

Career Options in Medicine

Students accepted for admission to the MD course at the University of Malta are understandably elated and initially may not appreciate the long term implications of their choice.

Over the last 10 years, a number of medical schools have revised their curriculum thoroughly, providing less formal and didactic teaching and introducing multidisciplinary interactive approaches to problem based teaching in cognizance of the different challenges undergraduates now face on qualifying. For example, behavioural sciences and the teaching of communication skills to students have been given importance as has evidence based medicine, public health, palliative care and patient safety. Certain members of the profession may claim such change has been catalysed more by medicolegal issues necessitating the introduction of risk management than by an actual need for the nurturing of these skills among members of the medical profession.

Are these changes enough to provide members of the medical profession with the right tools to successfully follow different career pathways in medicine? A recent article in the *BMJ*¹ looked at what has been described as the hidden curriculum in undergraduate medical training. Throughout their sojourn at medical school it is claimed that students lose their idealism, become emotionally neutral, adopt a ritualized professional identity, change their ethical integrity, learn to accept hierarchy and the less formal aspects of good doctoring.

The undergraduate curriculum at the University of Malta Medical School has been and will continue to need revision with a move towards integrated teaching of the basic and the clinical sciences. Courses related to communication skills, public health issues and the social aspects of medicine have been introduced. Do we have a hidden curriculum in our medical school, is our teaching haphazard and does teaching by humiliation occur? Differing bodies will have different perspectives on these questions but the final product of our medical school is as likely to be influenced by these pressures as students at medical schools in other countries. We have not even begun to quantitate and analyse the influence of such pressures on career development and subsequently outcomes.

At a post graduate level, the choice between traditional and alternative career paths ultimately can result in major changes in the lives of the individuals concerned. Both necessitate the acquisition of the ability to pose questions, collect and analyse data in a scientific and precise way as well as deal effectively with administrative and financial aspects related to the practice

of medicine. MD courses modeled along traditional lines certainly do not provide the necessary foundation for such career choices. One could envisage courses that make the possession of a Bachelor's degree a prerequisite for entry into medical school, in an attempt to ensure a certain grounding in the sciences as well as ascertaining that students are somewhat older and hopefully more mature at the time of commencement of their study program. An alternative and probably better solution would be to incorporate or else offer students the possibility of completing a Bachelor's degree in the first 3 years of their training depending on choice of possibly optional credits and the submission of a thesis. The duration of such a course could be 6 years in total bringing Malta in line with other countries in Europe. Such an approach provides students who wish to shift to the basic sciences with the possibility to proceed to a PhD rather than continue to obtain their medical degree with the opportunity of doing so. Those wishing to carry on with their medical studies will have benefited from a broader based training in the scientific method and in medicine and have the opportunity of deciding on a clinical or scientific career or indeed a combination, as in the case of clinical investigation, at a later stage. This shift in focus has led certain Universities to offer outstanding undergraduate students the possibility of pursuing an MD-PhD course of 7 years duration and dedicating themselves to research and clinical investigation.

Malta can boast of one medical school with limited financial resources but a wealth of human resources. Immediately after graduation, young doctors work in the National Health Service in Malta for a period of two years as a pre-requisite to obtaining their licence to practice independently. During these two years and in the course of rotating through various specialties, of which Medicine and Surgery remain compulsory, it is common practice for those pursuing further studies to work towards the Part I of their Membership, Fellowship or European Diploma in Medicine, Surgery, Paediatrics etc. Over the years, the opportunity to carry out at least part of one's training here before proceeding to a specialist registrar rotation in a particular specialty abroad has become a feasible option in certain areas. There still remain lacunae however due to the lack of formal postgraduate programmes of training in a number of specialties which need to be rectified. The major hurdle appears to be the acquisition of the relevant exit qualification at which point the specialist can now practice independently as a full time clinician in his or her area of proven expertise either in private or

government practice, primary health care or hospital based practice.

A proportion of specialists opt to practice hospital based medicine which in a University teaching hospital carries teaching and academic responsibilities. The pressure to do research varies between medical schools with doctoral and post-doctoral training posts in the more prestigious institutions being extremely sought after and very demanding regarding performance and output. However, the years associated with doctoral (PhD) training may be regarded as relatively protected in that the supervisor or the institution provide infrastructural and financial support as well as supervision and advice.

Subsequent to the acquisition of the research doctorate, tenure faculty positions are rare and hard to come by. Acquiring and maintaining such a faculty position depends on continued research and the competition for and acquisition of grants from different funding bodies. In Malta, as in other countries this means industry, the European Union and possibly non-profit organizations that promote research related to particular conditions such as cancer. Like other countries however, applications for the available funds are burgeoning and highly competitive. Other options include working in the pharmaceutical industry, researching the development of new drugs. At present a young graduate with completed medical training and specialization and with potential embarking on a career in research would be wise to do a post doctoral fellowship and proceed to abroad. They however still have to be prepared to move ever so often in the course of their careers, not an easy task as such moves at a later stage in life are complicated by issues, for example, related to the effect such moving will have on members of one's family. Researchers are expected to publish and the pressure to do so can inflict a huge strain on the individual. In certain instances, individuals have been guilty of research misconduct in an attempt to survive in the race for grant funds.²

Given this scenario, clinical practice with a 70 hour week and a reasonable income begins to appear lucrative and attractive. However, medicolegal issues are causing doctors to

practice defensive medicine. These have made inroads into the traditional patient-doctor relationship which was founded on mutual trust and has driven certain practitioners to minimise their professional interaction with patients. Furthermore as more graduates pour out of medical schools, job availability is becoming increasingly problematic and at times post graduate students chose a speciality with the potential for employment as the deciding criteria, a system-inflicted form of educational utilitarianism. The introduction of the European Working time directive has temporarily created a vacuum and has made it easier for Maltese doctors to find training and consultant jobs abroad but with time, a state of equilibrium will be attained. Furthermore, the reforms in healthcare service provision, the introduction of regulations and guidelines and the mandate for clinical governance and increasing administrative burden linked to consultant jobs is bound to affect the actual number of hours a clinician can dedicate to his patients, his students, his research and ultimately his personal life. Some members of the medical profession have made the move to administration and management, lured at times by the offer of lucrative salaries and reasonable (though by no means short) working hours. This class of healthcare professionals can make their mark on medical practice but are often hampered by financial and related ethical issues.

For much of medical history, the mentoring process has served as a beacon to guide and assist those seeking knowledge, a situation unchanged by the introduction of textbooks, information technology and advances in communication. Indeed the Standing Committee on Postgraduate Medical and Dental Education in the UK succinctly defines mentoring as a process whereby "An experienced highly regarded empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of her or her own ideas, learning, personal and professional developments. This is achieved by listening and talking in confidence."³

Given the challenges members of the profession face, it is helpful to remember that wisdom can neither be bought nor sold but it can be shared.

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Note

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