

TAKING A BREAK? THE GROWING TREND OF FY3: WHY MORE JUNIOR DOCTORS ARE TAKING TIME OUT AFTER THE FOUNDATION PROGRAMME AND WHAT THEY ELECT TO DO?

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ABSTRACT

There is a growing trend of UK doctors taking time out of clinical training following completion of the Foundation Programme. At a time when NHS services are facing unparalleled demand, considering the reasons why early career clinicians are deciding to delay entry into specialist training is paramount. Here, we describe some of the push and pull factors contributing to the “FY3” year phenomenon as well as the avenues doctors explore. Within the NHS, clinical fellowships can offer more flexibility in terms of rota and location compared to specialty training posts whilst also providing clinical experience and the chance to develop highly sought-after skills in teaching, research, and leadership. Similarly, locum rotas can be negotiated and usually offer significantly enhanced pay. Outside of the NHS, healthcare systems in Australia, New Zealand, and Canada actively seek out UK doctors, incentivising them with better work–life balance, increased pay, and improved working conditions, leading many doctors who had intended to return to the NHS to stay abroad. Doctors are also becoming increasingly aware of their transferable skills and the value they can bring to non-clinical roles in the pharmaceutical industry, management consulting, and medical law. Although the FP was originally introduced to address issues surrounding career progression and poor training experiences, current push factors for taking an “FY3” including increasing competition for specialty training posts, an imbalance towards service provision versus training, and high workload suggest systemic issues within the UK health service are undermining this aim and ultimately leading doctors to take time out of training.

Keywords: FY3, alternative careers, training abroad, time-out-of-training, foundation programme

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INTRODUCTION

The Modernising Medical Careers (MMC) initiative introduced the UK Foundation Programme (FP) in 2005 to address issues, including “poor training and indifferent career prospects” experienced by junior doctors [House of Commons Health Committee (HOCHC, 2008)]. This two-year, rotational training programme was designed to bridge the gap between medical school and specialty training, ensuring doctors can provide safe and effective care for patients [UK Foundation Programme Office (UKFPO, 2023)]. Since its inception, there has been a noticeable and expanding trend of junior doctors opting for career breaks post Foundation training. This movement, while gaining momentum, has significantly transformed the traditional trajectory of medical career progression in the UK. From 71.6% in 2011 to 50.9% in 2016 and now only 34.9% in 2019, the UKFPO “career destination report” figures of junior doctors entering specialty training immediately after completing the FP suggest a very different mindset of junior doctors compared to that 20 years ago (Figure 1) (UKFPO, 2019). Undoubtedly, a pattern has emerged, not only spawning the unofficial term, “FY3” year, but also promoting new, thought-provoking discussions over the reasons for which doctors are not progressing into specialty training post FY2, in addition to raising questions over where they choose to go. The FY3 movement has also triggered a broader discourse over the FP’s design and efficacy, reinforcing concerns raised previously by the well-publicised “Tooke report” (Tooke, 2008). Nevertheless, with the FP still the sole medium for British qualified doctors to reach specialty training and with scores of doctors still opting for FY3s, gaining a deeper understanding of the motivation for FY3, its inherent

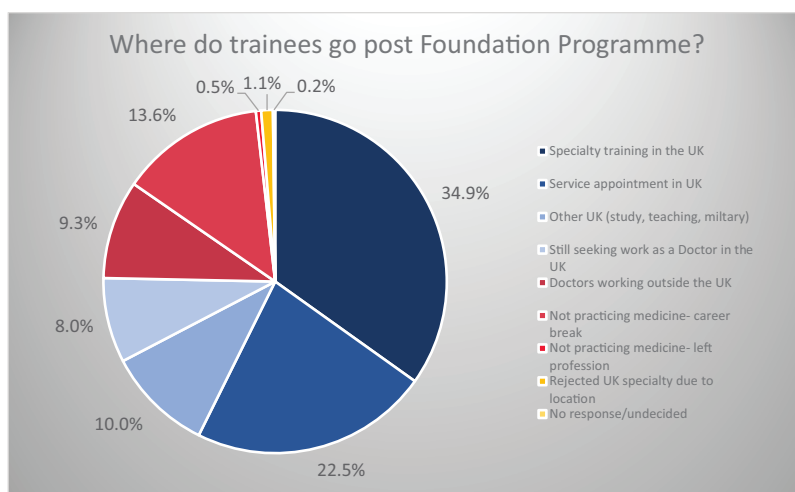


Figure 1. Where trainees go post Foundation Programme (adapted from the “2019 career destinations report” by the UKFPO, 2019)

value, and the myriad of options open to doctors considering this career hiatus is now of paramount importance and thus will be explored further herein.

WHY DO JUNIOR DOCTORS TAKE A BREAK?

