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DEALING WITH CAREER UNCERTAINTY

Career uncertainty can occur at any time in an intensivist's journey and is often a very difficult time. It can relate to a lack of job security post fellowship, a need for a sea-change, or the impact of prolonged periods of leave, including parental leave, on career progression. For the trainee, difficulties passing hurdles such as examinations can make you reassess if this is the right career path.

In the COVID era, training has been interrupted, "high risk" clinicians are being redeployed, and entire units rest on tenterhooks while awaiting the tsunami of pandemic patients.

There are a number of factors which are beyond our control, such as job availability, which make the problem more distressing for people that are so used to controlling that MAP or heart rate so well! It is important, however, to realise that you are not alone and that many of your colleagues have faced similar dilemmas in the past – seek them out.

Regardless of your career stage, here we outline some scenarios that we face as clinicians, and what you can do about it to minimise stress and distress associated with them.

The Pre-contemplation Phase: prospective trainees

This is both an exciting and daunting time. The stress of "getting on," finding references, buffing your CV and coming to grips with the idea of exam study can be stressful. With the increasing competitiveness of securing training positions, prospective trainees may become frustrated at the uncertainty associated with not knowing where they will be working and training in both the short and long term.

In this early phase, it can be helpful to:

- Seek mentorship from a variety of sources – both fellows and senior trainees
- Remember that you are on your own journey, and that there are many ways to reach the same outcome (ICU fellowship)
- Take your time – while taking 20 years to complete your training might not be ideal for many, taking time out to pursue other passions may contribute to longer term career happiness

The Trainee Years

Often, but not always, coinciding with some other major life milestones – partnerships, marriages, home ownership (and the mortgages that come with them!), babies (both fur and human), are the training years. Some trainees enter the ICU training program with these responsibilities well and truly established, some have entered from other specialties. Regardless, these are some very busy times.

Uncertainty plagues the trainee years. Short term contracts make it difficult to plan, exams need to be completed before progressing through training, a rotation may require moving away from family and friends, then there's the stress of securing a fellowship or consultant position at the end of it all (and navigating exactly how one would go about doing that). There are the

usual issues associated with being a junior doc – lots of night shifts, haphazard rostering, just to name a few. Training is expensive, and with other financial commitments, this can be burdensome. This can be exacerbated in rural and regional centres, where the availability of both accredited ICUs and mandatory courses becomes scarce. However the experience in rural and regional centres can be rewarding in many other ways, and those that work in these centres often return as consultants in later years.

- Like the prospective trainees – seek advice from mentors. A variety of perspectives is important
- Contact trainees (and non-trainees) who have worked at prospective units. Ask about the roster structure, the culture and learning opportunities. Remember that you are an asset, just as much as your future workplace is. For example, after returning from a period of maternity leave I sought a flexible workplace with a minimum number of night shifts for senior registrars, and asked around town before finding the best unit for me (where I am now employed as a consultant!).
- Most units will be happy to keep you on for a number of years – so although it is helpful to spread your wings and gain experience in a number of units, staying in a unit can make you feel more a part of the team. You can also build your non-clinical portfolio by identifying quality improvement projects which you may be able to undertake.
- Shop around for courses – prices definitely vary!
- Start your formal project early. Ok it's not really directly related to wellbeing but it takes longer than you think it will and will definitely be a source of stress and distress if it drags out your training.
- Remember that your career doesn't define you as a person. You are still a wonderful parent/son/daughter, a friend, someone with many other skills/talents. These don't change if you pass/fail an exam. Even if you fail an exam today, you will still be a good doctor tomorrow.

The New Fellow

An exciting time, when years of hard work finally result in those five letters. However, many of us find ourselves thinking: what now? There are so many options, it's hard to know where to start. You could be lucky enough to crack on and start working as a consultant intensivist. You may also opt to:

- Start (or finish) a Phd or another higher degree
- Do a local or overseas fellowship
- Finish training in another speciality
- Pursue other (non-clinical) interests
- Join a locum company and work/travel whilst saving money

Specialist job availability is unpredictable, and may be geographically distant to where trainees have established their lives. Short term (6-12 month) locum contracts can be an attractive option in the meantime and are a common first step before being made permanent staff in a hospital. They can be used to gain further experience working at a specialist level and to see if a unit is a good fit for you.

Don't forget, it is just as important to find a department that is right for you. The culture, the roster structure, the on-call structure and the location are just some factors which need to be considered. If you find a unit that works for you, it's a good opportunity to take on a project or non-clinical portfolio and make yourself indispensable to the team.

The obvious disadvantage is the lack of job security, impact on maternity and long service leave (as many jurisdictions require continuous employment to be eligible), impact on securing

a home loan and career progression. In addition, non-clinical time may not necessarily be allocated.

Dual fellowship can be another attractive option. Reasons for pursuing this include having an alternative if circumstances change in the future, or if practicing in two specialties, might increase your chances of long-term, permanent employment. Gaining more experience in another specialty will always enhance your practice.

However, this is increasingly becoming more difficult and often means more exams and time in training. The inherent disadvantages of this increased training need to be considered. It is important to consider if you will work in specialty B at all. Is it worth the extra time and money spent on training and exams? Will it enhance my intensive care practice or make me more employable? Splitting time between specialties can make rostering and maintaining skills more difficult which needs to be taken into consideration.

The established intensivist

Though intensive care medicine is a rich and rewarding career, it is not unexpected to have periods of periodic re-evaluation, perhaps every 5-10 years. Some intensivists experience more abrupt “rebalancing”, perhaps becoming aware that there is too much activity in one area of life or another, or that priorities have changed. Because of the breadth of practice challenges and opportunities are also likely to arise, or forks in the road. A diversion into a subspecialty, governance, leadership, research, project work or committee representation are all common happenings. It is important to recognize that there are many ways to construct a career – sometimes temporary, or permanent breaks are required. What is important is the maintenance of a set of core practices that is able to support and sustain through difficult periods. Reassuringly, there is invariably someone who has walked a similar path before, and intensivists are commonly helpful and constructive in sharing their experiences. Even in later career, there will always be someone to ask for advice and support.

Summary

Intensive care can be a very rewarding career, however each person will have their own pathway that will most likely have challenges along the way. With increasing popularity and relatively less available positions, career uncertainty is more common than ever.

Remember to speak to your colleagues and mentors, you are not alone and there are many ways to navigate these challenges. And don't forget that there are many important sides to each of us that are not just being a doctor.