

# Chapter 1 **A challenging career**

## **1.1 Medicine or not**

The decision to study medicine at university should not be made without a great deal of thought and research into the reality of life as a doctor. At the age of 17 it can be difficult to know whether you want to go to university at all, let alone study for at least 5 years. Your future career ideas should be discussed with family and friends but the final decision needs to be an individual one. Those around you are likely to have differing views; parents and teachers may feel that medicine is a respected profession and possibly encourage you to take this path but some doctors may try to dissuade you. Speak to as many students, doctors and other healthcare professionals as possible in order to gain as many opinions as possible. Ask individuals to justify their reasoning for choosing medicine as a career and to explain why they would or would not recommend it; without experiencing life as a doctor, it is difficult to know what it will really be like. We all know friends who have avoided medicine following their personal experience with one or both parents as doctors. In comparison many students, after experiencing their own family life, do decide to follow in their parents' footsteps. Although relatively common, try not to be persuaded or coerced into studying medicine by your family – it is YOUR decision and YOUR career for the rest of your life.

For older candidates, the decision is even more difficult. A mature student needs to be certain that the decision to study medicine is the right one as often there is more at stake; each applicant will have their own personal circumstances but returning to student life may involve leaving paid employment and moving a family around the country.

## **1.2 Career planning portfolio**

A useful starting point on the application pathway is to buy a scrapbook or folder for developing into a useful resource full of ideas and information. Early

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pages should be dedicated to listing your possible career or degree choices. For each decision produce a table with two columns headed 'Advantages' and 'Disadvantages'.

### **Possible advantages of a career in medicine**

- Five years at university
- Interesting
- Virtual guarantee of job following graduation
- Reasonable salary
- Respected profession
- Diverse range of specialties
- Option to use both intellectual and technical abilities
- Continual advances in the profession
- Sociable work environment
- Good team-working opportunities
- Managerial and leadership opportunities
- Structured career
- Transferable skills
- Opportunities for working abroad

If you find the disadvantages column dominating at any point, then think carefully whether this decision is correct. Portfolios are used extensively in the medical profession, from medical students to senior doctors, as a record of training that can be used as evidence of competence (i.e. the ability to carry out one's job). Your portfolio can be divided into different sections: academic; work experience diary; extracurricular activities; employment; managerial, leadership and organizational skills; university choices; commitment to medicine (or other degree); newspaper/journal articles; curriculum vitae. Rather than just listing achievements, it is sensible to reflect on your experiences, for example what were the good and bad bits and how they have helped towards your future career choice. This will develop into an essential resource that will aid your future career choice decision and will be useful to look through prior to interviews.

### **Possible disadvantages of a career in medicine**

- Five years at university
- Long hours
- Lots of exams
- Risk of mistakes

- Stressful periods
- Dealing with death/suffering
- Patient expectations
- Media bashing
- Paperwork
- Lack of NHS funding
- Possible job insecurity
- Lack of flexibility in training
- Litigation (being sued)

### 1.3 The decision

University is only the tip of the medical career iceberg; the remaining 40 years of medicine can be quite different. There is no doubt that a career as a doctor can be challenging, rewarding and exciting, but remember that it is also hard work, stressful, tiring and, at times, mundane. Have you the right personality, not just for the university course but also in the longer term? The majority of sixth form students have no idea what university and a career in medicine will be like, and embark on this journey blinkered by this lack of insight. However, knowledge can be gained by talking to current medical students, career advisors, general practitioners, hospital doctors, and by reading books on the topic of studying medicine and perusing the medical journals. It is also necessary to spend time in and around a hospital or GP surgery, known as work experience or voluntary work. This is an essential prerequisite for obtaining a place at medical school as it shows your commitment, but it is also necessary for gaining more insight into your future career choice.



