



Choice of a medical specialty – a starting point

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As medical students, we are all in the same position. Sooner or later we will need to make a decision regarding our choice of specialty. This decision will go a long way towards determining what we do for the rest of our life. This is how we tend to think and this thought can be quite daunting.

By the end of our medical education we will have gained a glimpse of most specialties. The world of medicine stands wide open in front of us. It offers a variety of career choices with different doses of hands on skills, patient contact, teamwork, opportunities for establishing long-lasting relationships with patients, work-life balance, ability to conduct research, teach, influence government policy, and much else. Whilst the medical curriculum introduces us to the key areas of medicine, it does not include formal advice about the considerations we should take into account when thinking about our future.

Many, but not all, medical specialties have stereotypes attached to them. In the pre-clinical years, aside from basic theoretical knowledge, this is, in many cases, all we have to guide us. As we build up our professional experience, we validate, refute, or reshape these stereotypes. We start as observers, and before we realise it we become 'doers', observed by the juniors we were ourselves just a few years ago. This process shapes us and confronts our preconceptions of the work of a doctor with the reality. And all this happens whilst our personal lives evolve, with many people finding a stable partner, thinking of setting down, and considering whether to start a family. What you may have envisaged for yourself as a perfect carer at the beginning of your medical training may be very different to the end product.

It is important to remember that we do not have to decide on the direction of our medical career during our medical-school years. An Australian study reports that 80% of doctors only select their specialty by the end of the third year, post graduation.¹ Interestingly, the specialties where a large proportion of individuals made their choices by the end of medical school included surgery (40.7%), ophthalmology (31.9%), paediatrics (28.9%), obstetrics and gynaecology (25.8%), and

general practice (24.5%).¹ The specialties that were chosen largely by the end of the second to third postgraduate year included anaesthesia, emergency medicine, radiology, adult medicine, obstetrics and gynaecology, ophthalmology, psychiatry, pathology, and general practice. The exact trends from this study are shown in Figure 1.

A large-scale UK study also showed that the majority of specialty choices were confirmed during the postgraduate years, with 60%, 78%, and 90% of doctors remaining in the chosen career they had identified in postgraduate years one, three and five, respectively.² Once again, the choice of practicing surgery tended to be made early on, with 90% of surgeons specifying their career choice in postgraduate year one. By comparison, although a high percentage of those who identified general practice and psychiatry as their career choice in postgraduate year one went on to succeed in these areas, only 50% and 54% of those who eventually selected general practice and psychiatry chose these at that early stage.²

Thus, if you are approaching your trainee-intern year and still have not formed a clear view of the specialty you would like to pursue, you might be less likely to become a surgeon. However, you can rest assured that your postgraduate work experience will be of significant help in forming this decision. In the meantime, you might benefit from keeping your options open and gaining a wide exposure to different specialties.

You should also bear in mind that your experience of different specialties may be very different depending on the settings you find yourself in. It is worth sampling the differences between different hospitals, rural clinical settings, and perhaps even different countries. Whatever choice of postgraduate placement you make, different doors and opportunities will open to you. These may include research, teaching, going to conferences, and meeting different clinicians who may become role models or mentors. This is the time to be proactive and use these opportunities as tools to formulate your personal career plan.

If you are someone who tends to benefit from reading books with outlines of all the specialties, discussions around what each of them entails, the sub-specialties available, and some practical advice around professional training, several resources are available. Books such as 'The Ultimate Guide to Choosing a Medical Specialty' by Brian Freeman, 'How to Choose a Medical Specialty' by Anita Taylor, and 'On Becoming a Doctor' by Tania Heller are good bedtime reads and may give you some good starting points.³⁻⁵ Their downside is that they are all based on the United States health care and training system, which is significantly different to a New Zealand setting.

