



PROFESSIONAL SUPPORT  
AND WELLBEING SERVICE

# Choosing a Speciality for Foundation Trainees

Professional Support and Well-being Service  
Health Education England, Thames Valley



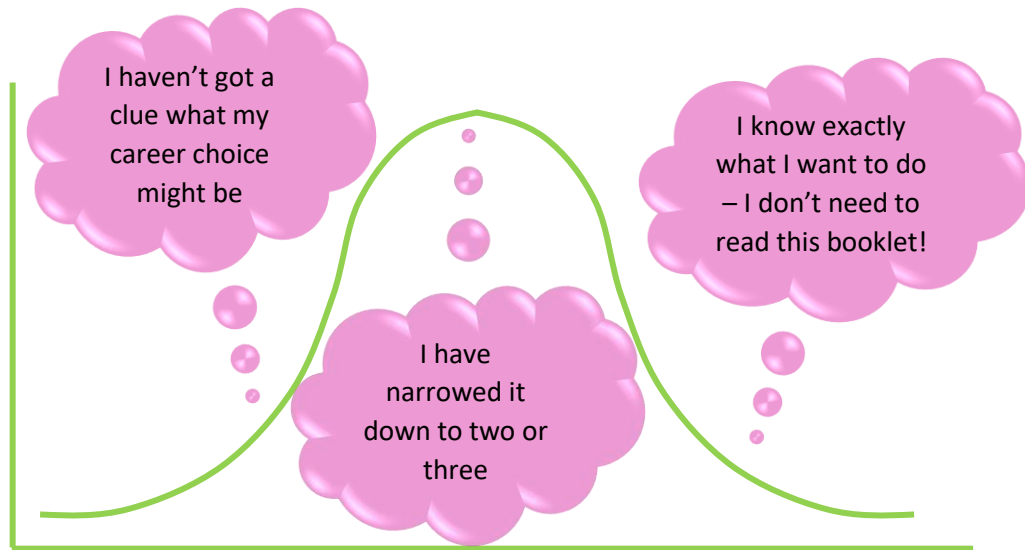
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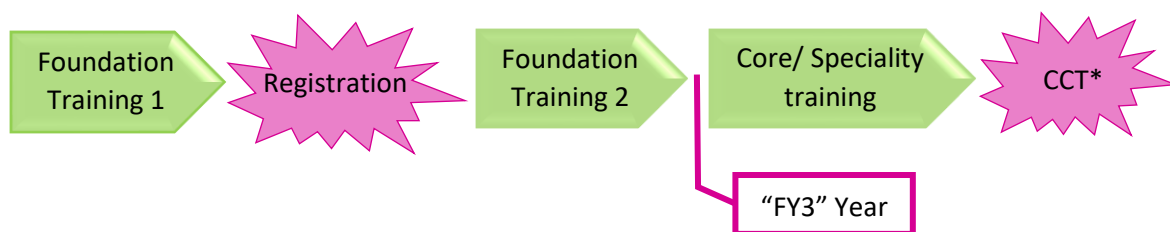
# Introduction

Making your choice of speciality is quite probably the biggest career decision you have made since deciding to do medicine. For some of you this decision was made years ago and now your focus is on how to get there. For others you may find yourself completely open to direction: you have enjoyed most of what you have done so far or don't feel you have enough experience to make a decision yet. The majority of you probably sit somewhere in the middle, having narrowed down your options to two or three and over the next few months you need to decide from those.



About half of trainees apply to more than one speciality, if you are going to take this approach you need to be confident that you would be happy with any outcome of the selection process.

Many of you, probably over half, will take a year off the training pathway and will be intending to take what is commonly called an 'FY3' year before entering speciality training. This time away from training can take any form and some ideas will be discussed later in the workbook.



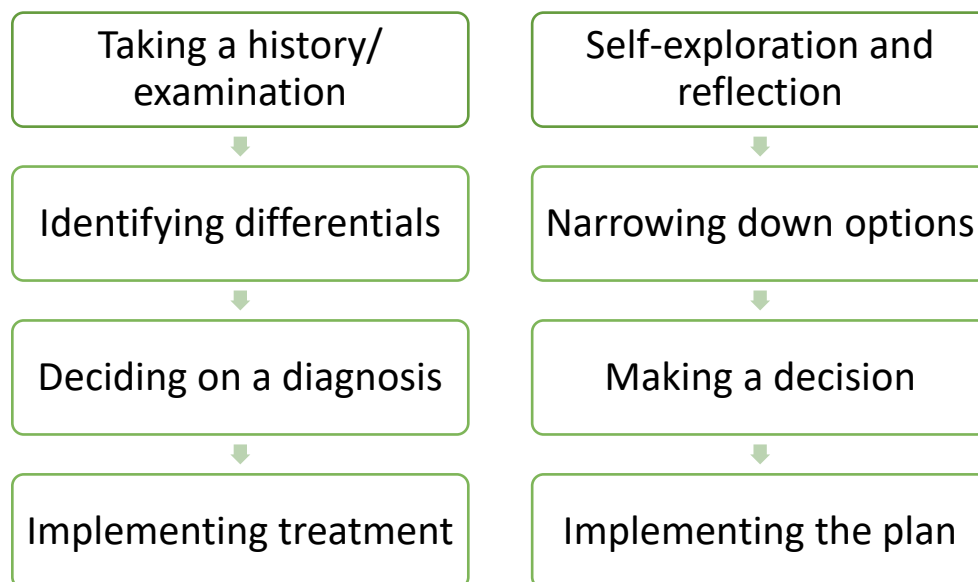
\*CCT = Certificate of Completion of Training

This booklet will take you through some explorative exercises and some decision-making tools that may help you in coming to a decision. For those of you who have already decided on your speciality, it is still worth approaching these activities with an open mind. This is a big decision and it is important that you test your chosen speciality to be certain you are not excluding options you have not considered. We can all get tripped up by confirmation bias, where information that does not support your current decision is ignored or dismissed.

