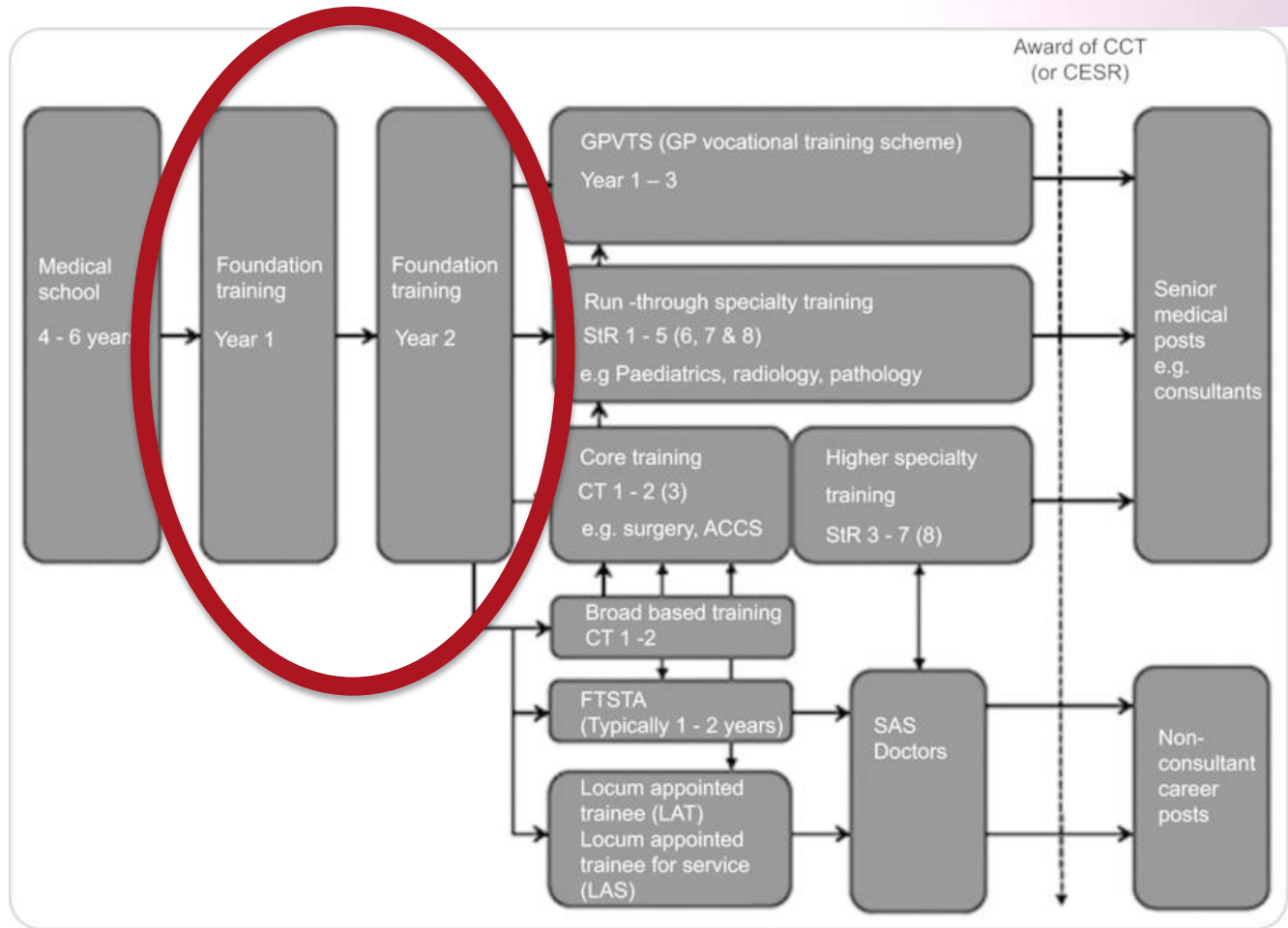


+31%



Six UK schools including Aberdeen
Approx. 10% of the UK's 2014 graduating cohort

UK medical training pathways



Foundation Year 2 doctors

- Percentage of FY2 doctors applying for a core/specialty training place consistently reducing since 2010
 - In 2016, nearly 50% of those graduates completing the FP did not apply for a training post
 - Resulting in:
 - Empty training posts
 - Understaffed units
 - Gaps in rotas
 - Disrupted flow in numbers trained to consultant status
 - 2018 figure is 33%
-

Characteristics/Priority areas	Description given to respondents	Possible levels
Geographical Locality	This refers to the geographical location of the training position including amenities on offer, and the proximity to your family and friends, and/or spouse/partner employment opportunities.	Desirable Location Undesirable Location
Familiarity With Specialty	This refers to how familiar you are with the specialty, whether you have rotated around it previously or have knowledge or experience of it.	Unfamiliar. Quite familiar. Very familiar.
Culture of Working and Learning Environment.	This refers to perceiving that you are a valued and respected member of staff whose training and learning needs are supported.	Supportive Culture. Unsupportive Culture.
Potential earnings	This refers to how your potential earnings compare against average career earnings in your chosen specialty after completing training.	Average earnings 5% above average 10% above average 20% above average
Working Conditions	This refers to working conditions, such as rotas and shift patterns, amount of on call, time off and staffing levels.	Excellent Conditions. Good Conditions. Poor Conditions.
Opportunities for Professional Development	This refers to opportunities to undertake academic research, teaching, and training throughout your training programme and career.	Excellent opportunities. Average opportunities. Poor opportunities.

