

# Preparedness for practice: doctors' views in their first year after qualification

University College London, June 28 2011

Michael Goldacre  
Professor of Public Health  
University of Oxford



# UK Medical Careers Research Group: Cohort Studies of Doctors' Careers

Funded by the Department of Health, but independent of it.

Career choices, career progression, career destinations, and views of medical graduates from all medical schools in the United Kingdom, established in 1974.

Whole year-of-qualification cohorts of 1974\*, 1977\*, 1983\*, 1988, 1993, 1996, 1999, 2000, 2002, 2005, 2008, 2009; studied at year 1 after qualification, years 3, 5, etc.

33,417 doctors: 74% (24,623) replied at the end of year 1; 73% replied at the end of year 3

## Postal questionnaire surveys

### In the questionnaires:

1. Closed questions about career intentions, current jobs, and about views of training and working in medicine
2. Comments, if respondents wish, on any aspect of training, career choice or work

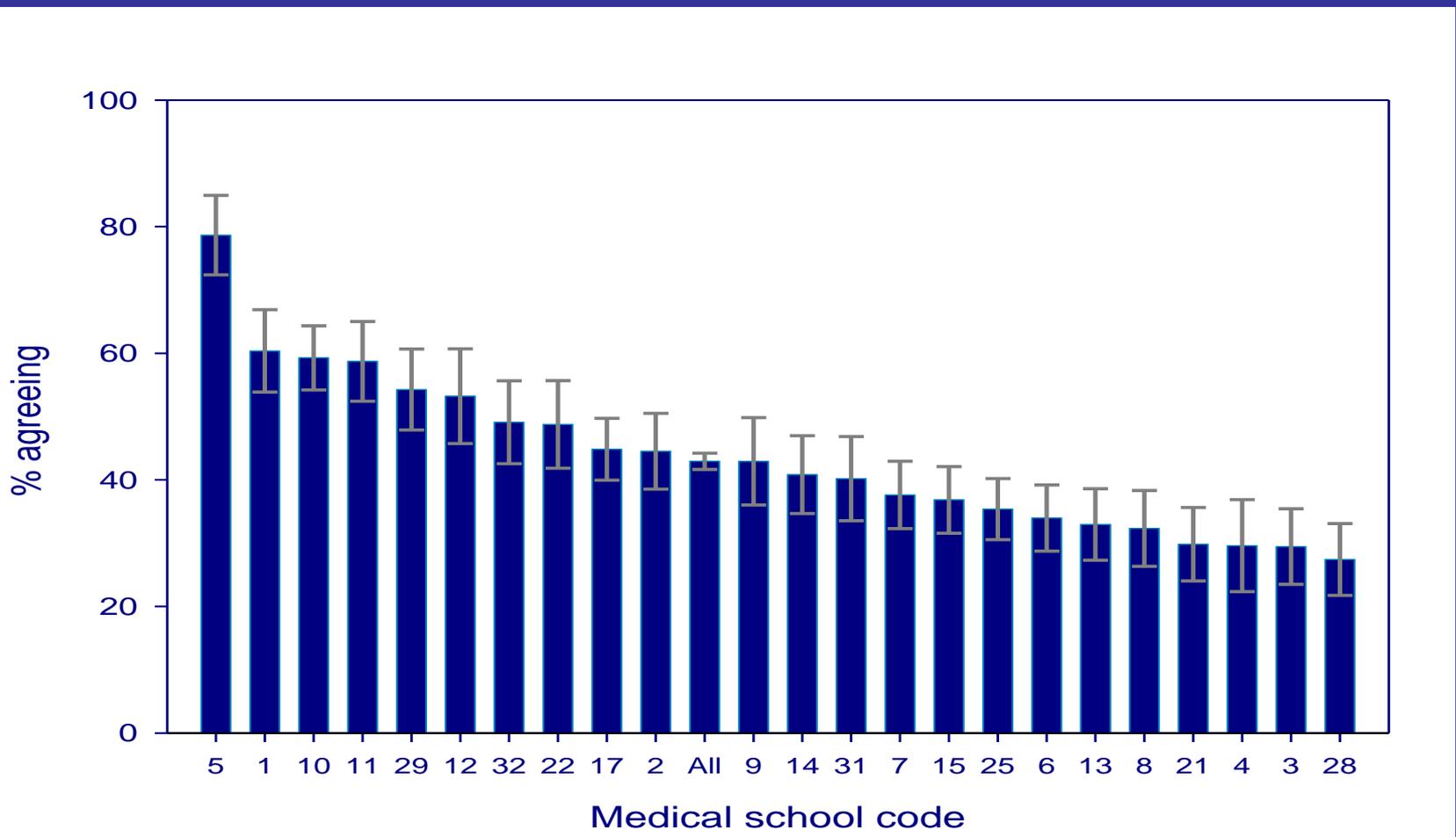
When important themes are raised in 'free text' comments, we may add new themed questions/statements to questionnaires to ask all doctors about the theme to see whether those who commented were typical or not.

