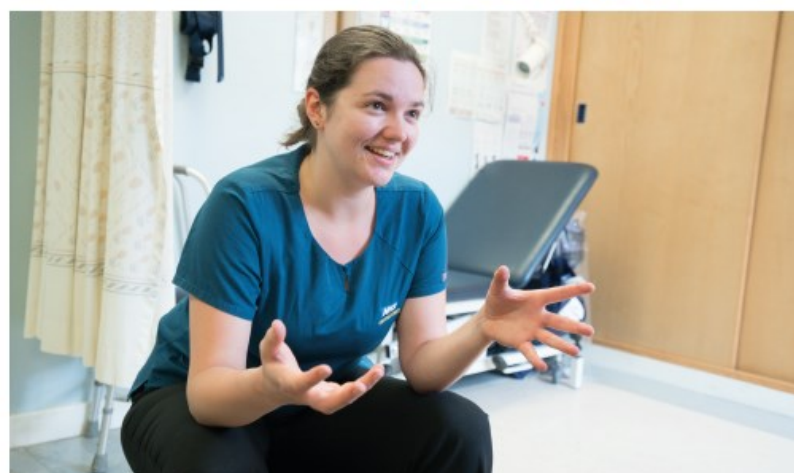
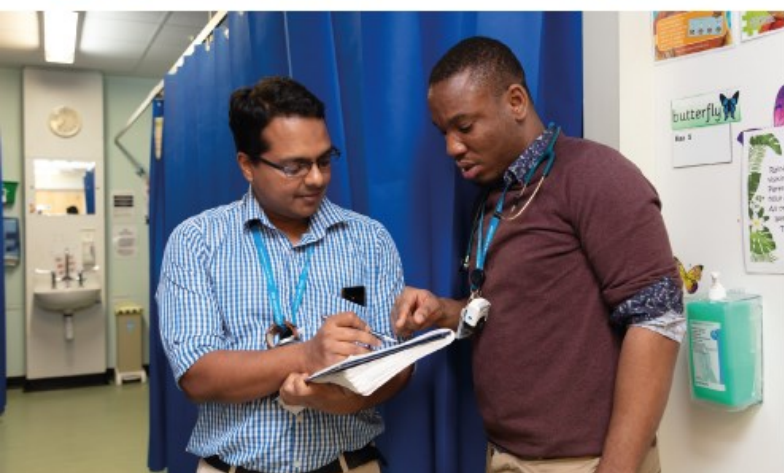
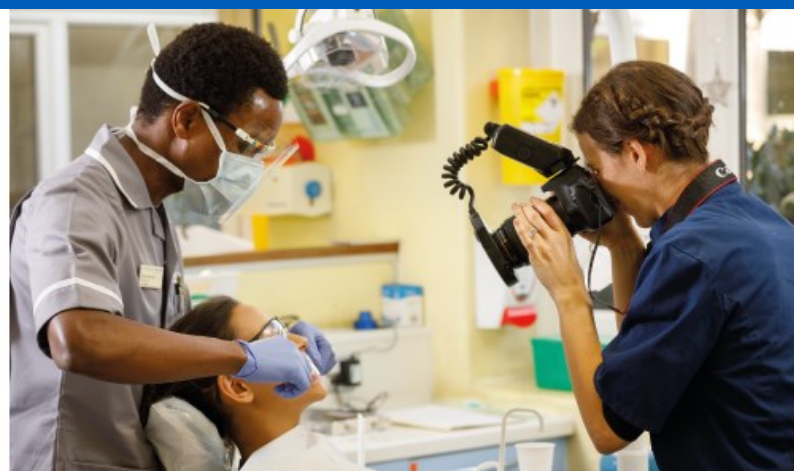


MDRS Careers Strategy 2021



Medical and Dental Careers Strategy



Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)



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 and take ownership of their career management
- 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 the devolved nations is vital.

The link between career aspirations and work force requirements must be made explicit to all doctors working within the UK health service, as the NHS is the usual first employer of all doctors graduating in the UK. Therefore future links with employers remain important.

The realities of being a doctor and dentist

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

In medicine, 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. Dentistry currently has adequate numbers applying to specialty training to provide a competitive process.

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 or dentistry must be clear. These include the impact on personal life, and conversely the impact of personal life on a medical or dental career.

Doctors and dentists 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.

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

The importance of career decision making in medicine is reflected in career management now being a part of the Foundation Programme Curriculum, requiring foundation doctors to demonstrate active participation in career decision making. Elements that make up effective career decision making are also part of the GMC's GPCs. This means that this is a regulated requirement across all postgraduate medical programmes.

Career choice is more than ever shaped by the reality of service needs. In dentistry 95% of the workforce is in primary dental care, with a relatively small number of highly competitive specialty training posts in secondary care. The majority of dentists have careers in general dental practice and the potential issues here are associated with the need for a change in skill mix. Medical and dental students and postgraduate doctors and dentists 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 or dentist 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' and dentists' careers.

Useful links:

www.cqc.org.uk/content/our-new-inspection-model#reporting

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework>

<https://www.medschools.ac.uk/our-work/selection/selecting-for-excellence>

When access to careers advice should be provided for doctors and dentists:

The process starts before entry to medical and dental schools and clear guidance has been provided, particularly for medicine. 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, for medicine, Medical Schools Council, Health Careers and other careers services.