Your choice of future specialty may also be indirectly influenced by becoming involved in student organisations, such as the New Zealand Medical Student Association, the New Zealand Student Medical Journal, and other medical-interest groups. This will help you explore your strengths and weaknesses. You will find out how well you work with others, whether you are a team player and how good you are at organisational tasks, multi-tasking, and leadership. Whilst in your role, you will interact with many inspiring academics and clinicians and see a different side to their usual professional demeanour in the settings of a ward or a clinic. Importantly, you will also establish relationships with other students, some of whom may be a great source of support to you when making your career choices.

Whatever choices you eventually make regarding your training pathway, try to embrace the unknown and enjoy the process of navigating the complex landscape of medicine. Skills and knowledge in one area of medicine will be likely to become useful in another one, counteracting the daunting feeling of the irreversibility of our choices. We are very privileged to enter a profession which offers a wide variety of skills and a knowledge base with endless possibilities to further our professional development and to benefit others.

References

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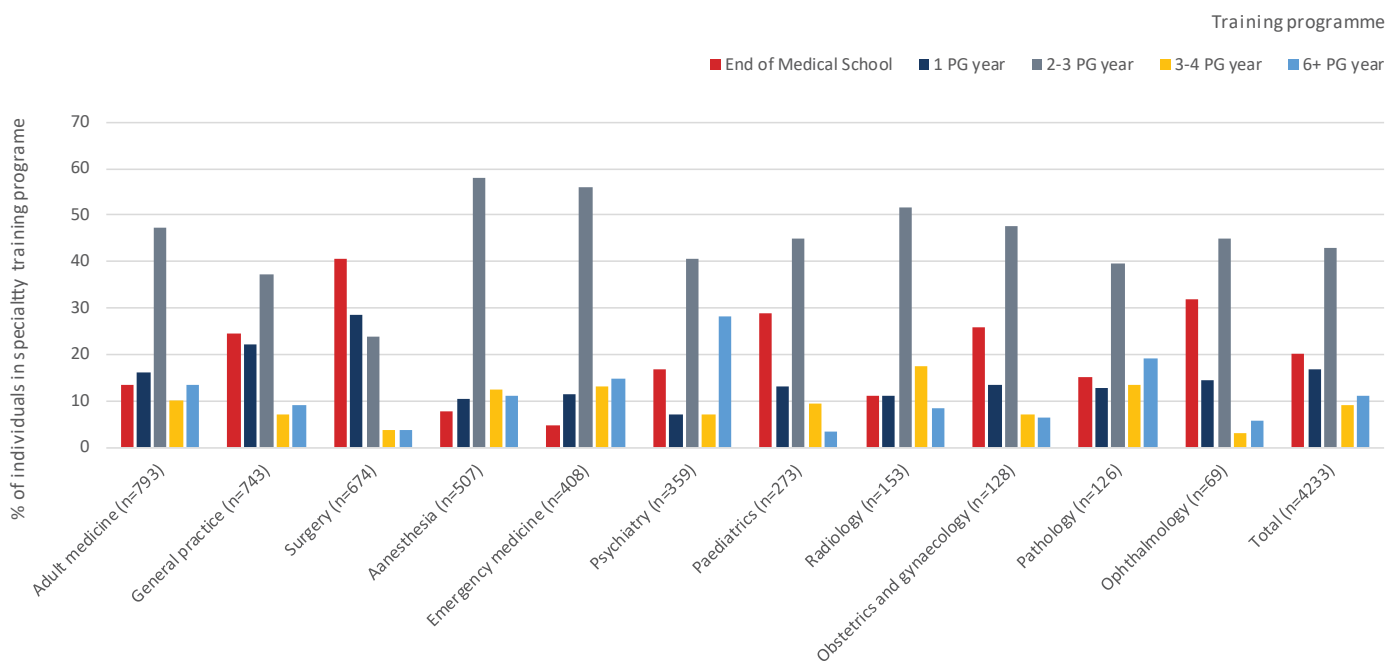


Figure 1 Percentage of individuals in specialty training programmes selecting the specialty route at different stages of undergraduate and postgraduate training (based on data provided in Harris et al.).¹