PUSH FACTORS

UNCERTAINTY, INADEQUATE PREPARATION, AND ESCALATING COMPETITION

While the FP was originally introduced to address career uncertainty and stagnation, the current trend has seen an increasing number of doctors taking time out to contemplate their future career paths and alleviate apprehensions associated with committing to specialties inadequately experienced (not too unlike the pre-MMC era) (Watts, 2013). This predicament is likely exacerbated by the early timing of specialty training applications within the FY2 year, a point at which a Foundation Year 2 trainee would only have experienced three distinct specialties (Wakeling et al., 2011). Compounding this uncertainty is the escalating competition numbers for sought-after posts such as Internal Medical Training (IMT) or Core Surgical Training (CST), programmes which traditionally discriminate candidates based on additional qualifications, clinical experience, and leadership or managerial skills (GMC, 2018). Although achieving these points-based requirements may be manageable for some, for others, achieving sufficient points to be competitive in a limited time frame can be challenging, thus creating the natural impetus for an FY3 year which can maximise both point allocation and future recruitment success (HEE, 2022).

LOW MORALE AND BURNOUT

The strenuous demands of medical training and extended work hours, in conjunction with feelings of underappreciation and lack of support, have been identified as significant factors contributing to declining morale among junior doctors (Scanlan et al., 2018). More recently, escalating discontent regarding pay compensation has prompted campaigns from the British Medical Association for “pay restoration” with 3-day strikes orchestrated nationally in June of 2023. Lambert et al. (2018) noted that doctors no longer in the UK or medicine, surveyed 3 years after graduation, were far more likely to cite work–life balance, fair pay compensation, and poor working conditions in the NHS as reasons for their departure. In this context, it is understandable that many junior doctors opt to utilise their FY3 year as an opportunity to not only recuperate and enhance their health and wellbeing but also reassess their career trajectory.

PULL FACTORS

AUTONOMY, FLEXIBILITY, AND OVERSEAS EXPERIENCE

Data gathered from surveys and semi-structured interviews of post-foundation doctors reveal a prevailing desire for increased autonomy in managing their work hours, location, and specialties (Rizan et al., 2019), features notably absent in Foundation roles. Unsurprisingly, working in ad-hoc locum positions or clinical fellow roles can afford doctors far greater flexibility and control over careers in this regard. Alternatively, working in foreign countries such as Australia and New Zealand may also provide greater autonomy in selecting hospitals and specialties as well as a more desirable work–life balance with financial incentives, warmer climate, and greater opportunity for travel and exploration. Practicing in these settings, doctors may gain exposure to not only different healthcare systems and cultural practices but also valuable insights into global health.

TRAINING ABROAD

A recent comprehensive analysis of data from 155 UK graduates who left for further medical training in countries such as USA, Canada, and Australia highlighted considerable enhancement of job satisfaction in several different areas (Wilson et al., 2021). These encompassed income, appreciation and value, training focus (versus service provision), length of training, and a greater sense of mentorship and investment in their careers. Unlike the foreign countries they subsequently trained in, these doctors also reported feeling comparatively restricted in opportunities for growth or professional development whilst in the NHS. Remarkably, 94.8% of those interviewed expressed no regret about their decision to train overseas, despite only 52.9% having initially intended to return to NHS practice one day. These figures alone make a compelling case of junior doctors to contemplate overseas training paths following Foundation years.

WHAT OPTIONS EXIST FOR “FY3S” CHOOSING TO TAKE TIME OUT?

A plethora of options exist for junior doctors who choose to embark on an FY3 upon completion of foundation training. However, where doctors end up may depend on several different factors. These include the intended permanence of the move (with some doctors considering overseas training versus a single clinical year abroad), affordability (which could influence the geographical reach of their ventures), and curiosity towards exploring non-medical careers (Table 1).

Working as a doctor in a foreign country during the FY3 year presents an excellent option for those seeking overseas experience and exposure. It allows

doctors to experience different healthcare systems, cultural practices, and patient demographics whilst enhancing clinical skills and gaining invaluable overseas experience. The decision for where to go can be a challenging one, though options are mainly limited to North America, Australia, and New Zealand due to visa approvals and training recognition (White, 2023b). UKFPO data show a steady range between 9.3% and 13.2% of UK doctors working overseas in the years between 2011 and 2019, highlighting the popularity of this amongst UK Foundation doctors (UKFPO, 2019).