Currently, the requirement of entry into the NHS Performers list for Dentists is the Satisfactory Completion of Dental Foundation Training. Undertaking Dental Core Training is optional and is sometimes a pre-requisite for entry into specialty training.

Guidance for careers adviser and teachers on supporting their students through medical or dental application processes should be available and produced by the Medical Schools Council Health Careers and other careers services.

Guidance for careers adviser and teachers on supporting their students through medical or dental application processes should be available and produced by the Medical Schools Council or the Dental Schools Council on supporting applications to medicine should be promoted. Devolved nations should be able to sign post local networks to this information.

Advice should be available at each transition phase:

- School to undergraduate
- Undergraduate to foundation (undertaken in primary care in dentistry)
- Foundation to core or specialty training
- 'Time out' between foundation and core/specialty or core and higher specialty training (or general practice in dentistry)
- Into / out of programme
- Approaching CCT (CCST in dentistry)
- Approaching Post CCST (Paediatric Dentistry and Orthodontics only at the present time)
- Returning to training/practice.

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 or dental school is particularly important and it is clear that the best possible information for potential applicants to medicine or dentistry is provided by Medical Schools Council, Dental Schools Council, Health Careers and other careers services.

Careers support in applying for roles at every stage may also be helpful recognising that some of these roles may be non-training posts prior to undertaking further training (in medicine).

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 is vital.

Awareness of the increased flexibility of training is required by both those offering and receiving careers advice. For medicine, this has been reported in The Shape of Training Review, HEE's Enhancing Junior Doctors' Working Lives and the Accreditation of transferable competencies framework, developed by The Academy of Medical Royal Colleges and approved by the GMC.

Although initiatives such as credentialing in medicine 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. Further work is being undertaken by the Royal Colleges in adapting curricula to afford the opportunity for doctors to 'step on/step off' and increased flexibility has also formed part of the HEE Foundation Review, which may lead to increased need for career support.

Doctors and dentists 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 and dentists who also require timely advice, who may be able to contribute to the NHS workforce:

- Doctors and dentists new to UK practice e.g. refugees, IMGs and European doctors and dentists
- Doctors requiring remediation or support as identified by appraisal and revalidation
- Dentists requiring remediation or support as identified by NHSE Local Teams or the GDC
- Doctors and dentists who wish to leave or enter the formal training pathway
- Doctors and dentists who may wish to leave the profession entirely
- Doctors and dentists who may wish to return to service
- Doctors and dentists who wish to pursue or develop non-clinical roles.

The latter is particularly important as clinical leadership is encouraged.

Useful links:

<https://www.medschools.ac.uk/studying-medicine>

<https://www.medschools.ac.uk/studying-medicine/applications/resources-for-students-and-teachers>

[Dental Schools Council - The principal source of informed opinion and advice on education and research in dental schools in the United Kingdom and Ireland](#)

<https://www.gmc-uk.org/education/reports-and-reviews/shape-of-training-review>

https://www.hee.nhs.uk/sites/default/files/documents/EJDWL_Report_Edit_FINAL.pdf

<https://www.aomrc.org.uk/reports-guidance/accreditation-of-transferable-competences-0914/>

Resources to deliver careers advice

The following should be available to all doctors and dentists 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.
- Access to e-learning materials and/or webinars on career management.
- 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 Health Careers website.
- Sign posting to regional websites and information on geography as well as specialty.
- Staff and Associate specialists, trust doctors and dentists and other locally employed doctors and dentists 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.
- In medicine, support for CESR applications.
- Ability to support doctors and dentists back into the workforce after a period of absence NOT through a training programme, including refugee doctors.
- Trainee support as in standards set by the GMC and GDC
- Remediation as identified by either the ARCP, appraisal or revalidation processes
- Access and signposting to share electronic resources for both doctors, dentists and faculty e.g. webinars, slide sets and publications
- Oversight of national links
- Links with multi professionalism and meaningful multi professional education

Useful links:

<https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/promoting-excellence>

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 or dentally qualified and lay specialist careers advisors who are highly trained. It is recommended that a career pathway be developed for careers advisors with sign posting to qualifications with potential for credentialing for medical and/or dental careers advisors as a career pathway.

We recognise that doctors and dentists 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 and information.

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

As part of GMC and GDC 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 in *Promoting Excellence* and the GDC. Trainees must have relevant, up to date and ready access to career advice and support.

Outcomes and metrics

Like any publicly 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 and levels of activity/access. However innovative metrics could include:

- Recruitment numbers looking at the needs of the service and needs of patients
- Retention (either training programme or service delivery)
- Levels of referral to formal support services, or trainee self-referral to careers services
- Attrition (either training programme or loss to service)
- Equality and Diversity outcomes

Research into careers

Research is required to underpin both career advice methods as well as understand the needs of doctors and dentists. 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 and dentists to both the NHS and the UK is also of interest.

Specialty and Academic careers

The traditional medical and dental 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. There should be a central portal for information and all agencies should work together to allow this to happen.

We know more detailed guidance may be necessary in certain areas, and this should be available on the central platform 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 or Dentistry

For some, it is entirely in the best interest of the individual and the service to leave medicine or dentistry 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 in medicine there must be a discussion on the effects of suspending the license to practice and registration with the GMC.

Voluntary removal from the Dental Register has significant implications and should not be undertaken lightly.

It may be appropriate to move between sectors, have a career break 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 to make the right personal choices.