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Promoting research and reflective practice in career development

NICEC

NATIONAL INSTITUTE FOR CAREER EDUCATION AND COUNSELLING

NICEC STATEMENT

The Fellows of NICEC agreed the following statement in 2010.

'The National Institute for Career Education and Counselling (NICEC) was originally founded as a research institute in 1975. It now plays the role of a learned society for reflective practitioners in the broad field of career education, career guidance/counselling and career development. This includes individuals whose primary role relates to research, policy, consultancy, scholarship, service delivery or management. NICEC seeks to foster dialogue and innovation between these areas through events, networking, publications and projects.

NICEC is distinctive as a boundary-crossing network devoted to career education and counselling in education, in the workplace, and in the wider community. It seeks to integrate theory and practice in career development, stimulate intellectual diversity and encourage transdisciplinary dialogue. Through these activities, NICEC aims to develop research, inform policy and enhance service delivery.

Membership and fellowship are committed to serious thinking and innovation in career development work. Membership is open to all individuals and organisations connected with career education and counselling. Fellowship is an honour conferred by peer election and signals distinctive contribution to the field and commitment to the development of NICEC's work. Members and Fellows receive the NICEC journal and are invited to participate in all NICEC events.

NICEC does not operate as a professional association or commercial research institute, nor is it organisationally aligned with any specific institution. Although based in the UK, there is a strong international dimension to the work of NICEC and it seeks to support reflective practice in career education and counselling globally.'

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TITLE

The official title of the journal for citation purposes is *Journal of the National Institute for Career Education and Counselling* (Print *ISSN 2046-1348; online* ISSN 2059-4879). It is widely and informally referred to as 'the NICEC journal'. Its former title was *Career Research and Development: the NICEC Journal*, ISSN 1472-6564, published by CRAC, and the final edition under this title was issue 25. To avoid confusion we have retained the numbering of editions used under the previous title.

AIMS AND SCOPE

The NICEC journal publishes articles on the broad theme of career development in any context including:

- Career development in the workplace: private and public sector, small, medium and large organisations, private practitioners.
- Career development in education: schools, colleges, universities, adult education, public career services.
- Career development in the community: third age, voluntary, charity, social organisations, independent contexts, public career services.

It is designed to be read by individuals who are involved in career development-related work in a wide range of settings including information, advice, counselling, guidance, advocacy, coaching, mentoring, psychotherapy, education, teaching, training, scholarship, research, consultancy, human resources, management or policy. The journal has a national and international readership.

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Manuscripts are welcomed focusing on any form of scholarship that can be related to the NICEC Statement. This could include, but is not confined to, papers focused on policy, theory-building, professional ethics, values, reflexivity, innovative practice, management issues and/or empirical research. Articles for the journal should be accessible and stimulating to an interested and wide readership across all areas of career development work. Innovative, analytical and/or evaluative contributions from both experienced contributors and first-time writers are welcomed. Main articles should normally be 3,000 to 3,500 words in length and should be submitted to one of the co-editors by email. Articles longer than 3,500 words can also be accepted by agreement. Shorter papers, opinion pieces or letters are also welcomed for the occasional 'debate' section. Please contact the relevant issue co-editor(s) prior to submission to discuss the appropriateness of the proposed article and to receive a copy of the NICEC style guidelines. Final decisions on inclusion are made following full manuscript submission and a process of peer review.

SUBSCRIPTION AND MEMBERSHIP

The journal is published in partnership with the CDI twice a year and is available both in print and online (Print ISSN 2046-1348; Online ISSN 2059-4879). Institutional subscription (online only) costs: £120 (plus VAT where applicable). Annual print subscription costs £30 UK, £35 Europe outside UK or £40 outside Europe, including postage. Individual online subscription costs £25 (plus VAT where applicable).

Membership of NICEC is also available (£75 pa or £50 pa for full-time students). Members receive the journal, free attendance at NICEC events and other benefits.

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Overview of this issue

Welcome to the October 2018 issue of the NICEC journal. The articles below were contributed in response to an open call for papers. It is once again a pleasure to report that innovative, creative, and engaging scholarship is thriving in our field.

Peter Plant, Inger Marie Bakke and **Lyn Barham** get the ball rolling with a timely call for 'geronto guidance' for older people. They are particularly interested in the support that is available around retirement arguing it is currently something of a blind spot in terms of a genuinely lifelong guidance system.

The second article from **Lisa Law** continues the theme of age and change. It uses an action research strategy to evaluate the delivery of a workshop for older students at a UK university. The workshop demonstrates a creative and successful example of practice for this key client group.

Charles Jackson argues for the value of career surveys drawing from his work with trainee doctors and medical students. The surveys, it is suggested, highlight the importance of the human touch and talking directly with other people about career issues. The article finishes with a set of conclusions about the value of career surveys.

Steve Mowforth extends the use of survey to small-scale qualitative research with generation z students at a British university. He argues that contemporary scene has moved on from attitudes and beliefs associated with what he terms the industrial state.

Julia Yates reports on some contemporary techniques in career coaching. These include visual tools, role play tools, possible selves technique, passengers on the bus technique, pre-designed frameworks, and client-generated maps.