Table 1. Summary of pros/cons of different FY3 options

FY3 Option	Pros	Cons
<i>Work in Medicine abroad</i>		
- Australia/New Zealand	<ul style="list-style-type: none"> - Good work–life balance, climate, and lifestyle - Cultural diversity and exposure to unique diseases 	<ul style="list-style-type: none"> - Permanent residence may be required before training - May spend many years in RMO/JHO positions before progression
- USA	<ul style="list-style-type: none"> - Higher earning potential - Diverse patient population and exposure to different pathology 	<ul style="list-style-type: none"> - Lengthy/complex process for licensing and training applications (USMLEs, sub-internships, recommendations) - Demanding work hours
<i>Work in Medicine in UK</i>		
- Locum roles	<ul style="list-style-type: none"> - Flexibility in scheduling and location - Exposure to diverse clinical settings 	<ul style="list-style-type: none"> - Limited continuity of care - Variable income stability
- Junior Clinical Fellow roles	<ul style="list-style-type: none"> - Gaining specialised experience and mentorship - Opportunities for professional growth 	<ul style="list-style-type: none"> - Potentially higher workload and responsibilities
- Pursuit of further qualifications/ portfolio Development (Diplomas, MSc's, PhDs etc.)	<ul style="list-style-type: none"> - Future career opportunities in academia - Enhanced points on specialty applications 	<ul style="list-style-type: none"> - Time commitment - Break from clinical experience/de-skilling
<i>Other Career Options</i>		
- Pharmaceutical Industry	<ul style="list-style-type: none"> - Higher earning potential - Utilise medical knowledge in drug development/ research 	<ul style="list-style-type: none"> - Transition from clinical to corporate may take adjustment. - Minimal/ no patient contact
- Management Consulting	<ul style="list-style-type: none"> - Higher earning potential - Exposure to various public/ various industries - Uses transferable skills of data analysis and problem-solving 	

(Continued)

Table 1. (Continued)

FY3 Option	Pros	Cons
- Medical Law (Negligence, Defence etc.)	- Opportunity to advocate for patient rights, ensure ethical medical practice, and/or provide medical defence	- Additional legal education/training may be required (e.g., 1 year Graduate Diploma of Law – GDL)
- Travel and/ or Volunteer Work	- Personal growth, recovery time, and cultural exposure - Potential contribution to underserved areas	- Financial considerations - Break from medical practice/de-skilling

WORKING OR TRAINING CLINICALLY ABROAD

AUSTRALIA AND NEW ZEALAND

In Australia and New Zealand, FY3 time can be spent as Resident Medical Officers (RMOs)/House Officers in either single specialties or rotational assignments depending on preference (Messly, 2022), with UK qualification and training recognised by Australia and New Zealand’s “competent authority pathway”, ensuring a fluid approval process for provisional medical registration [Australian Medical Council (AMC, 2022)]. It is noteworthy that many doctors will often extend their time out, for instance, undertaking so-called F4, F5, or F6 years before returning to the UK for specialty training (UKFPO, 2019). This trend may be attributed to the enticing prospects of an excellent work–life balance, favourable climate, competitive income, and abundant travel opportunities offered by these countries (Kurwie, 2022). Those seeking specialty training may however encounter hurdles related to obtaining Permanent Residency (PR), often a prerequisite for application eligibility in overseas specialty recruitment.

USA

The United States represents an appealing option for junior doctors for a multitude of reasons. Among these are: the condensed duration of training for many specialties (for instance, Orthopaedic Surgery can be completed in 5 years post-medical school) and the heightened earning potential when compared to the UK. However, unlike Australia, New Zealand, and the UK, the United States is well known for its more demanding work culture [Royal College of Physicians (RCP, 2022)]. Notably, the American College of Graduate Medical Education (ACGME) sets the upper limit for resident doctors’ working hours at 80 hours per week, a stark contrast to the 48-hour cap enforced by the European Working Time Directive (EWTD) in the UK (Temple, 2014). Furthermore, obtaining licensure can be a long and complex process, requiring completion of all three of the United States Medical Licensing Exams (USMLE steps), rotations at American institutions, and letters of recommendation.

JUNIOR CLINICAL FELLOW AND LOCUM POSITIONS

Some junior doctors may opt to remain within the UK healthcare system, working as junior clinical fellows or locums. These roles present an opportunity to garner additional clinical experience and hone skills in education or research while preserving the continuity of their clinical training. Locum work typically provides significantly greater flexibility with scheduling and can be customised according to specialty preference (Lougheed, 2019). However, it may also involve inconsistent working patterns and potentially variable incomes. In contrast, a junior clinical fellow position could provide structured opportunities for gaining specialty experience, mentorship, and portfolio-building (White, 2023a). This role offers better prospects for gaining mentorship with specialists but may not offer flexibility regarding work hours and rota.

QUALIFICATIONS AND FURTHER EDUCATION

At present, several national recruitment applications including IMT and CST award points of higher qualifications such as Diplomas, Master's, and PhD qualifications in both specialty-related and teaching areas (RCP, 2022). It has therefore become increasingly common for doctors to pursue further education during their FY3 year. This option not only allows doctors to delve deeper into their areas of interest but also can help develop research skills and contribute to medical advancements and publications of academic work. Advanced qualifications such as MDs or PhD's can also open doors to academic clinical fellowships (ACFs) and research positions in the future.