## Seminar topics:

- Career intentions – eg staying in medicine, specialty choice, etc
- Career progression
- Men and women in medicine, especially their career progression
- Working people, having children
- Global migration
- How well doctors think they have been taught to be doctors
- Exhaustion at work
- Enjoyment at work

Percentage of doctors who agreed with the statement:  
**'My medical school prepared me well for the jobs I have undertaken so far'**  
(cohorts of 1999 and 2000)

[BMJ 2003;326:1011-2]



“Most people starting a new professional job probably will, and probably should, feel unprepared to some extent.

The vast knowledge base of clinical practice makes full preparation an impossibility.”

*Is being unprepared inevitable?*

“Any amount of training as a medical student will probably never prepare you for the real thing.”

“Not fully prepared in clinical skills...but really can only be truly picked up on job.”

“Any lack of experience in admin is very quickly put right in house jobs.”

“Clinical procedures - learn very quickly on the job.”

# Was it a problem? Responses of PRHOs in 2003 and 2006

- Serious problem: 2.5% of all respondents
- Serious or medium-sized problem: 30.0% of all respondents

## Problem areas:

- Clinical knowledge: 18% of all responders
- Clinical procedures: 32% of all responders
- Administrative tasks: 34% of all responders

Variation between medical schools

*and*

Variation between medical students

## Variation between graduates in views about their medical school: each set of statements covers one medical school

1a. Extensive clinical experience at medical school prepared me well for work as an FY1 - a lot of ward work especially as a 5th year.

1b. I have felt very poorly prepared for work during my FY1 year at [named hospital]. My knowledge base was extremely poor, particularly in the areas of pharmacology...

**Variation between graduates in views about their medical school:  
each set of statements covers one medical school**

**2901002 I feel that my time at medical school prepared me well  
for working as an FY1**

**2901062 I have felt very poorly prepared for work  
during my FY1 year**

**2901083 Clinical teaching distinctly average  
as was highly variable from ward to ward.**

## Variation between graduates in views about their medical school: each set of statements covers one medical school

291303 Final year placements were well designed to enable me to function well as an F1 doctor both clinically & administratively.

2913014 I did not feel medical school was an adequate preparation for starting work - I did not know how to do the day to day job of a house officer & did not feel ready to see & manage sick patients alone.

## Variation between graduates in views about their medical school: each set of statements covers one medical school

4a. I was encouraged to study and received exceptional teaching and support. I felt well-prepared for starting my foundation years.

4b. My medical school was obsessed with academic knowledge, learning the minutiae of the unusual, and had opaque, unfair and stilted examinations. I was not well prepared for FY1.

Maybe some of this was my fault...

Medical school was excellent. Perhaps it was not completely clear to me at the time the amount of work that I needed to do in the clinical years, which greatly surpassed the work I actually did.

## What is the role of the medical student?

“One thing I have considered is how different the vocational preparation is between medical students & nursing students...

Comparing the two it is clear that nursing students have a much more active role during their training & are much better prepared for their jobs upon qualifying...

Medical students have very little responsibility & are always superfluous & often don't attend clinical placements because they feel they will learn more in the library.”

## Communication skills\*...

31a. The only good thing was the clinical communication skills sessions. As a medical student I thought "leadership skills" and "people management" and "communication skills" were peripheral skills, I now see them as fundamental.

31b. During undergraduate study less emphasis should be placed on communication etc and more on medical theory (e.g. pharmacology) as the balance seems to have shifted far too far the wrong way.

31c. Too many hours in medical school spent learning 'communication skills' – all very important but should not take priority over core knowledge, practical clinical skills & learning & teaching skills.

\* Similar variation in views about problem based learning

Some doctors from UCH

## Learning quickly on the job...

“Overall medical school left me well prepared for F1.

During the first few weeks some of my practical skills was found lacking but these quickly improved & I am not sure how medical school could have given them to me.

Many of the skills required as a junior doctor can only be learned by actually doing the relevant task & improving each time.”

[UCH doctor]

I didn't realise that the job would be like this:

Having started my F1 year I assumed many of the situations I would encounter would be ones I was familiar with given my training.

I quickly found that the administrative & non-clinical tasks in particular were completely alien & I found this frustrating.

I think it is important to note that despite the unfamiliar nature of these tasks, they were things that could be learnt on the job –

it just would have been nice to know that's what I would spend the majority of my time doing!

[UCH doctor]

Medical school too big:

Medical School (UCL) - too big (400 pupils in each year).

Lack of discipline (the lectures were noisy & at times unruly).

Written exams were always computer marked.

Not enough bedside teaching (related to 1st point I suspect).

[UCH doctor]

Small group teaching:

I think smaller group based teaching is the way forward.

A lecture for 300 students requiring an overflow room doesn't sustain anyone's attention.

[UCH doctor]

UCH is a wonderful school:

UCH has absolutely wonderful clinical skills centres and I felt very well prepared for routine procedures such as bloods, cannulation, catheterisation and BLS.