Choice 1 of 13: Which position would you prefer?

	Position "A"	Position "B"
Geographical Location	Undesirable Location	Desirable Location
Familiarity with specialty	Quite Familiar	Unfamiliar
Culture of working and Learning Environment.	Unsupportive Culture	Supportive Culture
Potential Earnings	10% Above Average	20% Above Average
Working Conditions	Excellent Conditions	Poor Conditions
Opportunities for Professional Development	Average Opportunities	Poor Opportunities

Stage 3

- Distribution
 - Incorporated into the Destinations Survey, and sent to all Scottish FY2s (2016)
 - Incorporated into the Destinations Survey, and sent to all UK FY2s (2017)
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Main findings

- All the attributes in the model were influential but two stood out:
- The most important attribute when moving from one level to another was from a desirable to undesirable **location** (45.7%)
- But the move from a **supportive culture** to an unsupportive culture would have to be compensated by 40.02% of annual potential earnings
- FY2s also want a training post that has **excellent working conditions** that include **excellent opportunities to expand their professional development**
- And is in a speciality with which they are **familiar**

Exploring this further



¹I think senior support at times was a huge factor for us, particularly in A&E. I'm never on shift without somebody² who's at least a senior registrar or a consultant. So I've never, ever had any issues. Sometimes getting them it's a³ little bit difficult but it's just the nature of the job... they are probably seeing a patient, but I just go in and grab⁴ them and call them out if I need⁴ them, you know. So if I need access to them.

⁵When I went to A&E, my educational supervisor in A&E, **she's very proactive. She's super.** We did a lot of⁶ discussion around how I manage patients, so she'll call the patients up that I've seen X number of weeks ago, and⁷ we go through and look at my documentation, see how I managed it. And it's not criticising me. I mean if it is⁸ critical, it's constructive criticism. **So I think that's a huge, huge aspect of learning as a junior.**

⁹And that's the first time I've had a supervisor that has been that **enthusiastic, and that makes a hell of a¹⁰ difference** ... She even creates opportunities for you... **And then that leads into feeling valued.**

¹¹SP1: Difference that you feel more supported I take it?

¹²SP2: Yeah. **She even creates opportunities for you.** She'll go out of her way to sort things. I got a taster week¹³ in... Anaesthetics I got, long term advanced trauma life support. **If they take an interest in you it makes it...**

¹Yeah, so as a whole, I found the foundation experience really disappointing. I've not enjoyed it all as a² profession, or as a job. I felt that you're extremely undervalued as an individual, and as a professional.

³And there's huge neglect of training for foundation doctors, especially at FY1 level. **I don't think that⁴ you're respected or considered to be a practising clinician.**

⁵I think there's not much in **the way of recognition for the work that you do.** And I think that you do a lot⁶ of legwork for a lot of other people. And people aren't very thankful of that.

⁷I don't think that you're treated well by other members of healthcare professionals within the teams.⁸ **And that makes your role feel devalued as well. You feel devalued in that sense that other people⁹ don't treat you very nicely at all.**

¹⁰**As a whole...as a whole it's really, I found it very disheartening. And I had never expected to be treated¹¹ so badly as a professional.**

¹²Bearing in mind that this is your first ever experience of a job. And often, medical students or medics¹³ don't necessarily work much before they go to university. This is the first time you ever experience¹⁴ working life. And those that work within the institution should know better that it's a very, very difficult¹⁵ job.

¹⁶**And that on the whole, they're treated very badly.** But I don't think that makes any difference. And I¹⁷ don't think it means that people make **any effort at all to be inviting, to be encouraging, to be¹⁸ supportive of the fact that you are a young professional** that has no experience working in a¹⁹ professional environment. **And I think that was one of**

Thoughts

(drawing on some of our own and other studies too!)

- Senior students, FYs and trainees want a fulfilled and well-balanced life
 - They want supported and trained
 - They want to feel valued and part of the team
 - They struggle to understand service delivery as a means of meeting their training needs
 - They want opportunities for time out of training
-

Thoughts (cont)

- Senior students, FYs and trainees want a fulfilled and well-balanced life
 - They want supported and trained
 - They want to feel valued and part of the team
 - They struggle to understand service delivery as a means of meeting their training needs
 - They want opportunities for time out of training
 - Prior experience is important – need to ensure exposure to Pathology from early on
 - Can't change where a workplace/hospital is located, but can control the internal environment/organisational culture
 - Need to “sell” a post so it is attractive to them, so it ticks **their** boxes
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So...

- What can Pathology build on?
 - Good NTS overall satisfaction data
 - Lots of features that are valued by trainees:
 - predictable hours
 - One-to-one with seniors
 - valued as a person
 - How can you exploit these attractive features to recruit more early career doctors into pathology specialties?
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- THANK YOU
- Comments? Questions?



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