This decision must be the correct decision for you, you need to understand your preferences, priorities and the things that are most important to you for your life now and in the future. Things do change, and sometimes trainees end up feeling they are not in the right speciality. When this happens, it is possible to change specialities further down the training pathway and plenty of trainees do it. In Health Education Thames Valley, the PSWS can offer you support in making a decision like this. Experience shows us that after investing a couple of years of your life into a speciality it is often a wrench to start again at CT1/ST1 level. Making the change costs time (in terms of time to consultant/GP) and money (as pay is linked to the grade of the post) and sometimes comes with a cost to mental and emotional well-being. Over the next few months you will be busy, enormously so, fulfilling demands from the hospital, your patients, your training and presumably (possibly) some form of home and social life as well. Everyone wants you to make the right choice for your personal context, so it is important you carve out some time to give proper thought to making your speciality decision, this booklet is designed to help you use that time effectively.

## The process

The career decision process can be aligned with the process that you use daily when treating patients. As you know, the history and examination are crucial to the subsequent treatment steps but when it comes to making a career decision, people often skip over the first step and move straight into researching the career options in front of them. The activities in this booklet will provide some structure to this self-exploration and reflection stage, then provide some sources of information to help you research the options available and suggest those things you can be getting on with over the next few months.



# Exploring self

## What are your values?

What are values?

People often talk about values with a vague understanding that these are important. Despite an awareness of the importance, it is rare to give proper time to think about what values are and what they mean for your choices in life.

Your values are those things that you hold up as important, the principles that guide your behavioural choices. When working within your value set, your work feels fulfilling and worthwhile. Values can be motivators to action, the basis for decisions and you will probably feel most satisfied when you are in a context that aligns with your values. When these values are crossed or when you are in situations that leads you to act against your values, you can feel unsettled, unmotivated and stressed.

### Shared or absolute values

There are some values that are held by most people, for example, valuing human life and honesty, these are often described as absolute values. Whilst these are a key part of cultural identity and they are important to the functioning of wider society, they are less useful in identifying individual differences that might impact upon career decision making.

### NHS shared values

Organisations often publicise their organisational values to indicate those things that are most important to their workers and the organisational vision. The NHS has its' own set of organisational values:

- Working together for patients
- Everyone counts
- Compassion
- Improving lives
- Respect and dignity
- Commitment to quality of care



It is expected that, as an NHS employee, you will share these values and, as someone who has chosen a caring profession, you almost certainly do value each of these things. It is worth considering that the person specification for each speciality includes a section on the values they expect successful candidates to demonstrate.

### Personal values

Your personal values will be entirely unique, a consequence of your culture, your personal preferences, your relationships and your experiences. These are the ones that you need to particularly consider when making your decision, it is these personal values that will make your decision differ from other trainees.

The next page has a number of values that can relate to the type of work you might choose as an individual. From this list (or add your own) identify 5 that are most important to you and also 3 that you would not want present in your workplace:

Five most important work-related values	Three values that you do <u>not</u> want present.

**Resourcefulness** – work that challenges your effectiveness

**Achievement** – work that provides a sense of accomplishment

**Recognition** – work that provides acknowledgment & the opportunity to be known

**Commercial** – work that involves financial dealings, investments & earning profit

**Precision** – work that requires attention to detail

**Entrepreneurial** – work that allows experimenting and an element of risk

**Spontaneity** – work that does not constrain you with plans & timetables

**Intellectual challenge** – work that is intellectually stretching

**Structure** – work that provides highly organised ways of working & planning

**Risk** – work that has an element of excitement

**Adventure** – work that involves an element of novelty

**Affiliation** – work that allows encourages interaction & provides a sense of belonging

**Competition** – work that provides opportunities to win

**Practicality** – work that allows you to use your hands / physical skills

**Team working** – working with others rather than on your own

**Variety** - work that provides a range of experiences, activities & interactions

**Tradition** – work that is concerned with standards, values, ethics and morals

**Flexibility** – work that allows the freedom to make last minute decisions or changes

**Compensation** – work that provides high salary with commensurate benefits

**Independence** – work that allows you to work on your own & set the direction

**Creativity** – work that involves imagination, creating new ideas & new practices

**Aesthetics/Culture** – work that involves contact with art, literature, music & culture

**Public service** – work that allows you to serve the greater good

**Power** – work that involves having authority or status over others

**Usefulness** – work that provides you with a sense of making a difference

**Physical challenge** – work that is active & physically demanding

**Community involvement** – work that allows you to be involved with local affairs

**Routine** – work that allows for order & predictability

**Pace** – work that is busy with stretching deadlines

**Understanding** – work that provides opportunity for you to relate & understand others

**Individuality** – work that offers the chance for you be different

**Diversity** – work that allows for interaction with people who are different to you

**Knowledge** – work that advances understanding in a particular area

**Justice** – work that offers opportunities for improving fairness & reducing inequality

**Altruism** – work that involves care for others & being of service to others



This is an individual, and quite personal, activity. However, you will get the most from it if you find someone to talk it over with

Would your family and friends be able to see your top five values in your past choices and behaviours? Would they pick out the same top five? What, if anything, might they pick out differently?

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Identify two experiences that you have had that allowed you to live up to these values.

- .....  
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- .....  
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Identify an experience that crossed or challenged these values.

- .....  
.....  
.....

Having identified your personal values, consider, without bias, the following questions:

*Do all specialities provide you with the same opportunity to work with your values?*

*If not, what does this suggest about the 'best fit' specialities for you?*

## What stresses you?

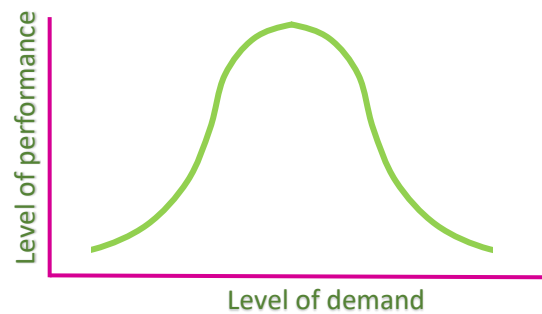
What is stress?



