Career Choices

“Why did I want to be a doctor?”

By Thomas Wong, Medical Registrar, Auckland DHB

Last week, one of my patients asked me, “Why did you want to be a doctor?”

I hadn’t been asked this question for a long time. Memories of the medical school interview from ten years ago came flooding back. I gave him the same answer as I did back at the interview table: “I wanted to help people.”

Now with the retrospect of a few years of work, I’ve realised that the only way to know whether you really want to be a doctor or not, is to be one. When it comes to our future career choices within medicine, the same rule applies.

I am currently slaving away in my second year as a medical registrar. Six years of medical school, followed by two years as a house officer in Hamilton and then two years as a registrar in Auckland have brought me to this point. Ten years happened fast. I’m currently working in adult General Medicine, the specialty of multiple failing organs (amongst other things). I find it hard to explain to people in simple terms what it is that we do exactly; at a basic level, we are the ambulance at the bottom of the medical cliff and we do everything that is not surgery.

Why would I want to be a medical registrar? Currently, medical registrars work an average of 60 out of the 168 hours in a week. In our spare time, we are obliged to study for around a year towards a high stakes written exam that occurs every February, followed by a clinical exam a few months later for those 75% who manage to pass the written one [1]. This year was infamous for an unknown technical fault during the written exam, which required all candidates to reschedule their lives to re-sit another exam two weeks later. This would have been extremely difficult for a candidate who was 38 weeks pregnant, and another who had to cancel their wedding. Our college president highlighted that trainee welfare is the utmost, greatest
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concern this year, with heart-breaking news from Australia of the deaths by suicide of three basic physician trainees in 2017 [2]. It is a harrowing reminder that we must address our own physical and mental health, and that of our colleagues. Fortunately, as a result of this year’s events, there will be a greater focus on trainee wellbeing and the plan is to offer the written examination twice per year, which will significantly decrease the pressure of exam preparation.

A more appropriate question now might be, “Why would I still want to be a medical registrar?”

The continually positive aspect is that I do help people, and it is this that provides the motivation to persevere with the job. With the satisfaction of curing life-threatening infections, easing suffering from the end stages of metastatic cancer, removing the excess fluid from heart failure and controlling that rapid atrial fibrillation – I believe that I have made the right career choice. I would have gone elsewhere by now if I were dissatisfied. As a prime example, Pathology remains an attractive option for those medical registrars who have had just one too many family meetings for their liking.

The other question that has come up frequently over the last ten years (from just about everyone) is, “Are you going to specialise?”

I like to inform people that these days, every trainee doctor must specialise and that includes specialising to become a General Practitioner. Maybe they should rename it “Consultant GP” or “GP Specialist” to avoid this confusion.

The preferred question is, “What are you going to specialise in?”

The reality of the answer is that it is not really under my control and there is no guarantee that career “planning” will go to plan. Just like getting into medical school in the first place, our future careers depend on the selection criteria of the training colleges and there are more applicants than positions for most specialties [3]. For me, it is reassuring to know that after exams I will be a medical consultant of some sort one day, at least. It is tougher for our surgical colleagues who need to pass their Part 1 exam first as a house officer or junior registrar, then undertake further years as a “non-training
While applying to get into surgical training schemes, there are stories of successful applicants getting into surgical training after their fifth year of applying.

In the end though, we do get a choice of what specialties we would like to apply for. After publishing research articles and presenting at conferences to gain some CV currency (easier said than done), maybe we will meet the selection criteria for the specialty of our choosing. The career path uncertainty diminishes once we are finally accepted into a training college and the exams are passed, only to realise that there may not be an appropriate consultant position at the other end. Some might choose to spend time overseas until a spot opens up; alternative options include joining another specialty or completing a PhD and becoming super qualified. Really, we are incredibly fortunate as doctors to have so many different career opportunities within medicine. As long as we are helping people along the way, I’m sure that we will end up with a rewarding career regardless of what we are chosen to do.

References

3. Medical Vocational Training Factsheets https://www.kiwihealthjobs.com/rmo/fact-sheets