LETTER TO THE EDITOR

Career Intention of Dermatology Trainees Following Completion of Training

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Dermatology within the United Kingdom (UK) is facing significant challenges due to the lack of congruence between the increasing demands for service with the resources available. National reports have highlighted several key factors (Schofield et al., 2009; Clough et al., 2015). There is a shortfall of approximately 200 full-time equivalent dermatology consultants, despite the Royal College of Physicians recommendation (2013) for one full-time consultant per 62,500 population. This compounded by insufficient dermatology education for medical students and general practitioners, along with the major restructuring in healthcare commissions (Eedy, 2015).

Dermatology registrars (doctors within a four-year full-time equivalent postgraduate dermatology specialty training programme in the United Kingdom) are the backbone for future National Health Service (NHS). However, there is a lack of literature on the career intentions of dermatology registrars approaching the end of their specialty training. Additionally, there is a gap in understanding of what factors influence their perceived preparedness to become a consultant once they obtained Certificate of Completion of Training (CCT). Obtaining CCT is necessary for a doctor to be registered as a specialist with the UK General Medical Council. Registrars are uniquely positioned to provide real-life feedback and articulate not

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only preferences, but also values for future innovation to improve the current system.

WHAT WE DID AND HOW WE DID IT

We conducted semi-structured one-to-one interviews of dermatology registrars in their last two years full-time equivalent of specialty training (ST5 and ST6) within the West Midlands deanery. Dermatology ST5 and ST6 were invited to take part and the participation was entirely voluntary. The interviews were held between May 2019 and March 2021 with each interview lasted approximately 30 minutes. Information on demographics, training grade, career intention after completion of training, professional and personal factors that influence their career decision were collected (Appendix 1). A thematic analysis adopted from Braun and Clarke (2006) method was used for data analysis.

DATA/WHAT WE HAVE LEARNED

Table 1. Participant demographics.

<table>
<thead>
<tr>
<th>Participant</th>
<th>Gender</th>
<th>Age range</th>
<th>Training grade</th>
<th>Training status</th>
<th>In a relationship</th>
<th>Dependant(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>31–35</td>
<td>ST5</td>
<td>LTFT</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>25–30</td>
<td>ST5</td>
<td>FT</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>31–35</td>
<td>ST5</td>
<td>FT</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>31–35</td>
<td>ST5</td>
<td>LTFT</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>36–40</td>
<td>ST5</td>
<td>FT</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>31–35</td>
<td>ST6</td>
<td>LTFT</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>31–35</td>
<td>ST6</td>
<td>FT</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>31–35</td>
<td>ST6</td>
<td>LTFT</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>31–35</td>
<td>ST6</td>
<td>FT</td>
<td>Yes</td>
<td>No</td>
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<td>10</td>
<td>M</td>
<td>36–40</td>
<td>ST6</td>
<td>FT</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

F = female; M = male; FT = full time; LTFT = less than full time. In a relationship refers to married or civil partnership. Dependant refers to children.
**Theme: Career intention post-CCT**

The majority (six out of ten) of trainees considered taking up substantive NHS consultant post should this become immediately available. However, they would consider taking up a locum post while waiting for a permanent post. The rest of trainees considered pursuing a post-CCT fellowship in subspeciality of their choice namely medical dermatology, Mohs micrographic surgery, paediatric dermatology and ethnic hair disorder. Only one considered applying for grace period but did not in the end due to the time limit of when noticed must be given (i.e. six months in advance).

Factors influencing career decision were subdivided into personal factors and professional factors. **Personal factors.** The majority of trainees expressed the importance of perceived job autonomy and ability to make changes at their workplace. Another important aspect was location and convenience of travel to balance family life. Additionally, a few mentioned personal interests in the subspecialty, the ease of access for academic/research work as well as team dynamics and leadership within the department. **Professional factors.** Perceived unmet professional needs to gain subspecialty experience, therefore wanted further subspecialty training was particularly eminent among part-time trainees. From institutional perspective, the availability of resources and support at different types of hospital (academic teaching hospital/tertiary centre versus district general hospital) played a significant role in their choice of career. Furthermore, individual job plan comprising entitlement for professional developments, leave and the opportunity for flexible working were commonly reported.

**Theme: Preparedness to completion of training**

Trainees generally felt ready to become a consultant. Two trainees expressed a degree of apprehension as four years of training is relatively short but recognised the need for continuing professional development and peer consultant support for complex cases. There was also recognition of limitation of training in some subspecialty experience, hence the intention for a post-CCT fellowship.
Theme: Issues related to training

There are three emerging subthemes.

(i) **Individual support.** Some trainees felt there were lack of mentorship/pastoral support relating to advice on out of programme, career break and becoming a consultant. A few trainees verbalised feedback on placement were suboptimal, partly due to a perceived impact of consultant private’s work on their workplace activity while others experienced service provision took precedence over training.

