

Contemplating leaving medicine

Read our sample scenarios and possible points for action.

Sample scenario 1

At school Doctor A's favourite GCSE subjects were Latin, history and English but she was an excellent all rounder and got high grades across the board. Doctor A had originally thought about a career in nursing as she liked the idea of contact with people but her teachers thought she was very gifted academically and that she should apply for a place at medical school.

Doctor A arranged a work placement at the local hospital but she didn't get the opportunity to spend much time with the doctors. Instead she spent most of her time with the nurses.

During medical school Doctor A had doubts about whether or not medicine was the right career for her and felt that she was not learning adequately but she didn't ever fail an exam. But she persevered and passed all her exams and graduated with a high grade.

Getting to the bottom of why they are considering leaving is really important

Doctor A's first foundation programme year (F1) felt like a massive anticlimax after doing so well in her final exams. She hated her surgical rotation and felt increasingly on her own and out of her depth.

In foundation year two (F2) Doctor A decided to apply for the GP VTS and was successful, despite having feelings of wanting to be unsuccessful at interview. Doctor A coped well when based in the GP practice and found this environment very supportive, but, again, she felt she was not learning enough. As the GP placement was nearing an end, Doctor A began to dread going back to the hospital and was very concerned when she learned she was going to be on call ^[1] on the first weekend back. Doctor A now felt increasingly unhappy and desperate and consulted occupational health who took her off nights. Doctor A found this embarrassing to explain to her colleagues.

Occupational health then referred her to a psychotherapist who felt the issues were due to being unsupported at work rather than to an underlying depression. After a couple of weeks of working days only Doctor A decided she has no future in medicine and that she can't cope with the responsibility involved.

Doctor A arranges a meeting with her educational supervisor to discuss that it is her intention to resign.

Sample scenario 2

Doctor B is a CT2 in anaesthetics. He is having doubts about whether medicine is for him and whether to carry on and apply to ST3 level anaesthetics. He is especially worried about the responsibility he will have on-call next year when he may be the only anaesthetist (or most senior one) to respond to medical emergencies.

Doctor B enjoyed A&E best in his foundation years, but chose anaesthetics as he wasn't sure if he wanted the hectic lifestyle as an A&E doctor and then as a consultant.

He failed a small part of his exam recently and this has triggered some doubts about whether he should continue on his current training path, or whether to leave medicine indefinitely. Doctor B is wondering what to do.

Points to consider

The doctors may be considering leaving medicine for a variety of reasons, such as:

- they may feel they are not suited to the profession
- they do not feel up to the demands of medical training (the transition from medical school or even from F1 to F2 may be hard for them)
- they may feel unsupported in a particular placement
- there may be something else that has knocked their confidence, for example Doctor B may have had his self-belief knocked because of failing an exam

Getting to the bottom of why they are considering leaving is really important to see if it is a temporary issue that can be resolved relatively simply. It may be an issue relating to specific difficulties in a particular placement. If it seems that they are seriously considering leaving medicine, it may be necessary to refer the doctor on.

As mentioned in the previous point, referring the doctor to the training programme director, or careers lead in the NHS trust might be the next step. An opportunity to speak to a fully-trained careers adviser may be also advisable at this stage if the local education and training board (LETB) has a careers department.

- in addition it may be that the doctor would benefit from seeing a trained counsellor or a psychotherapist. This is particularly the case where the doctor seems very stressed or depressed. It is important that the practitioner is adequately accredited by the appropriate professional organisation.
- as an educational supervisor you will be responsible 'to' your trainee, rather than being responsible 'for' them. All you can do is be supportive and make sure that they have properly thought through the decision. As long as you have used a structured approach in order to see if it is a temporary problem that could be remedied in some way, if the doctor persists in wanting to leave medicine, it does not represent a personal failing on your part
- it is important in these situations that the doctor is not made to feel a personal failure. Their self-esteem will probably be very low at this point. Selection into medicine is not

completely foolproof and some people may change during their five or six years of undergraduate training and may feel they are not suited to the profession

- it may be appropriate to refer the student/trainee for specialist careers advice

Source URL:<https://www.healthcareers.nhs.uk/career-planning/career-advisers-and-teachers/training-and-teaching-resources-medical-studentsdoctors/information-educational-supervisors/when-refer-0>

Links

[1] https://www.healthcareers.nhs.uk/glossary#On_call