Stress is a physiological response to an environmental situation that occurs when the demands placed on an individual feel greater than their perceived ability to cope. These demands can stem from any source, personal or work related, and when demands arise in different areas of life your ability to withstand demands in other areas diminishes.

Demand is balanced against the perceived ability to cope, so those with a strong sense of coping ability are less likely to feel overwhelmed by demands placed on them. It does not necessarily reflect an individuals' actual ability to cope.

The Yerkes-Dodson model suggested that there is a mid-point of demand at which performance improves which indicates a difference between pressure and stress. This pattern in different levels of performance at different levels of stress has been found experimentally and usually correlates with how people experience pressure and stress.



This graph describes a generalised pattern that will differ for each individual, pressure or stress is a personal and individual response to context.

Different people will find different things stressful and to different degrees. This is important for your decision making because a stressful speciality for one person may be a context that others thrive in.

What do you look like when you are stressed?

In order to understand the types of contexts that are likely to be more stressful for you, you need to be able to recognise what you look like when you are under higher levels of stress.



In the grid on the next page add a few notes to describe how you feel and the types of behaviours you might exhibit. Pick out those behaviours others would see in you as well as the things only you might see when you feel under a positive level of pressure and when you are feeling overwhelmed by the demands and stressed. Think about how this might appear in both high and low energy situations, for example, the difference between a stressed version of yourself running around at work and a stressed version of you at home for the weekend after a series of on-calls.

	PRESSURED	STRESSED
HIGH ENERGY	<i>When you have lots of energy what does a positively pressured version of you look like?</i>	<i>When you have lots of energy what does a stressed version of you look like?</i>
LOW ENERGY	<i>When you have little or no energy what does a positively pressured version of you look like?</i>	<i>When you have little or no energy what does a stressed version of you look like?</i>

### Work-related stress

The following six sources of workplace stress have been identified as key organisational factors that cause stress (Palmer, Cooper & Thomas, 2004). Different people will experience these differently: some people find irregular work patterns more stressful than others, some like more control or autonomy while other may feel supported in a highly supervised environment.

Thinking about the behaviours that you exhibit when you are stressed, both high and low energy, consider the work-related factors that were present at these times and for each of the different work-based hazards:

1. Give a mark out of ten for how much personal significance that stressor has for you.
2. Identify exactly what it is that causes you stress. Which aspects of the work place stressor are most likely to make you feel like there is too much demand on you? Is it too little or too much?

Workplace stress hazard	Personal significance /10	Exactly what stresses you?
<b>Demands</b> Workload and work pattern (volume and complexity of work, shift work, deadlines).		
<b>Control</b> How much say and involvement you have in the way you work, how much autonomy and supervision you have.		
<b>Support</b> Amount of encouragement, nurturing and training resources provided by line managers and the organisation in general.		
<b>Relationships</b> The amount of banter, tension and conflict, and how this is dealt with by the organisation.		
<b>Role</b> How well do people understand their role in the organisation, how well defined are people's jobs and responsibilities.		
<b>Change</b> How organisational change is managed and communicated (not the amount of change).		

*Looking at your specific stressors, are there any specialities that might be more or less stressful for you?*

## What are your skills?

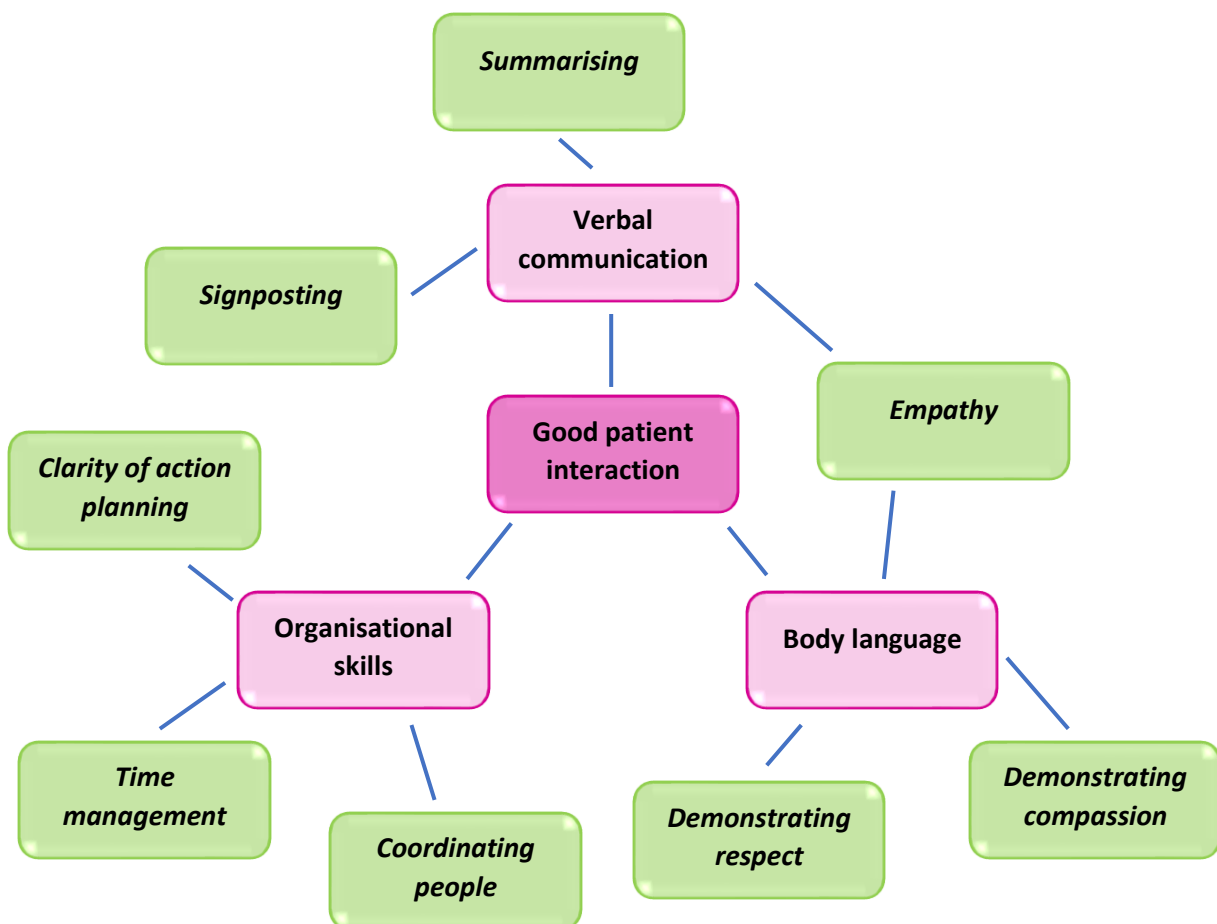
As well as considering the best fit for you in terms of your values and stressors, it is sensible to consider your skill set. Your skills will obviously develop over time but there may be some skills where you have particular ability. We will use two different ways to think about your skills, firstly, your achievements are usually a good indicator of your particular skills set. Secondly, the feedback you receive can guide you, positively or negatively, towards your areas of strength.

