Personal Paper

Creating creative careers

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When I began my own new career in 1984 it had not crossed my mind that within a year I would find myself advising other doctors on the directions of their professional lives. My own progress, after all, had been more than slightly unconventional. I was appointed as a medical registrar in Nottingham without ever having been a medical senior house officer; I had passed the MRCP from a senior house officer post in pathology. I got my next job in Oxford with no experience at registrar grade in clinical chemistry and my consultant post having had insufficient time in laboratory medicine for the Royal College of Pathologists to allow me even to sit their exam. I finished writing up my DM after my appointment as a consultant because I was proud of the work I had done.

Atmosphere of uncertainty

I became interested in management training soon afterwards as I realised that I was poorly equipped to do what is in reality a difficult managerial balancing act as head of a service department. This took me towards personal development work and individual counselling, and eventually I decided that I would prefer to work freelance in these and other areas. In my management workshops I came across doctors who were unsure about what to do next or were even uncertain about whether they wanted to continue in medicine at all. They seemed frightened to deviate from standard, defined career paths in case they found themselves without a job. This was understandable enough maybe, but I felt increasingly that this was not a good atmosphere in which to produce a generation of committed and enthusiastic career doctors.

I therefore decided to expand my experience in career advice for doctors. "Creative Careers" was born over Sunday lunch with a good friend. I spent £500 on a logo and some layout work, swallowed hard, and splashed out £900 on three weeks' advertising in the *BMJ*. I thought that I might get about a dozen replies but that the only way to find out if the business was viable was to put in a decent sized advertisement that people would see. In any case I sensed that I might meet some interesting people.

I was wrong in my assessment of the number of replies. Within a fortnight I had sent information to over 60 prospective clients. In the eight months or so since then I have received a total of 152 replies. They have come from doctors in all branches of medicine and at all stages of their careers from senior house officer to consultant. I have also heard from others who are working abroad at present and who are planning to return to Britain, but most whom I have seen are either hospital doctors at senior house officer/registrar grade or principals in general practice. The detail of their problems has varied a lot, as might be expected, but underneath is a fairly consistent pattern. Generally they feel disappointed in some way with medicine and are looking for ways to make their lives and

careers more satisfying. Most have not experienced any particular difficulty in getting jobs but are unsure of what to do next or whether it would be good for them to leave a current position for something new, whether in medicine or not.

Interesting people

My hope that I would meet some interesting people has certainly been fulfilled. Their letters have sometimes been funny, sometimes moving, sometimes depressing, but have always had the same underlying seriousness.

My favourite for brevity and clarity came from a young general practitioner who wrote, "Dear Sir/Madam, There have to be pleasanter ways of killing oneself. I would be interested in more information about what you have to offer." He turned out to be someone with a lot of enthusiasm who was having problems with his partners because of what he thought to be some rather unscrupulous practices. He also thought that the management of his health centre was poor and that because of this the patients were not getting a good service. He was considering whether to leave but wondered if he would find similar difficulties elsewhere. He was also toying with the idea of working part time and developing other interests, but nothing had sprung to mind that attracted him sufficiently.

I suggested that he might try to take a more active role in managing the practice and dealing directly with the things that he felt were wrong. He came back two months later looking a lot happier. Despite his initial reservations about spending time on managerial matters he had confronted one of his senior partners and had been supported by his peers and juniors in implementing some of his ideas for improving patient care. He found that he enjoyed the hurly burly of sorting things out and had found a new fervour for the clinical aspects of his job. He had become better at managing his time and activities and was about to begin using a deputising service to cover two nights of his weekends on call. Previously, he had found this an unacceptable idea because he had always believed that doctors should do their own on call, but he had recognised that the only effect of being disturbed for three successive nights was to make him resentful and sometimes nasty to patients, thus defeating his own objectives.

Another general practitioner aged about 30 wrote, "Objectively, everything is going very well. There are five of us who get on quite well. We have a nice new building and about 11 000 patients, and the money is very good. The inertia factor, in other words, is enormous! None the less, I have started to hate the whole show. I am bored and frustrated by the petty, repetitious pattern of the job, increasingly annoyed by the stupidity of the great majority of our patients, fearful of the future of general practice in the NHS and my part in it in particular. I am finding the greatest difficulty coping with nights and weekends on call. At best I am a conscientious, efficient, capable GP, but it is not a job I want to continue with for another 25 years, nor even five, nor even five months, if I can help it. But I can't just jump out into mid air without a parachute; which is where you come in!"

As before, a lack of stimulation seemed to be the main problem,

and we talked about excitement. We had only one consultation, but he wrote again after a couple of weeks saying, "I found our chat very helpful. Many thanks. Overcoming personal inertia will still not be easy, but the problem and its cure are a little more obvious now. I drove back home in a very positive frame of mind, ie far too fast! I have in mind to make my first life enhancement project a day at Silverstone Racing School (quite seriously)."

Change for the better

A lot of my clients have complained of boredom and loss of energy in their jobs. With many the key to improving this has been to find some way to get some more stimulation either in the job, as in the first case, or outside it, as in the second. Sometimes the boredom is due to having done everything that is possible within a job. It seems to be widely accepted elsewhere that after about three years in one appointment performance declines significantly and a change is very healthy, but in medicine most people still cling to the idea that the subject itself provides endless fulfilment. For some this may be true, but for many it is not. It takes only a brief look around any hospital to see that after being in a post for three or four years most consultants are busy developing research interests, committee work, or private practice as sources of continuing stimulation. I am sure that this is not a bad thing in itself, but it may well disguise an underlying problem. It still seems to be heresy to suggest that appointment to a career post in which you are expected to stay for 30 years might be anything other than a passport to eternal happiness. Many opportunities exist both in and out of medicine for those who are prepared to make some effort. For some, like the first general practitioner described earlier, tackling a problem rather than feeling angry about it can result in finding a new interest in a current job. For others a change is desirable, but it does not necessarily provide the answer.