The decision to study medicine at university should not be made without a great deal of thought

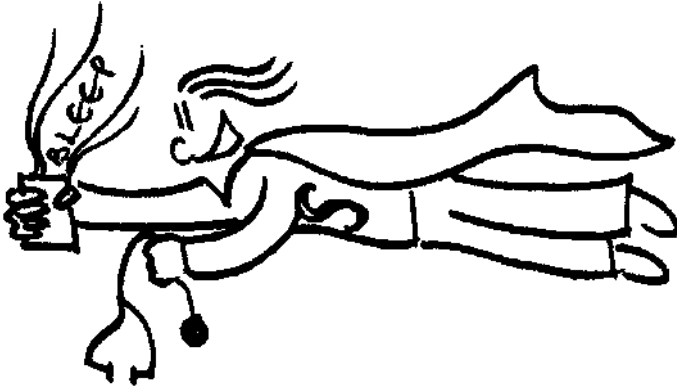
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Students have differing motivations for choosing a medical career: family tradition has been discussed, others have experienced medicine as a patient, some have an interest in science, a minority have wanted to become a doctor since the dawn of time, and many just feel that they want to help people. Having experienced medicine from the point of view of being a patient or relative is useful and these experiences can be shared on application forms or at interview. Some of your friends may well know that it is their destiny to become a brain surgeon but the odds are that these people will change their minds over the forthcoming years. The idea of a specialty is different to the reality. It is not necessary for you to decide on your future career prior to applying to medical school, but if you do have some thoughts then these can be mentioned, although remember to have reasons to justify your decision. For many the final decision to study medicine will be made shortly before sending off the UCAS form. Whatever your reason for thinking medicine is your future, it is important to realize that there are other jobs and university courses that would fulfil these reasons and a life following one of these different paths could be just as rewarding. Remember that there are a number of wrong reasons for pursuing medicine as a career.

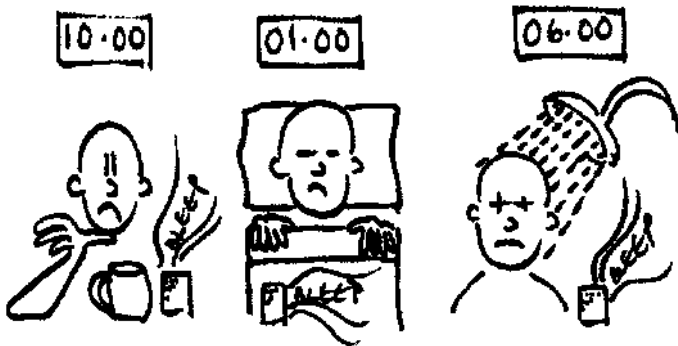
While deciding on a medical career, it is important not to be disillusioned by the negative media publicity or the drama depicted in television programmes; these are two ends of an extensive spectrum and the majority of the work of a doctor is different. In terms of adverse publicity, remember that doctors have not just started to make mistakes, that doctors probably make fewer mistakes now than ever before, and that the difference is due to the expectation and knowledge of the general public. Mistakes are now less tolerated, and with the advent of the internet patients are more aware of their diseases and also of treatment options.

If you are serious about studying to become a doctor, in addition to researching about life as a doctor (including quality work experience), it is necessary to determine that you have the right attributes and qualities. Although academic excellence does not always equate to good clinical skills as a doctor, there are minimum requirements for entry into medical school. If you have performed badly in your GCSEs or are not likely to get high grades at A level, it is unlikely that you will be offered a place to study medicine, as there is great competition. A useful starting point is to look at the UCAS website for the minimum requirements for entry to each university. Apart from academic pursuits, it is important that applicants demonstrate other interests and abilities and most candidates will have a history of sporting or musical interests and be able to demonstrate leadership and team-working experiences. All these attributes are important for a future healthcare professional, and universities are looking for well-rounded individuals.

There may be other options available if exam results are disappointing at AS level and predicted A-level grades lower than required, and some of these options are discussed in later chapters. Possibilities to consider include resitting A levels and studying a different degree at university and then applying for graduate-entry medicine at a later date. The key is getting excellent A-level grades – if you have the academic requirements for a university place, and the suitable attributes and qualities of a future doctor, then you should be able to get an interview offer, even if this means taking a year off to reapply.