### Skills from your achievements

Identify four achievements that you feel proud about, some general examples are listed below but you should be as specific as possible in the examples you select.

- A positive interaction with a patient
- Solving a challenging problem at work or at home
- Feedback from another junior doctor/ a consultant/ a nurse
- Passing a specific exam
- Completing a marathon
- Making a change in your personal life (a house move, losing weight)
- Managing a project at work
- Learning something new

For each of your achievements pick out the skills you used in accomplishing the tasks, break each one down into specific sub-skills. An example of this process is below:



*Achievement*

*Achievement*

*Achievement*

*Achievement*

## Skills from your feedback

Look back at your last Clinical Supervisor Report and/ or your last Educational Supervisor Report, make a note of the comments that provide information about the skills you have or need to develop:

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.....

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Is there feedback that indicates particular skills in your CBDs, Mini-cexes, DOPS or TABs?

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Have you had feedback face to face that might tell you something about your areas of strength or development needs?

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Everyone likes to be told they are good at things, has positive feedback disproportionately swayed your decision?

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Conversely, being given developmental can sometimes be a negative experience, has negative feedback disproportionately swayed your decision?

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*Many skills will be transferable across specialities but some specialities will utilise specific skills more than others. Looking at your skills, what might you be best at?*



## Who are your role models?

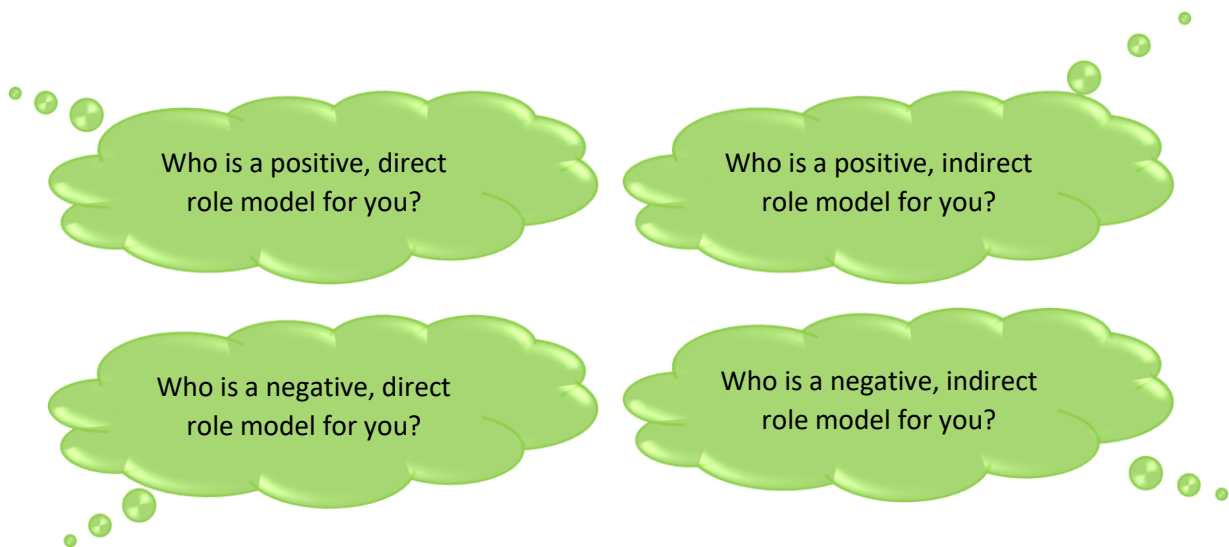
For some people a role model is what inspired them into medicine in the first place or perhaps you have role models from university or from your training so far. These key inspirational people will impact upon your decision-making process so it is worth thinking about how and why they are an influence on you.

Role models can be considered to fall into two different categories:

- **Direct role models**  
People who you admire because they are working in the same way, in the speciality that you are aiming for. There will be something about how they embrace their chosen speciality that could not be replicated in another speciality.
- **Indirect role models**  
People who exhibit values and ways of working that you would like to emulate but that are transferable to different specialities. It is important to recognise an indirect role model because they are not speciality specific but could influence you towards a career decision.

Role models can be positive or negative as well as direct or indirect. Both can be informative when seeking information to support a decision.

As a thinking exercise consider who your role models are:



*Who is influencing your speciality decision?  
Is this influence towards a particular speciality or  
is it the type of doctors you would like to be  
regardless of speciality?*

# Making a Decision

## Are you a maximiser or satisficer?

People tend towards being a maximiser or a satisficer when it comes to decision making, read the descriptions below and see which applies to you. Each approach has their strengths and pitfalls it is important to have insight into your natural tendency to ensure you avoid the pitfalls.

### Maximisers

People with a tendency to maximise their decision making will seek out the best outcome. They will research until they have exhausted all possibilities and have found the best option from all those available.

