Scenes from Postgraduate Life

Counsel

One of the programmes in a BBC TV series about Queens' College, Cambridge showed two undergraduates being told that they would have to leave after their first year. Given the presence of television cameras the interviews were conducted with tact, frankness and above all, realism. I have a feeling we seldom do this in medicine. Is it compassion, humility or just plain cowardice that prevents us giving our juniors unpalatable advice? Maybe it is because we need to be thought of as nice guys that we fall back on platitudes like 'Don't you worry, we'll look after you', and 'You're sure to make it in the end'.

Advice must, of course, be backed by facts; so often it is based on prejudice. When I qualified and then got married immediately afterwards, I rashly told one of my chiefs of my intention to become a physician. 'You will never do that with a wife', he said. 'You will not be able to spend the necessary time in hospital'. I was so incensed that I was determined to prove him wrong.

Advice is there for the asking; it does not necessarily have to be followed. Neither adviser nor advised has any proprietary right in the matter. A colleague told me that he had once advised a junior who couldn't pass an examination to give up and try something else. He was astonished to meet the man some years later as a senior registrar in the same specialty, and resolved never to give advice again. In the event, the doctor in question could not obtain a consultant post and everyone agreed that he should never have been appointed a senior registrar.

At a conference called soon after publication of the report of the Social Services Committee on Medical Education¹, its chairwoman, Renée Short, said that postgraduate deans needed to put much greater emphasis on counselling junior doctors. The cry has been taken up by the latest government initiative, *Medical Staffing – Achieving a Balance*² where it is suggested that all senior house officers (SHOs) – there are some 900 in the North East Thames region – should receive careers advice. It would be quite impossible for postgraduate deans to carry out such an exercise without the assistance of clinical tutors and specialty tutors, and even then it would be an immense undertaking. And what is the evidence that it does any good?

Counselling and careers advice are not necessarily the same thing. A great deal of my time is spent dealing with people who are having trouble with their careers: talking through the problems (counselling) rather than providing instant solutions. It reminds me forcibly, if

somewhat inappropriately perhaps, of managing chronic or incurable diseases in medical outpatients. Counselling is really about sorting out the mess and dealing with frustrations.³ No doubt government spokespersons mean that we should try and advise at the beginning of careers rather than when it is too late.

Counselling very often absolves the counsellor from any further action: it is enough to air the problems and leave the client to work out a solution. As physician to an alcohol unit, I am familiar with the concept of counselling but wonder how much of it can be taught; very often volunteers and other health professionals seem to have more understanding and empathy than doctors. Ronald Butt in a recent *Times*⁴ article, referred scornfully to a growth industry, in which so much of the world is either counselling or being counselled, 'if not both at once'. In our unit we have co-counselling which involves both at once, evaluating one another's skills, which we find helpful. 'Week by week', says Ronald Butt, newspapers 'are filled with advertisements for counsellors, advice workers, advisers and liaison officers'. Perhaps doctors should apply: they love giving advice about everything!

Even so we are not good at careers advice for a variety of reasons, personal as well as professional. The most difficult problem is to provide accurate data, and next to that to disseminate the information. Annual careers fairs are put on for students and newly qualified doctors by medical schools and the British Medical Association (BMA), but it is still not as easy as it should be, given the number of experts, for doctors in training to get advice. On inspection visits to hospitals, I make a practice of asking doctors if they realise that one of the functions of a postgraduate dean is to provide careers advice; the answer is almost invariably no. Young doctors do not always wish to ask their chiefs for advice and they should know where to go instead. Hospitals increasingly organise induction days for newly appointed junior staff; information as to when they can consult the clinical tutor and the address of the postgraduate dean's office could be given at that time. How many postgraduate centres have a notice telling the new graduate how and where to get advice?

And it is not just general advice about careers and prospects that is needed. As a registrar I remember being shown by my parents the application of a family friend for a consultant appointment. It seems, in retrospect, to have been a luxurious affair compared

with those normally sent off today, but many of the ones that I see would improve with editing and polishing. Advice can also be given about the part played by referees, the relative merits of jobs, visiting hospitals, and the vagaries of appointments commit-

tees. On occasions we have arranged mock interviews for senior registrars who feel that their performance at interview might be improved. Many of these aspects are discussed in *How to Do It*, a series of articles from the *British Medical Journal*.⁵

Alex Paton
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