Letters to a Young Doctor

What specialty after registration?

PHILIP RHODES

A few people know what career in medicine they wish to follow almost from schooldays. Some become interested in a subject as they go through the medical course and stick to that. Evidence about the career intentions of medical students shows that a large number of students keep changing their choice of career. This might be expected because few medical students have any real knowledge of many of the subjects and specialties of medicine—for example, pharmacology, pathology, radiology, oncology, ear, nose, and throat surgery, and ophthalmology. Students may not even be aware of the existence of endocrinology or immunochemistry, for example. During the medical course their eyes are opened to worlds of which they never knew. Quite apart from the intrinsic interest of a particular subject, a student may be very much influenced by his high regard for a teacher of the subject. Their two personalities may be congruent, or the one may spark the other. There may be admiration and a desire to emulate, and these may be valuable in choosing a career.

There are many doctors just registered who have not made up their minds or made decisions about what they ultimately want to do. There is no need for them to panic or be made uncomfortable by those who are confident and sure. There is still plenty of time and opportunity left. The year or two after graduation may be looked on as experimental in deciding what you want to do, or as a series of liaisons before marriage. The object of an engagement is that it may be broken off before total commitment without undue harm to either party.

The fact is that you cannot know what it means to practise a discipline of medicine until you have done so for some time. You develop images of these disciplines in your mind, which may or may not accord with reality. Many of them you discard because you cannot “see” yourself in them for a lifetime. This rejection is based in part on emotion and in part on your estimate of yourself, your interests, and your capabilities. All of these may mislead you, but you can probably trust yourself to know what you do not wish to do. The obvious choices here are those for or against surgery, or medicine, or laboratory medicine. A lot of people, for instance, know that they do not wish to practice surgery or obstetrics and gynaecology or paediatrics. If you think that you might like any of these specialties it might be sensible to take a six-month senior house officer post in the subject. Nothing will be lost, and the experience gained in

anything medical is rarely without value intellectually or for later practice. Obviously you cannot go on sampling experiences indefinitely, but devoting a year to it, say, will not have been wasted. After all, you are taking a decision that may affect the whole of your professional, social, and domestic life, and you presumably want your career to give you enjoyment and satisfaction in many ways, including service to others. Deciding on which specialty to enter cannot be delayed indefinitely, but neither does it need to be rushed when there is genuine doubt.

Take your time

This raises the question of the inability to make up your mind. It is a sign of maturity to recognise that life is made up of choices, some important and others not. Full information about your choice of career is rarely available in the time allowed to make a decision. Something must be done, and the process may be uncomfortable because of uncertainty. It is good advice when your hand feels forced that if you cannot do what you like then try to like what you do. There are probably few subjects in medicine (most of which you have already rejected as unsuitable for you) in which, if you give them full-hearted commitment for a time, you will not or cannot find interest. You must then decide if that interest is enough to sustain you for a whole career. It is no use nursing frustrations about what you have chosen or what seems to have been thrust upon you. The only choice then is to accept your lot or get out into something else. Frustration leads to much unhappiness and carping against fate. The remedy lies in your own hands only. Fortunately, there are few people in medicine who are subject to frustration which harms them and their attitudes. Simply use the first one or two jobs after full registration to try to determine what might suit you.

It is well to look at *Careers in Medicine*, published by the Council for Postgraduate Medical Education in England and Wales (7 Marylebone Road, London NW1 5HA) to get an idea of how many different careers there are in medicine. A copy is held in all postgraduate medical centres and in medical libraries, or one may be obtained from the council. There are probably between 50 and 60 different careers in medicine, depending on how they are classified. There must be something among these to suit you, and it will pay you to find out as much as you can about those that might interest you.

If you want first-hand information then you should seek out someone who practises in the specialty that attracts you or consult in the first instance your local clinical tutor, the regional adviser of the college or faculty most apposite to your needs, or the postgraduate dean for your region. One of these will know of people whom you can contact for advice on any subject of your choosing.

In the next article I shall discuss what effect your personality and abilities have on your choice of a career.

University of Southampton, Southampton

PHILIP RHODES, MB, FRCS, professor of postgraduate medical education, and dean of graduate medicine for the Wessex region