The challenge for people taking this approach is the volume of information that is needed in order to fully exhaust all possibilities. It is rare that you can know all the information and all possible outcomes to any decision.

In this case, the training programme for Foundation trainees does not allow for you to experience all specialities. So individuals who tend towards a maximising approach are unlikely to feel that they have enough information and as such may find it hard to make a final decision. The resulting feeling of not having enough information can be paralysing and result in uncertainty and indecision.

### Satisficers

People with a tendency to satisfy in their decision making have a minimum acceptable level and they will sort through the available options until the threshold is reached. Those who take a satisficing approach may be able to make decisions more quickly and efficiently than maximisers.

However, they may miss out on a better option depending on where they have set the acceptable threshold for the decision.

Satisficers must ensure that the threshold they have set is genuinely at a level that will allow them to be happy in the future or they risk disappointment with their decision.

In career decisions, a satisficer may more quickly decide upon a speciality but if they close down their research too quickly, they risk finding something more appealing later in life.

## Preference based decision making

### The S/N and T/F preference pairs

Myers-Briggs theory suggests that everyone has innate preferences in the way that they gather information and make a decision:

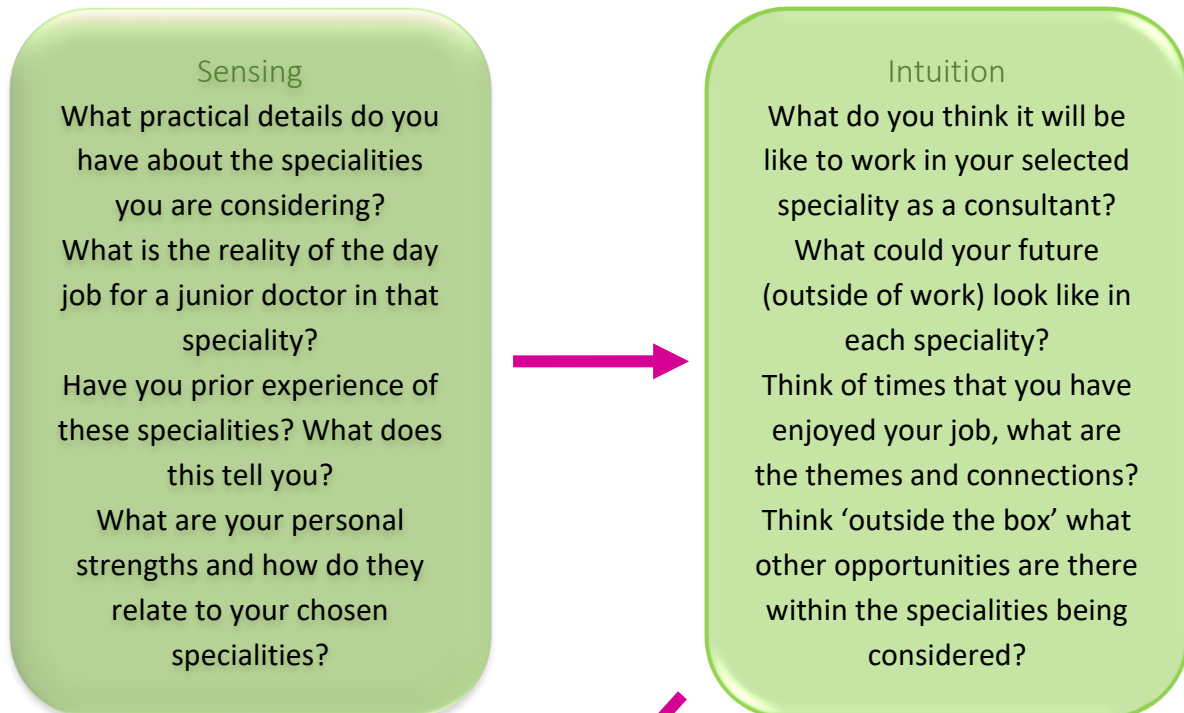
- Data gathering functions
  - Sensing preference – these people prefer to work with detailed information that is pragmatic and experiential. They enjoy information that is taken in through the senses rather than imagined in an abstract manner and use data that is relevant to the present time.
  - Intuition preference – these people prefer to work with ‘big picture’ visionary information, they tend to think innovatively and look for connections between things that are more abstract in nature. They enjoy considering alternative futures as a source of information.
- Decision making functions
  - Thinking preference – these people are most likely to be objective and to use a set of criteria against which decisions can be evaluated. They analyse the options available in an impartial and detached manner to identify the outcome of their decision.
  - Feeling preference – these people are more likely to make a decision based on subjective measures like personal values and personal relationships. They may be strongly influenced by role models and the perceived culture of their chosen speciality and are more likely to take into account the perspectives of those around them.