NON-MEDICAL CAREER OPTIONS

For doctors seeking to extend their professional boundaries beyond traditional medicine and explore alternative careers, several professions value and recruit doctors for their transferable skills acquired through a career in medicine (Darves, 2019). Roles in Management Consulting, Medical Law, and the pharmaceutical industry, among others, afford junior doctors the chance to apply their medical knowledge and skills in diverse domains (Colquhoun, 2020). These careers offer a range of challenges, a competitive work environment, and avenues for career advancement outside traditional medical roles, along with the potential for a higher earning capacity.

PHARMACEUTICAL ROLES

Pharmaceutical Medicine is one of the fastest growing medical specialties and offers a route to consultancy through specialty training [Faculty of Pharmaceutical Medicine (FPM, 2023b)]. However, for those wanting to avoid GMC-regulated training roles, many companies will offer programmes to help introduce clinicians to the new corporate environment (Novo Nordisk, 2023).

The pharmaceutical industry presents a broad spectrum of roles for doctors, ranging from Clinical Research Physicians who are integral to drug development to positions in Medical Affairs, Drug Safety, and Drug Relations (FPM, 2023a). Doctors can bring a unique clinical perspective to the drug development process, aiding in the design and implementation of clinical trials, interpreting trial results, and ensuring the safety and efficacy of new drugs (Higson, 1996). In leadership roles, such as Medical Director or Chief Medical Officer, doctors use their extensive medical knowledge to influence strategic decisions, drive medical policies, and ensure the company's compliance with regulations (Indeed, 2023). These positions afford the opportunity to significantly impact patient care through innovative drug development and application.

MANAGEMENT CONSULTING

Management consulting offers a platform for doctors to leverage their analytical, problem-solving, and teamwork abilities to address complex business challenges in diverse sectors globally. The nature of the work often mirrors the diagnostic process in medicine, involving problem identification, data collection, analysis, and solution implementation (Bright Network, 2023). Doctors' understanding of healthcare systems and clinical experience can be particularly valuable when consulting for healthcare sector clients (PwC, 2023). Despite the transition to a corporate environment, the skills honed in medicine are highly transferrable and often sought after in this field. Indeed, this is often reflected in favourable starting positions and remuneration compared to other non-healthcare-related industries (Medic Footprints, 2023).

MEDICAL LAW

Careers in medical law can offer immense personal satisfaction, particularly for doctors who have experienced significant medico-legal cases or those driven to advocate in cases of clinical negligence or medical defence. Doctors can serve as medico-legal advisors, working with organisations such as the Medical Defence Union or Medical Protection Society or alternatively as solicitors or barristers specialising in healthcare law (Field, 2013). Their unique insight into the medical field can be invaluable in interpreting and applying law in clinical contexts. Such roles may however require additional training, such as a 1-year Graduate Diploma in Law (GDL), or a more comprehensive understanding of legal principles and practices through advanced courses (Dogan, 2023).

GLOBAL TRAVEL AND HYBRID FY3S

Global travel, either combined with employment opportunities (as discussed above) or for exploration, has seen a surge in popularity as a post-foundation

endeavour in recent years. This trend can be attributed to certain push factors, such as burnout and training fatigue, or pull factors, such as the desire for world travel and to seek a much-needed respite. The experience of overseas travel can be creatively blended with elements of volunteering, intermittent periods of locum work in the UK, or shorter-term overseas roles such as RMO positions in countries like Australia for durations of around 6 months or less (Hollis *et al.*, 2020). Such combinations can effectively offset the high costs associated with extensive travel and provide a unique blend of professional growth and personal rejuvenation.

CONCLUSION

Given the various incentives that appeal to doctors ranging from financial, training, and lifestyle, it is not surprising that many doctors are choosing to explore new roles and healthcare systems as an FY3. The reasons for taking an FY3 year can vary greatly; whilst some doctors might want increased earnings or a chance to recover from job-related stress, others may be interested in gaining experience overseas or exploring non-medical careers. Each of these options has its own set of benefits and challenges, so doctors need to think carefully about their personal goals, interests, and situations when making this important decision. Undoubtedly, the growing trend of doctors taking an FY3 year is a complex issue. It suggests that attitudes towards medical careers are constantly changing and that current Foundation training might not be providing enough experience, opportunities, guidance, or mentorship to junior doctors. Job satisfaction, burnout, and morale are also key areas that must be addressed. Ultimately, we must ask whether these trends highlight an urgent need for a broader reform of the current training structure, concerns that have also been raised before (Tooke, 2008). Addressing these issues might finally help slow down the trend of doctors moving away from the NHS and specialty training, thus ensuring a more stable future for UK healthcare whilst uplifting the morale of UK junior doctors in years to come.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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