The job of a doctor can be challenging, rewarding, exciting . . .



. . . but also hard work, stressful, boring and routine

The decision to study medicine is just the beginning. Now it is necessary to decide which university and, for some students, which country. It is likely you will have a great time at whichever institution you find yourself. Remember that not all universities are the same and at some the workload

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could be greater and the social life less. This is why research before applying could save heartache later. Once at medical school, the majority of those students who wish to become doctors do eventually make it through. Some decide that medicine is not the career for them and either leave or convert to another degree. Likewise, some students embark on other science degrees and find that medicine would be more suitable, so make the change then. If you are unsure about your future career, then a possible option might be to study at a medical school offering intercalated degrees as part of the course. For example, at Nottingham the preclinical work includes a research project in the third year that leads to the degree of Bachelor of Medical Science (BMedSci); after this a student could leave the medical school and pursue an alternative career with a degree under his or her belt.

### **1.4 A changing profession**

Medical training and the health service have undergone radical changes in the last 5 years. It is unusual for a day to go by without some mention in the press about changes in doctor training and cuts having to be made due to financial problems. The main push is for a quality health service at an affordable price. Morale has been low due to hospital closures and job uncertainty for many healthcare professionals. It is essential as potential future doctors that even at this early stage you stay up to date with the proposed alterations to career structure, training and NHS reforms. Although it may seem irrelevant at your stage in life, the changes may well alter your decision to study medicine. One interesting aspect is that with the increased number of places at medical school and the reduction in the number of training posts, we may see unemployed doctors for the first time. Employment following graduation is virtually guaranteed but greater competition during later training may mean limited possibilities, especially in smaller specialties and popular locations. Modernizing Medical Careers (MMC) is a government-led initiative that was introduced in 2007 to make training at all levels more formalized. Following medical school, newly qualified doctors now join a 2-year Foundation programme rather than the traditional 1-year Pre-registration House Officer (previously known as the Junior House Officer year). More information about current and future training can be found in later chapters.

### **1.5 Planning**

Planning and research are the key components in deciding and then ultimately applying for medicine. Try to prepare well in advance. Here is a checklist to help formulate a few ideas, although it is by no means exhaustive.

### Choosing a medical career: a planning checklist

- *Keep a scrapbook or folder*: develop a plan for a medical career, divided into sections as described earlier. Remember to keep informative newspaper cuttings or journal articles and to write about your experiences rather than just listing achievements.
- *Academia*: at an early stage determine which subjects you need at AS and A2 level. Work hard to obtain the required marks! As well as your A-level work, consider some general reading around medical topics. *Nature* and the *British Medical Journal* are good starting points; the *BMJ* is one of the most widely read journals in medicine and the student version has useful articles on career planning and changes in training and also presents interesting medical cases. At a minimum you should be aware of medical advances and developments that have made the lay press and look at these in more detail.
- *Requirements*: a good starting point is the UCAS website ([www.ucas.org](http://www.ucas.org)); this has information on the necessary requirements for every course at UK universities. It also has a careers advice questionnaire program that can map your interests and abilities to potential careers and also lots of other general information for potential students. If you are required to pass an extra exam prior to applying (e.g. UKCAT), then make sure you submit applications for these (see Chapter 3).
- *General Medical Council* ([www.gmc-uk.org](http://www.gmc-uk.org)): the GMC is the regulatory body for doctors. It produces multiple publications with information for doctors. A useful start would be to look through the booklets *Good Medical Practice* and *Tomorrows Doctors*.
- *Department of Health* ([www.dh.gov.uk](http://www.dh.gov.uk)): keep abreast of developments in the health service by looking at the Department of Health website. Find summary documents on important governmental papers and legislation.
- *Modernizing Medical Careers* ([www.mmc.nhs.uk](http://www.mmc.nhs.uk)): look through the recent developments in medical training.
- *Research your future career*: speak to as many doctors (community and hospital), medical students and other healthcare professionals as you can.
- *Work experience*: you need to be organized to sort this in good time. The quality is more important than the quantity and consider a variety of experiences.
- *Medical school research*: request the prospectus from the universities you are considering applying to and look at their websites. Make sure you attend the university open days and take the opportunity to speak to as many students as possible and look around the town or surrounding areas (see Chapter 5).
- *Extracurricular activities*: as with work experience, it is about the skills and attributes you have gained from your interests outside academia rather than merely the number of hobbies you have.