### The zig zag method

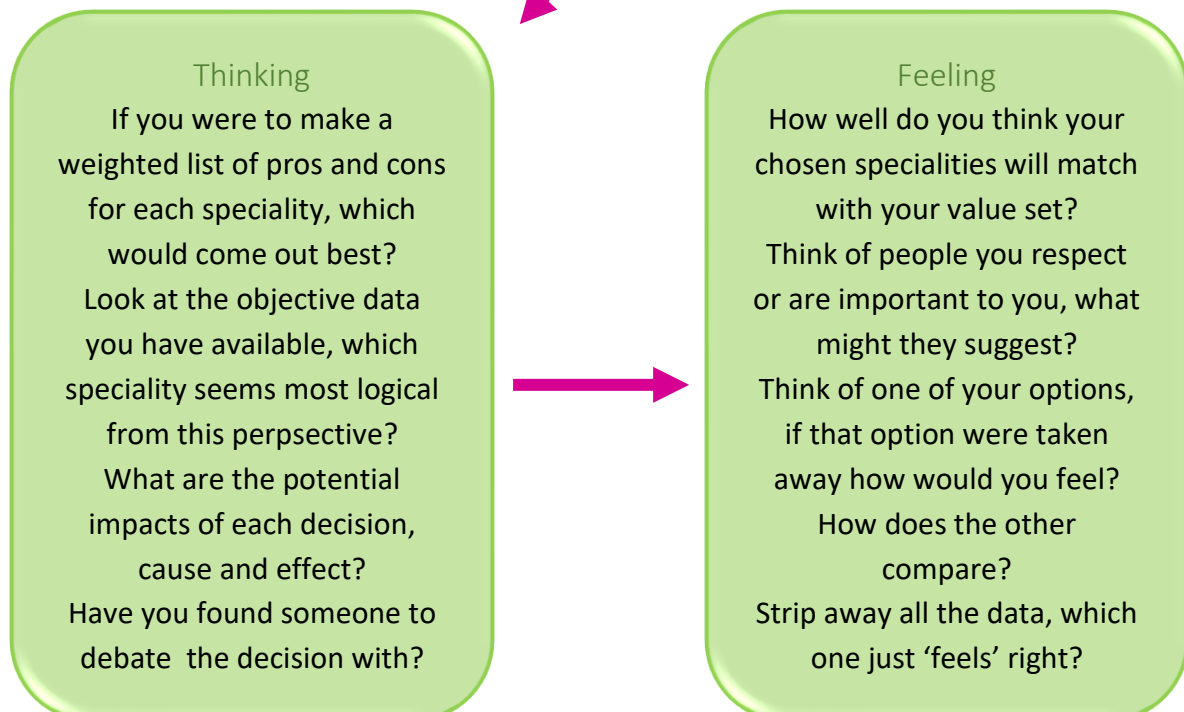
The consequence of these natural preferences is that we may ignore or avoid the opposite preference when it comes to decision making. The Myers-Briggs Zig Zag method encourages us to use all four of the functions involved in the data gathering and decision making process.

As you work through the boxes it is likely that some of the functions will feel more ‘natural’ than others, this is to be expected and is probably the result of your Myers-Briggs type. Don’t skip over the boxes that feel less comfortable though, these are likely to be the areas that you have automatically given less thought as they are not your preference.

## Gathering Information



## Making a Decision

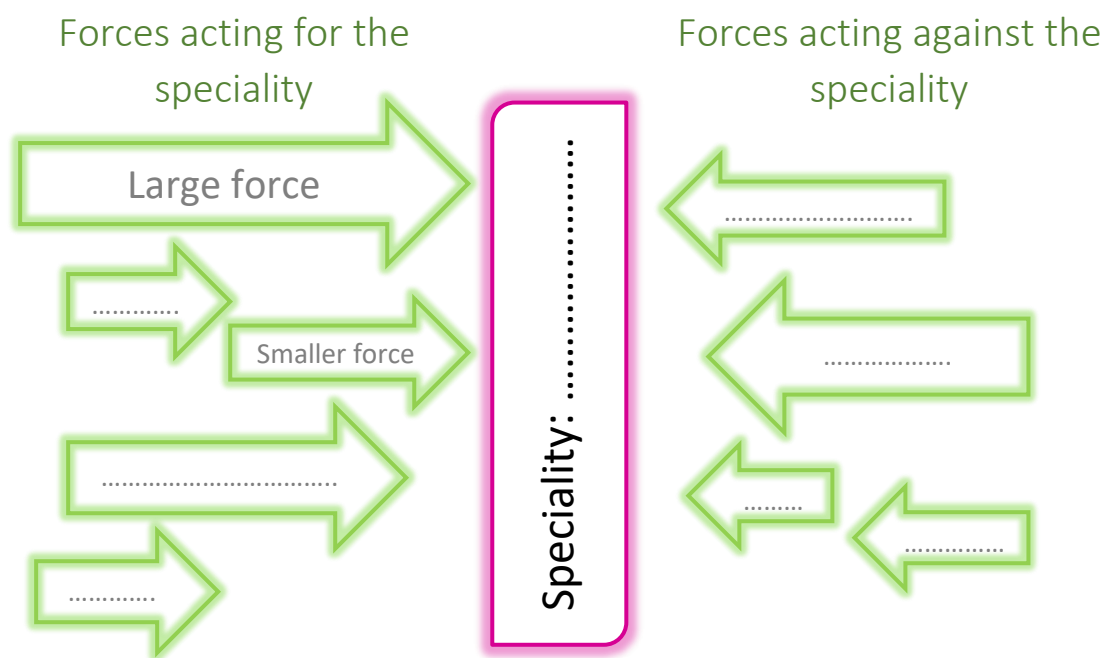


## Force-field analysis

Force field analysis encourages you to analyse the factors that are acting for and against a decision. The central box represents the speciality under consideration, on either side draw arrows to indicate the forces that are pushing/pulling you towards the speciality and those that are pushing/pulling you away. The size of the arrow indicates the strength of the force.

When identifying the factors that will be placed in your arrows make sure you consider all aspects of the situation:

- Your perception of the day to day job as a junior doctor
- Your perception of the day to day job as a consultant
- Factual information about the training like length of training, control over the location, competition ratios, opportunities for less than full time training
- Factual information about the speciality after CCT like other career opportunities, likely rota requirements, chance for flexible working
- How well the speciality matches your values
- How well the speciality matches your skills
- What your friends/family might suggest



Consider whether there are changes that could occur or things that you might do that would increase or decrease the size of any of your arrows. This may be particularly important if you anticipate a change in your circumstances during your training.

Complete this process for each of the specialities that you are considering.

*Speciality 1: .....*

*Speciality 2: .....*

## The life you want to lead

While no-one can predict the future, we still plan to achieve the future we want. It is easy when trying to make a career decision to get caught in the immediate future without considering the long-term outlook.

You will spend up to eight or nine years in training, these are often important years, quite likely with significant developments in your personal life. The next few years will require you to balance workload, training requirements and quite possibly changes to home life and responsibilities. You will, no doubt, do plenty of research into the training programme, the timings, exam requirements, placements. However, it is important to spend some time considering the life of the consultant in your chosen speciality as you will spend thirty years at a consultant level and in some cases, consultant work differs quite significantly from the work of more junior doctors.

