

DATA CHART

What do trainees do after completing foundation training?

Less than half of all doctors training in the UK now move directly from foundation training to specialty training, with most now taking a break from training at this stage, figures from the UK Foundation Programme Office (UKFPO) show.

The proportion of doctors going directly from foundation training into specialty training has fallen steadily since 2009, when UKFPO first reported these figures. In 2009, 85% of those completing the foundation programme went straight into specialty training, but by 2012 this had fallen to two thirds (67%). In 2017, 43% of doctors completing the foundation programme went straight into specialty training.

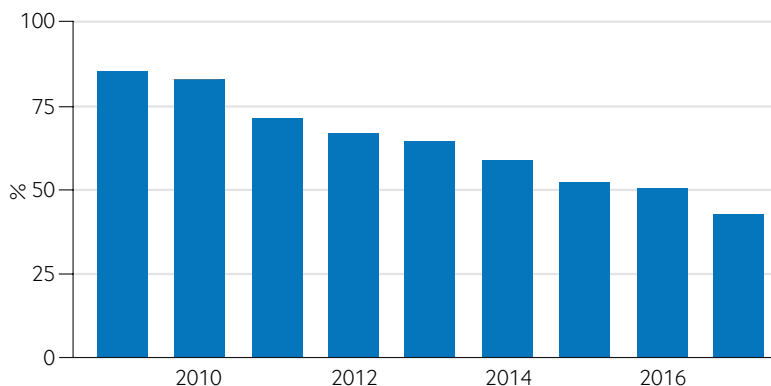
Most doctors who do not go straight into specialty training do return to medical training after taking a year or more out. Research by the GMC shows that 90% of doctors who complete foundation training do this within three years, and within five years of completing foundation training, 93% of doctors have returned to UK training.

For those who did not proceed directly into specialty training in the UK in 2017, most went on to work in the UK as a doctor, or were still seeking to do so. In total, 34% of those who completed the foundation programme in 2017 took on either a non-training medical post or other work in the UK (including military work, clinical teaching fellow roles, or further study) or were still seeking employment in the UK as a doctor. A further 14% took a career break, and 4% were still seeking employment as a doctor outside the UK.

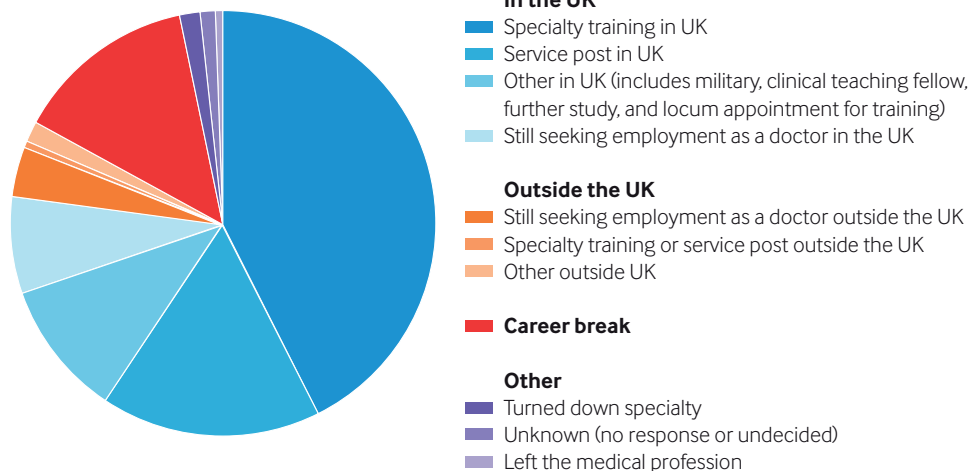
In these figures, specialty training in the UK includes run through training, core training, academic training, locum appointment for training, and deferred higher degrees, as well as deferral for statutory and other reasons.