(ii) **Organisational issues** were subdivided into local and regional. Local issue was relating to timetables/rota. Some trainees would have preferred to rotate four monthly instead of six monthly within a particular dermatology training centre to gain variety of exposure for their curriculum need. However, there was an awareness that this may also impact on continuity of patient care for outpatient cases. Regional issues revealed politics at workplace such as favouritism. A few trainees raised concern with regard to conflict within the workplace following them giving honest feedback about their placement.

(iii) **Dermatology curriculum issues.** All trainees voiced concern over research. There was a lack of clarity in terms of how much research is required, what to do to pass annual appraisal and the challenge to complete a project due to continually rotating to different trusts. Management exposure and/or experience was deemed inadequate whereas this is a big part of every consultant’s work life. Five trainees spoken about the range of clinical experiences that were not targeted at appropriate stage of training, for example the lack of supervised surgical list at early training years and subspecialty training in later years.

**CONCLUSION/TAKE-HOME POINTS**

This study highlighted trainees’ range of career intentions and trajectories following completion of training is a complex multifactorial process. Exploring trainees’ perspectives into their career motivation in practice have offered certain nuances that cannot be explained from a higher structural or institutional level. Our findings have provided an understanding of
contemporary issues within dermatology training from a more personal level that could potentially impact on trainees’ career intentions.

Despite our small sample size, the study findings could facilitate educational supervisors to help dermatology specialty doctors in exploring their career choice and increase their preparedness for completion of training. Certificate of Eligibility for Specialist Registration (CESR) is an alternative route to obtaining CCT in Dermatology where doctors undergo training equivalent to the requirement of a General Medical Council (2021) approved programme. Our study findings may also have relevance to doctors wishing to train and obtain dermatology CCT through this pathway.

In addition, our data may inform employers and other governing bodies in shaping a better and more proactive workforce for the NHS that can anticipate future dermatology needs for the public in the United Kingdom. The data gathered also serves as a reference point and offers an important avenue for future research within dermatology education.

REFERENCES


Royal College of Physicians Dermatology. (2013) Available at: www.rcplondon.ac.uk/sites/default/files/dermatology.pdf

**APPENDIX 1**

Study Title: To explore career intentions of dermatology SpRs following completion of training within the West Midlands

**SEMI-STRUCTURED INTERVIEW QUESTIONNAIRES**

**Length:** 20-30 minutes

**Primary goal:** an informal conversation with focus on individual experience, opinions and what they think about the topics covered

**Demographic information to be collected:**

<table>
<thead>
<tr>
<th>Age</th>
<th>25-30</th>
<th>31-35</th>
<th>36-40</th>
<th>41-45</th>
<th>&gt;45</th>
<th>Prefer not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Training grade</td>
<td>ST5</td>
<td>ST6</td>
<td></td>
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<td>Prefer not to answer</td>
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<tr>
<td>Training status</td>
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<td>LTFT</td>
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<td></td>
<td></td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Marital status</td>
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<td>In a relationship</td>
<td>Married</td>
<td>Divorced</td>
<td>Widowed</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>Number of dependant(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>&gt;3</td>
<td>Prefer not to answer</td>
</tr>
</tbody>
</table>

**Ethnicity**

- White
- English/Welsh/Scottish/ Irish
- Black/African/Caribbean/Black British
- African
- Caribbean
- Other:

- Mixed/Multiple ethnic groups
- White and Black Caribbean
- White and Black African
- White and Asian
- Other:

- Asian/Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other:

- Other Ethnicity

Interview questionnaire
Study Title: To explore career intentions of dermatology SpRs following completion of training within the West Midlands

A. Career plan post-CCT
Core question 1: What do you plan to do after achieving specialist registration status with the GMC?
OR
When is your CCT date? You are X months from CCT, have you considered what you might do after your CCT?
OR
(If already have an offer for a consultant post/other job) - would you please describe in more detail?

*Follow up question:
Anything else you may have considered doing?
Do you intend to use the 6months grace period? (optional)

B. Factors influence career decision
Core question 2: How did you arrive at that decision? What made you decide to do A (and B) once you achieve CCT?

*Follow up question if the participant needs further prompting:
Some individuals have talked about factors A, B and C as important in their decision making about their career intention, what do you think?

C. Readiness to be a consultant
Core question 3: What do you understand about the job remit of a consultant?

*Follow up question:
Do you feel your training so far has adequately prepare you to be a consultant?
Do you have any other thoughts/concern?
Do you have specific feedback about your current training?
**Funding:** All authors have no financial or non-financial interests to disclose.

**Conflicts of interest:** All authors have no conflicts of interest to declare that are relevant to the study.

**Ethics approval:** The study was registered as a service evaluation within the University Hospital Coventry & Warwickshire NHS Trust with no funding received.

**Consent to participate and for publication:** Informed and written consent was obtained from all individual participants for their data to be published anonymously.

**Availability of data:** The interview transcripts during the study are available from the corresponding author on reasonable request.