Where do you want to be in 15 years time? What do you want to be doing?

Where do you need to be in 5 years time to make this plan happen?

What do you need to do now to get to that point in 5 years time?

It is also important to hang onto some things you already have like friends and family connections.

What do you need to keep hold of as you move towards your plan?

## Validating your decision

So you have made your decision. Now you should check that you are sure.

Use the list below to really challenge your final decision. These questions are designed to be difficult and they may or may not prove to be enough to change your decision but make sure you are content with your answers to each of them.



? *Is the information you used free from other people's bias? Or have you at least accounted for bias?*

? *Have you used all the information available to you or have you chosen to 'ignore' some of it?*

? *Are you being swayed by decisions being made by your peers?*

? *Are you being realistic about your skill set? Are you really listening to the feedback you have received?*

? *Did you explore all options openly, or fix on one speciality and look for confirmation of your decision in the information you gathered?*

? *Have you considered the worst-case outcome(s) of your decision?*

? *Have you avoided an option because you are worried about failing?*

? *Have you considered whether any selected role model is a direct role model (you wish to emulate them within the speciality) or indirect (you wish to emulate their approach to work but this could be in any speciality)?*

? *If you had made this decision a year ago, what would you have said? What has changed your mind? Or why has your decision remained the same?*



# What do you need to start doing now?

## Information gathering



Whilst it can be difficult to find the time, the next few months will be a process of information gathering. This will include information to help you make and confirm your decision, as well as logistical information around the application process. Some of this information will be intrinsic and the exercises in this booklet will help you focus on this internal information. You will also need to do external information gathering from a variety of sources:

- Speak with Junior doctors in your chosen speciality/ies, try to get a balanced viewpoint by speaking with a few different trainees at different stages and, if possible, in different trusts.
- Speak with Consultants in your chosen speciality/ies, remember you will be a consultant for much longer than you are a junior doctor and sometimes the consultant day-to-day job differs substantially from the junior doctors day-to-day job.
- Organise taster days/weeks, these usually need to be sorted out quite well ahead of time so start early.
- Decision making help - <https://www.bma.org.uk/advice-and-support/career-progression/training/specialty-explorer>
- Some basic speciality information
  - <https://www.healthcareers.nhs.uk/Explore-Roles/Doctors/Roles-Doctors>
- More detailed speciality information
  - Competition ratios - <https://specialtytraining.hee.nhs.uk/Competition-Ratios>
  - Person specifications for each speciality - <https://specialtytraining.hee.nhs.uk/Recruitment/Person-specifications>
- What happens in the application process
  - The applicant guidance provides an overview of the application process and those principles that apply across the specialities - <https://specialtytraining.hee.nhs.uk/Recruitment/Application-guidance>
    - You will also find the lead recruiter information in this handbook – this tells you which organisation runs the recruitment process for each speciality. Their websites will provide information about the specific details of the recruitment process for each speciality.
  - The recruitment timeline, this does not change much from one year to the next - <https://specialtytraining.hee.nhs.uk/Recruitment/Recruitment-timelines>
  - Information on Oriel, the platform that you will use to find jobs and make your application - <https://specialtytraining.hee.nhs.uk/Recruitment/Oriel-Making-your-application>
- Talk to your family and friends, they know you and may be able to help you work out the best way forwards.

## Portfolio



Most specialities will require you to put together some kind of portfolio as part of the selection process, GP is the main one that does not require a portfolio. This is a paper-based folder that contains evidence of your achievements to date, it is separate to your Foundation eportfolio which does not link in to the portfolio you present at your speciality interview. The portfolio structure varies from one speciality to another but the principles behind the portfolio are generally consistent so even if you have not made a decision yet, you can begin general evidence collection.

Most specialities will have an interview station in the selection process based upon your portfolio, an interviewer (or two) will ask you questions about the evidence in your portfolio in order to learn more about you and your achievements. Sometimes there are marks available for the portfolio and for performance in the interview.

The portfolio is the part of your interview process that you have the most control over. You can take the time to plan and evidence your achievements without the pressure of an interview situation. This gives you the chance to really demonstrate what sets you apart from other trainees and to demonstrate you are 'trainable'.

Your speciality will have marking criteria for the portfolio, many publish these as ask you to self-assess yourself against these criteria. You should do the research needed to find the specific requirements for your speciality portfolio and plan to meet them over the next few months. In general terms though, specialities are looking for evidence of the following things in a portfolio:



- Evidence of commitment to the speciality
- Clinical knowledge and skills
- Teaching experience
- Audit and QIPs
- Publications and presentations
- Experience of leadership/management

Notice how many of these requirements can be gathered in any speciality post, this is to allow relatively equal opportunities for all trainees who experience different rotations.

## Tips and advice for building your portfolio

Start early, it takes a lot of time to put together a portfolio that shows the best of your ability and experience. There are two things to think about:

- Strategically seek opportunities to enhance your portfolio over the next few months. You will need to be pro-active to find those things that will set you apart from your peers in foundation training.
- Actually digging out/ getting hold of evidence. You will need to find old certificates, collect feedback from teaching, present audits, request references, ask people to email confirmation of attendance/ participation and hang onto thank you cards and letters from patients. This takes time and you may find yourself dependent on others for evidence, so it is worth starting to collect it in a folder early on.

Even if you are taking an 'FY3 year', a lot of the evidence is most easily collected when you are in the foundation training programme. Participation in things like audits or teaching and arranging taster sessions is often easier when you are in a training post.

Many specialities will want you to demonstrate commitment to your chosen career path. To do this you may need to show that you have attended relevant courses, carried out relevant audits, given teaching sessions on relevant topics and some may want to see part 1 membership exams.

Few trainees have publications on their CV and often the 'Research' section is a key opportunity to differentiate yourself. However, the chance to carry out research will not always present itself to you, so make a specific effort to seek out these opportunities.

Often the marking criteria will allocate increasing levels of marks for local/regional/national teaching or similar. Keep an eye out for chances to expand the impact and depth of your experience, more of the same is unlikely to score more points.