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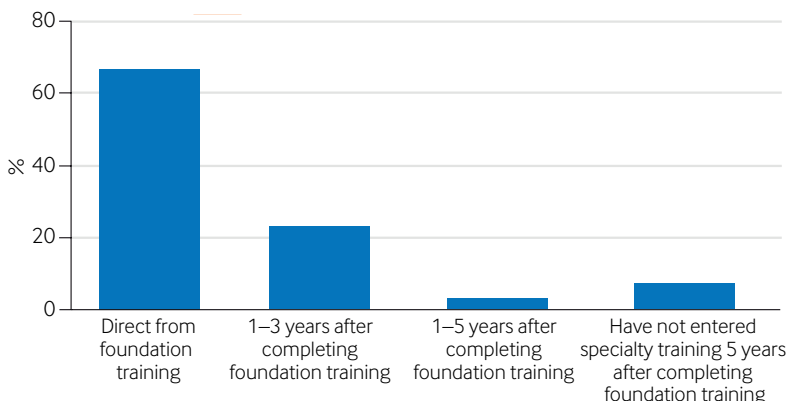
PROPORTION OF DOCTORS GOING STRAIGHT FROM THE FOUNDATION PROGRAMME TO SPECIALTY TRAINING



WHAT TRAINEES DO AFTER COMPLETING THE FOUNDATION PROGRAMME



WHEN TRAINEES ENTER SPECIALTY TRAINING (2017 DATA ON 2012 COHORT)





Lucy Kalanithi is an assistant professor of medicine at Stanford Medical School in California and is the widow of Paul Kalanithi, whose posthumous reflection on death and meaning, *When Breath Becomes Air*, became a worldwide bestseller in 2016. The couple met at Yale School of Medicine and had been married for nearly 10 years when Paul, a neurosurgeon, had lung cancer diagnosed. Lucy finished the book after Paul's death. She is a fellow of the American College of Physicians and has been recognised by the Massachusetts General Cancer Center's "The One Hundred" initiative, which recognises 100 individuals who are changing cancer treatment. She serves on leadership boards for the Coalition to Transform Advanced Care and TEDMED.

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Lucy Kalanithi

Work, life, grief, love

What was your earliest ambition?

Astronaut.

What was your best career move?

Being open to change. I'm a general internist but, because of concern about healthcare costs and a desire to lead, I moved from general practice to academic medicine to study and improve care delivery. Then, in 2013, my husband Paul was diagnosed with stage IV lung cancer, and my whole life shifted focus. We shared our experiences—as physicians, as patient and caregiver—publicly, and had a child during his illness. Since his death in 2015, I'm now an advocate for better end-of-life care and humanism in medicine.

What was the worst mistake in your career?

Taking on too much; not knowing how to say no. I'm much better at that now.

How is your work-life balance?

I love it. It's a work-life-parenting-grief-love balance.

How do you keep fit and healthy?

Running, meditation, sleep, social connection. Evidence based!

What single change would you like to see made to the NHS?

For the United States to have an NHS, too . . .

What do you wish that you had known when you were younger?

Things will be OK, even when they're not. Be grateful for help and mentorship.

Do doctors get paid enough?

Yes—although pay disparities between fields of medicine don't reflect relative value, skill, or work. That gets my hackles up.

What unheralded change has made the most difference in your field?

Patient empowerment.

What new technology or development are you most looking forward to?

Cultural acceptance of mortality and of medicine's limits.

What book should every doctor read?

How could I not say *When Breath Becomes Air*?

What is your guiltiest pleasure?

Cheese, cheese, and more cheese.

Where are or when were you happiest?

Most recently, with my daughter when she climbs into my bed in the morning.

What personal ambition do you still have?

For now, advocacy for better end-of-life care. Clinical practice, always.

What is your pet hate?

Professional burnout and threats to democracy.

Is the thought of retirement a dream or a nightmare?

Dream. But then, so is my career.

If you weren't in your present position what would you be doing instead?

Math teacher. Or eating more cheese.

Cite this as: *BMJ* 2018;361:k1220