But:

I was not prepared for dealing with horribly intimidating colleagues in my first few weeks [as F1].

[UCH doctor]

## Stereotyping...

“I constantly get negative remarks when I say I want to pursue a career in surgery as I am female.

It can be very difficult to keep being motivated to do what you want, when you are getting such negative attitudes.”

[UCH doctor]

It's just the kind of person I am...

“I was not well prepared to carry out basic practical procedures. This was entirely my fault because as a medical student I opted to attend as little as possible.

No fault can be given to the medical school.

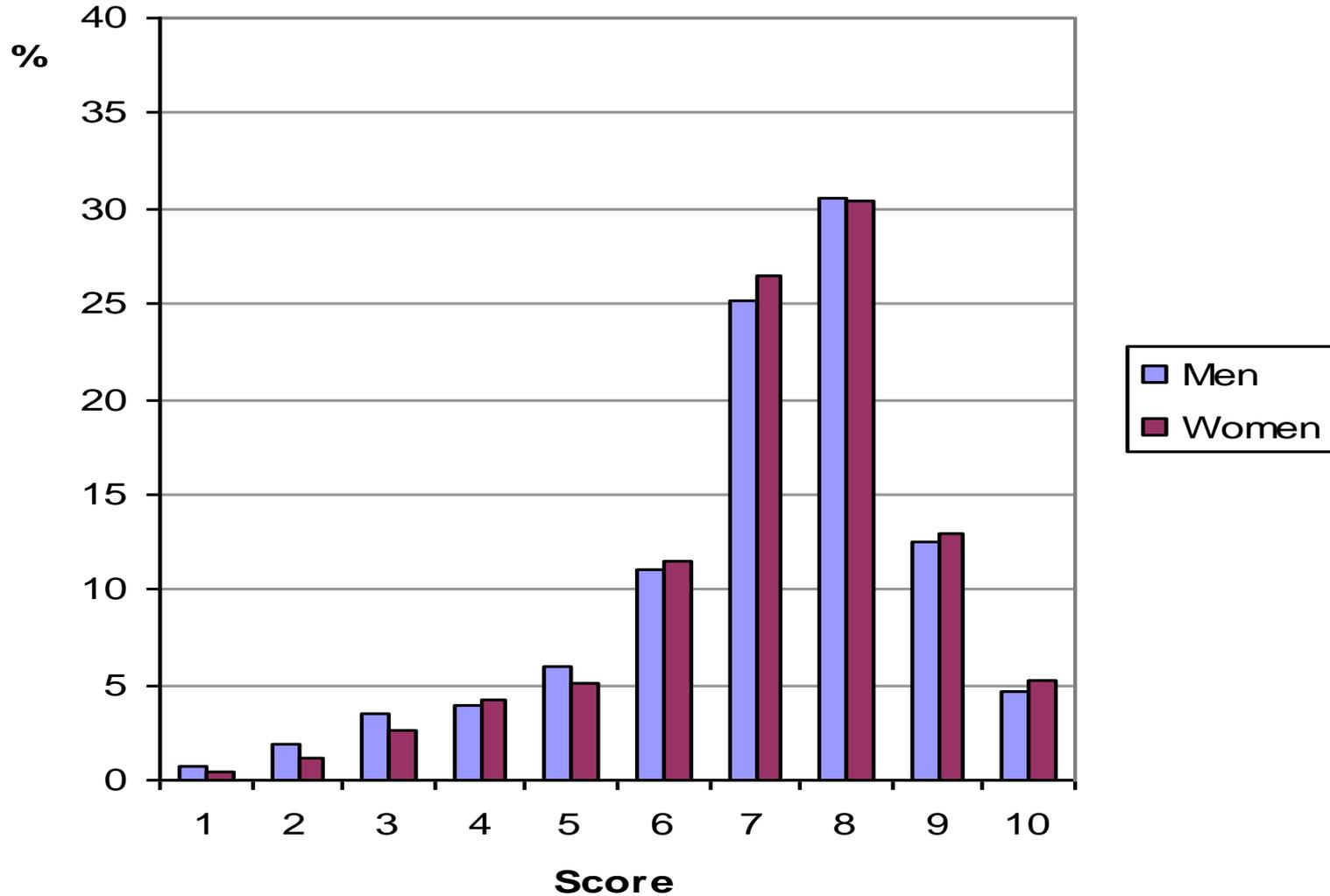
However, after an initial period of difficulty, I quickly picked up on the skills required when I started working.

I realised however that I do not like wards, ward rounds and on calls.

And so now I'm going to be a radiologist where on calls will be carried out with a cup of tea.”

[UCH doctor]

**Whatever else, the vast majority enjoy their job: Doctors' answers to the question "How much have you enjoyed the PRHO year overall?" on a score from 1 'not enjoyed it at all' to**



# Summarising

Challenges for medical education:

- variation between medical schools
- variation between medical students
- variation between teachers within medical school