Your interviewer(s) may review your portfolio before they meet you, so it will be their first impression of you.

- Get a nice-looking file, it doesn't need to be a leather bound and expensive but put some time into making it look professional.
- Read the speciality specific guidance carefully and make sure you structure your portfolio exactly as requested. Your interviewer has a lot of these portfolios to look through on the day and you need to make sure they can find all the information quickly and easily.
- If you are asked to provide a self-assessment or tick list sheet at the front make sure this is done exactly as the guidance says.
- Put evidence into plastic wallets but make sure you
- keep everything 'facing outwards.' Do not hide information behind other pieces of paper, make it easy for your interviewer to see all the evidence.
- Highlight key information and use post-it notes to annotate where appropriate, this can help interviewers quickly identify the key evidence.
- If you have multiple pieces of evidence, like feedback forms from

Keep a close eye on the balance of quality and quantity. You need to demonstrate good, solid evidence of a range of skills and achievements without so much content that the interviewer cannot find the things that really differentiate you as an applicant.

Some specialities will have a separate section on reflection. Even in those specialities that do not, including a few lines of reflection on the work or event that you are evidencing could be valuable. It demonstrates that you are willing and able to learn 'on the job' and capable of being a self-directed and reflective learner. Show what you have learned from your experience, demonstrate that you can think critically about what you learned and what you still have to learn in order to work within your chosen speciality.

Don't be tempted to print out your whole Foundation eportfolio. Remember, most evidence in your eportfolio will be similar for all candidates. So select out those things that help set you apart from others.

# What about an F3 year?

Over half of Foundation trainees choose to take a year(or more) out of training.

There are any number of reasons that people make this decision from exciting travel plans to CV enhancing opportunities. Often it is just because, after five or six years of medical school and two years as a junior doctor, trainees feel like they need a break.



## What to do

Despite the vast number of junior doctors taking an F3 year, there are limited, structured opportunities and it is very much down to you to decide what you want to do. If improving your application is the main aim of your F3 year, remember, that applications run across winter so anything you want to do to enhance your application will need to be done in the first half of your F3 year.

### Locum

Many trainees do some locum work during their F3 year. This may be in a department you have worked for during your Foundation training – if this is what you are interested in make sure they know early on that you will be available.

As well as ‘ad hoc’ locum opportunities, possibly through agencies, you will see adverts for LAT and LAS posts. LAT posts are Locum Appointment for Training posts. These posts are vacant training posts in GMC approved training placements, they will include all the educational elements of a training post. LAS posts are Locum Appointment for Service posts. These posts are not training posts, you will have clinical supervision to ensure patient safety but without other opportunities associated with training posts.



LAT and LAS posts are advertised on an open market basis but different Trusts will advertise in different places. So it is worth making sure that any relevant hospital departments know you are available and ask medical staffing where they advertise their Trust posts.

There are websites and apps that support you managing things like invoicing, tax, indemnity, student loans and appraisals if you are doing some locums.

### Fellowships

Some more structured opportunities do exist. These sometimes combine academic/research/teaching with some clinical work. Sometimes they are run by universities and some Trusts also run fellowship posts. Again, these posts are advertised on the job market and you will need to apply directly for each post.



### Travelling

Travelling commonly forms part of an F3 year and for many this comes after a period of intense locum work to save money to be able to travel. However, some choose to find work abroad as a doctor. If you are thinking of working abroad there are some things such as registration, appraisal and indemnity, in addition to visas, that you ought to consider. The BMA offers some support and advice with these aspects : <https://www.bma.org.uk/advice/career/going-abroad/working-abroad>.

## Something completely different

If you are looking to do something more innovative or unexpected with your medical degree, this is an opportunity in your training pathway to take a chance on something completely different. You may want to consider moving into some of the following areas:

- Teaching
- Medicolegal work
- Medical journalism
- Medical writing
- Expedition medicine (<https://www.theadventuremedic.com/resources/> has some more information)
- HEE offers some opportunities in global health (<https://www.hee.nhs.uk/our-work/global-engagement/improving-global-health-through-leadership-development-programme-0>)
- NHS England offer support for some entrepreneurial work (<https://www.england.nhs.uk/aac/what-we-do/how-can-the-aac-help-me/clinical-entrepreneur-training-programme/>)

## Applying after an F3 year

It is so common for trainees to take a year out of training that it is not going to count against you at interview. However, do be ready to answer a question about how your experiences will contribute to you as a doctor in training in your chosen speciality.

Remember that your application for speciality training may intrude upon your plans for your F3 year if you are planning on travelling. You will not be able to take part in your selection centre interview from another country. These interviews take place from January to March and you may only be given a few days' notice of the date.

# What can the PSWS offer?

Still unsure?



The Professional Support and Well-being Service is the single point of contact within Health Education Thames Valley PGMDE (Oxford Deanery) for all issues regarding careers and performance support for doctors, dentists and pharmacists across primary and secondary care.

The careers arm of the service provides support and career workshops for the Health Education Thames Valley Foundation School. In addition, the PSWS is funded by Health Education Thames Valley to provide one-to-one career coaching to help trainees who are struggling in their speciality decision-making process. It also provides personal career coaching for those with a career dilemma related to health or disability problems.

Coaching is a trainee centred process, the role of the coach is not to advise the trainee, they are there to challenge, reflect and guide them towards their own decision. The fundamental principle of coaching is that the trainee is the expert in themselves and in their context so it is not a decision that can be taken by someone else. However, structured, unbiased discussions that balance support and challenge can help any individual sort through the information in front of them. Most career coaching will begin with an exploration of your values, your preferences and your life priorities. The activities in this booklet are a good starting point but some trainees need more than paper exercises to help structure their thoughts and move towards a decision.

If you would like to see if the PSWS can offer you some additional support in your decision, go to the website <https://thamesvalley.hee.nhs.uk/resources-information/professional-support-wellbeing/about/> to find the referral form or email [psw.tv@hee.nhs.uk](mailto:psw.tv@hee.nhs.uk) to ask for further advice.