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- *'Premedics' groups*: rather than isolating yourself from your peers, why not start a small group of students interested in doing medicine to share ideas, knowledge and experiences.
- *Referee*: start planning in advance who your referee will be. Ensure that he or she has been aware of your commitment to medicine and also that they are fully supportive of your application.
- *Interview practice*: once you have offers, or even earlier if possible, organize mock interviews with several teachers. Practice asking and answering interview questions in your 'premedic' group.

### 1.6 Summary

There is no one good or bad reason for studying (or not) to become a doctor. It should be a decision that a student is completely happy with and should not be made lightly. For many, a career as a doctor is usually enjoyable and rewarding, but there are times when it can interfere with personal and family life and this can be seen in the higher rate of divorce, depression, alcohol problems and suicide among medical practitioners. With the changes in working practice and the reduction in hours, the impact on personal life should reduce. To help make your chosen career less stressful, it is important not to bottle up emotions but to talk through any problems with friends and colleagues and to have other interests outside medicine in order to relax.

#### PERSONAL VIEW

**Adrian Blundell**

I do not remember when I decided to become a doctor; my first career ambition was to become a pilot, but my early enthusiasm was not shared by my parents. They felt being a pilot would not allow a favourable work/life balance due to the long hours and the frequent trips abroad. My parents are not from a medical background and so possibly didn't realize the long hours involved in being a doctor. Nevertheless, the idea of being a fast jet pilot was then out of my head. At school, I was fairly good at science and reasonable at the arts. The headache initially was deciding my A levels: science and study medicine, or arts and study law. (This limitation in my choice reflected my naivety about the possible careers available and also a rather disappointing lack of careers advice at school.) Science it was and medicine followed.

My teachers were not particularly generous when predicting my A-level grades (BBC). This was actually fair, as my results in the lower sixth form exams were quite poor. The most common offer in 1990 when I was applying to medical



school was BBB, and for this reason I ended up obtaining only one offer from a London college. Other universities I applied to wrote back with offers for other degree courses but I had decided on medicine and turned these down. I actually contacted the medical schools to ask why they had not offered me a place – one response was that I had not done any voluntary work. This might have been true at the time of applying but I spent a large majority of my upper sixth helping at the local hospital.

Results day arrived; I had achieved BBB. A difficult decision ensued as I had obtained the necessary grades to take my medical school place, but I was uncertain as to whether I wanted to spend the next 5 years in London. I really wanted to go to a university rather than a medical school so I declined the London offer, and took a gap year. I then had to commence the application procedure once more.

I was unsure exactly what to do with this year. I had no guarantees of getting an offer and would not find out for several months. An advert appeared in the local paper for a school-leaver with science A levels to work in the field of cancer research at a local pharmaceutical company. I successfully applied for this position and then began the process of reapplication to medical school. Many of my friends spent their year jet-setting around the world. Although a little envious, I still had the problem of finding a place at medical school and this prevented me from leaving the country for long stretches. On this occasion I applied to the University of Nottingham, as I had studied the prospectus and liked the idea of a more modern course. I had never even visited the city before, but on the day of my interview I had a gut feeling that this was the place I really wanted to spend my university days. Fortunately, an offer appeared through my door 2 weeks later. The rest, as they say, is history.

During a gap year, the choices include work, travel, or stay around your home town living off your parents' generosity. The latter is to be avoided and universities will not look favourably at this. Work or travel is the main question. Most students undertake a bit of both. From personal experience this is probably the best advice, although working for the whole year did mean that I had some beer money when I left for university and also a car in which to carry it. The decision is yours! Good luck.