Careers advice for doctors

BMJ provides a new source of information

Although unemployment among doctors is rare, many doctors express dissatisfaction with their work. This mismatch between expectation and reality may in part be due to doctors not receiving adequate advice on their careers. This week we launch a new section in the *BMJ* designed to respond to this lack. Career Focus, as the new section is known, will be published each week in the classified advertising supplements and will help keep doctors abreast of the many possible avenues that their working lives may follow.

The one thing we know for sure about the NHS of the future is that it will be different from now. Last month the British Association of Medical Managers (BAMM) gathered together a team of hospital doctors and managers to play a game designed to simulate future careers in the NHS, creating an NHS very different from the present one. *BMJ* readers may be sceptical about learning from games—and so, at the beginning, were many of those who played. But by the end most players were convinced of the game's value—and disturbed by what they discovered.

The main finding was that the NHS is an inflexible employer at a time when flexibility is important. The work itself demands flexibility, and many of those working in the NHS want it too. But because the players were poorly advised and insufficiently aware of how the early decisions and the many vicissitudes that affect every career can have profound later consequences, many players in the NHS game ended up "in the wrong place." They felt that they had failed in an NHS intolerant of failure, offering no support, and no routes backwards or forwards. The players agreed that the game reflected reality and showed the need for radical rethinking of work and career patterns within the NHS.

Students enter real life medical schools with a complex pattern of motivations, generated in part by unrealistic portrayals of the profession in the media. The students then do not use their university careers service before graduation, instead relying on their experience of the specialties as a student to guide their choice of career.[1] The continuing dominance of hospital specialists over undergraduate training imprints a narrow set of values on students, often including the perception that career choices outside the specialties are for failures. After graduation, early work experience is poorly supervised and has limited educational value. It is often undertaken with only the vaguest of long term career plans.[2]

For those more advanced in their careers, or involved in the recruitment of doctors, the many changes in specialist training,[3] in the working styles of consultants,[4] and in primary care[5] mean that it is vital to stay abreast of employment changes. The world of work is changing rapidly, with increases in part time working, job sharing, teleworking, and flexible working.[6] The NHS has been slow to change but will have to catch up.

Although many sources seek to inform medical postgraduates of the choices available to them at each stage in their career, seeking them out may be difficult. Local institutions have specialty clinical tutors who are responsible for advising doctors in training; there are postgraduate tutors, deans, and advisers, but there is no coherent structure or source of information for doctors in training, particularly if it is apparent that a sideways move into another specialty or even another profession might be the right course.

The diversity of sources of information means that overloaded doctors may not benefit fully from any of them. The *BMJ*'s classified supplement is the definitive source of recruitment advertising in Britain and a logical place to publish not only career information but material that will assist in obtaining the self knowledge necessary for personal and professional development.

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Placebo mania

As medical knowledge accumulates, the number of placebo trials should fall

See p 36

When an effective treatment exists and then a new one comes along it is only common sense to ask whether the new treatment beats the old. As Bradford Hill suggested, who cares whether the new treatment is more or less effective than nothing?[1] Despite this common sense, the dogma persists that placebo control is part of the paradigm for evaluating new treatments. For example, Collier recently claimed that "placebo controlled trials offer the greatest scientific rigour for assessing the efficacy of a drug,"[2] and Jones *et al* in this issue (p 36), write that "the gold standard in clinical research is the randomised placebo controlled double blind clinical trial."[3]

Placebo control should no longer be part of the gold standard. In earlier times it made sense to urge investigators to compare new treatments with placebo, because typically the only alternative to the new treatment was no effective treatment at all. Introducing a placebo facilitated blind assessment and controlled for non-specific aspects of treatment—the "placebo" effect, itself a highly variable but often powerful phenomenon.[4] But if blind assessment can be achieved in a comparative trial of two active treatments is there any point to using a placebo group?

Suppose you had an old friend Bill, who you knew was tall, and a new friend Bob, who also seems tall. You wish to find out how tall Bob is in relation to Bill. Most people would ask Bill and Bob to stand back to back and measure the vertical difference between the tops of their heads. Suppose that Bill and Bob are not in the same place. You could use a tape measure