For some time I have been seeing a woman in her late 30s who has spent time in several different specialties including paediatrics, general practice, and psychiatry. She was contemplating a return to general practice. She discussed the situation with her local postgraduate tutor, who told her that she would have to repeat a three year training scheme and that she would meet with great prejudice in applying for even part time partnerships because she was female and too old. There is of course some truth in this, but he made no constructive suggestions. She became more uncertain and a little desperate and contacted one of the regional postgraduate deans and me. In her letter to me she wrote, "If he also looks at my curriculum vitae and says it is rather poor, when to me it represents 15 years of conscientious hard labour, you can expect my morale to be fairly low next Monday! . . . The creek is very narrow and there is a world shortage of paddles! . . . I hope you will be able to point out a few stones left unturned."

I saw her regularly for about six months, over which it seemed that her difficulties were more to do with her interpretation of her actions than with the actions themselves. She saw each change in her life as another failure, and she could not enter anything new without anticipating that she would fail again. She did not allow herself to do anything with vigour or enjoyment because in her mind the inevitable failure of the enterprise would result in even greater disappointment. This sort of protection against disappointment is common and always results in a loss of enthusiasm. For her a change every few years may be a good idea, but only if she is able to see it in a positive rather than a negative light. She has just started completely different work and is thoroughly enjoying herself. How long she will remain in this specialty is of course not certain. If she does change again, however, I know that she will do so with more enthusiasm for the new and with less expectation of failure.

Broad perception and clear definition

Nobody whom I have seen so far has left medicine completely. Some people have wanted to combine it with another activity, either by doing both part time or by finding a career combining medicine

with, say, journalism. One of my clients is a composer and musician who qualified as a mature student and is having difficulty finding time to do his house jobs. Another wants to go into marketing or advertising. One or two are considering coming back into medicine after doing something else. One is a wealthy man who, after finishing a medium term commission as a doctor in the forces, took over the management of the family farm. After five years he is thinking about moving back towards medicine. For someone like him a senior post in the pharmaceutical industry would be worth considering. He could be very successful in the United States, where being English can be a great advantage in the right environment. Like all my clients he will make his own decisions about what he wants to do, but I feel that I have helped him by broadening his perception of what is possible and defining more clearly what is important to him.

For doctors in training grades the stress of deciding which specialty to pursue can be particularly great. At a very early stage of postgraduate training there is a great deal of pressure on them to commit themselves to one particular path, which they feel that they must pursue relentlessly through the "right" jobs, the postgraduate diplomas, the higher degree, the papers, and the accreditation to the goal of being a consultant, preferably in a major specialty and preferably in a teaching or good district general hospital. In many ways this training seems rather like a sausage machine and, as a wise friend of mine once remarked, what you get out of a sausage machine is sausages. What so many of my clients have felt is quite simply a suppression of their own creativity—a price they previously accepted as having to pay for a conventionally successful career. There is some reality in this, and exams do have to be passed, but my own experience is that talent and energy invariably do get recognised and that individuality is seen and valued more than most young doctors believe. This is why I have chosen to help my clients to establish their own priorities rather than just to accept conventional wisdom. We cannot get what we want until we know what it is.

The interest that "Creative Careers" has aroused, not only in the medical profession but also in magazines and newspapers and on the radio, has supported my initial hunch that there is a real demand for what I offer. My next development will be one day and residential seminars on specific subjects such as "Choosing a job," "Getting a job," and "Public presentation" which, if I am right, could be very successful. My own criteria for making decisions are that I should enjoy my work and make some money. With "Creative Careers" I am doing both.

I thank Linda Gillman and Frada Eskin, Mark Scott, Karen Graef, and Nadine Scott for helping me to make my own career more creative.

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A 60 year old woman is taking a tablespoonful of cod liver oil a day for osteoarthritis of the knee joints to "oil the joints." She has mild diabetes but is otherwise in good health. Are there any hazards in long term cod liver oil treatment in view of the lipid content of the oil?

A tablespoonful of cod liver oil a day would contribute a considerable amount of fat to the diet and, although the oil is a polyunsaturated one, its contribution to fat intake (about 14 g) and energy intake (about 125 kcal) should be taken into account in her dietary control. A major effect would be on the intakes of vitamins A and D from this regular habit; each tablespoon (approx 15 ml) would provide about 2700 µg vitamin A and 30 µg vitamin D¹ which are about three times the recommended daily amounts² and could be considered excessive.³ —D A T SOUTHGATE, head, nutrition and food quality division, Food Research Institute, Norwich.

1 Paul AA, Southgate DAT. McCance and Widdowsons "The composition of foods." London: HMSO, 1978.

2 Department of Health and Social Security. Recommended daily amounts of food energy and nutrients for groups of people in the United Kingdom. London: HMSO, 1979. (Report of health and social subjects 15.)

3 National Research Council. Recommended dietary allowances. 9th edn. Washington: National Academy of Sciences, 1980.