Debra Osborn and **V. Casey Dozier** argue for the value of cognitive information processing theory in relation to interventions. They provide two case studies to illustrate the approach.

Ingrid Bårdsdatter Bakke, Erik Haug and **Tristram Hooley** provide a timely update on guidance developments in Norway. They propose an innovative approach to combining face-to-face and online guidance based on career learning and instructional design.

Our final article by **Cathy Brown** and **Tracey Wond** is devoted to the topic of career capitals. Two contrasting conceptions of capital are critically assessed. Drawing from this, they propose some ideas for the development of career capital using a case study.

This issue concludes with a book review of *Graduate Employability in Context: Theory, Research and Debate* edited by Ciaran Burke and Fiona Christie.

Phil McCash, Editor

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The role of career surveys: Identifying issues and evaluating practice

Charles Jackson

Drawing on the results of two surveys of early career doctors conducted 12 years apart, this paper discusses how such surveys can identify career concerns and provide evidence of the effectiveness of career interventions. The first survey identified the need for more and better career advice in medical training. Since then, there have been considerable changes to the structure of medical training and a number of initiatives to improve the career support given to these doctors. It is argued that career surveys are an important way of monitoring and evaluating change over time but also have the potential to make a valuable contribution to informing and evaluating career interventions in a range of settings.

What is a career survey?

Many organisations run employee attitude surveys every one or two years. Typically these surveys will include one or two questions or attitude statements that ask employees about their experience of career and development issues. However the main purpose of these surveys is to gather a broad overview of employees' views on a wide range of issues ranging from pay and reward to equal opportunities, from levels of stress to the behaviour of line managers. When run regularly, such surveys can be used to benchmark employees' attitudes on many aspects of their experience in the organisation and compare results over time or with other organisations. Such surveys can sometimes provide useful insights on career issues but their general focus means that they rarely explore these issues in any great depth.

By contrast, a career survey sets out to explore in much finer detail individuals' experiences of career and development issues. It may ask about experiences of, and attitudes towards, specific career and development interventions. It can be used to identify key sources of career information and support and how useful they are. It might also ask respondents to identify particular career issues that are important to them or the career challenges they face.

The main difference between a career survey and an employee attitude survey is one of focus. While an employee attitude survey usually has a broad focus on the employee experience in an organisation, a career survey focuses almost exclusively on aspects of the individual's career and the career support they have received. Unlike most employee attitude surveys which are usually run within a single organisation, a career survey may also be run across organisations and may focus on a particular professional or occupational group rather than the whole workforce. While an employee attitude survey may provide some feedback to those responsible for career and development issues in a particular setting, the main purposes of a career survey are likely to be to get an understanding of career issues and to provide feedback on the usefulness of existing career interventions.

In the remainder of this article, data from two career surveys are used to provide insight into how such surveys can inform the provision of career support. First of all some contextual information on the research and the development of medical career advice and guidance is outlined briefly to set the context.

Medical career advice and guidance

The lack of career support in the UK for trainee doctors and medical students had been well documented since the late 1980s (Allen, 1988a,

1988b, 1989, 1994). In 2000, a team from the National Institute for Career Education and Counselling (NICEC) was commissioned by the Department of Health to conduct research on the career advice and guidance needs of trainee doctors. The research set out to develop an understanding of the career support needs of doctors in training from their own perspective. This was achieved through conducting a national survey of final year medical students and doctors in training. Providers of career guidance and policy-makers in the field of medical education were also interviewed in order to generate contextual information that could be used to frame the survey findings and to understand the issues affecting the development of better career support (Jackson, Ball, Hirsh & Kidd, 2003). In 2014 a similar survey was conducted online and this allowed for the impact of changes in the level of career support available to trainee doctors to be assessed.

Over the last 15 years considerable changes have taken place in how doctors are trained. The introduction of the two year foundation programme in 2005 following the publication of Modernising Medical Careers (Department of Health, 2004) was part of a restructuring of the career paths for doctors, intended both to shorten the duration of training and to introduce the option of 'run-through' training where progression from one stage to the next is automatic provided that the required level of competence is achieved.

The provision of career support has also increased markedly in this time. All Local Education and Training Boards (LETBs) in England now have a designated contact for the provision of career support and at the same time much more information about medical careers is available from websites. While the 2001 survey asked about 19 possible sources of career support, 32 potential sources were identified in 2014. It is the length and complexity of medical training that makes the provision of effective career support so critical.

This paper uses data from both surveys to assess the impact of changes in the level of career support provided to medical students and doctors in training. In particular, it looks at satisfaction with the quality of career advice and guidance available, levels of career decidedness and satisfaction with the choice process, and use and helpfulness of different forms of career support.

The surveys

The 2001 survey was a national survey with questionnaires sent to final year medical students, House Officers (PRHOs), and three samples of doctors in training stratified by year of first registration. Both UK and doctors from overseas working in England were included in the sample which was taken from British Medical Association (BMA) membership records. The survey was conducted as an anonymous postal survey with two reminders. It achieved a 42% response rate with 1,740 completed questionnaires returned.

The 2014 survey was conducted as an anonymous online survey. Doctors were contacted to participate in the survey via a number of different routes. Most were contacted via their LETBs but weblinks to the survey were also circulated by BMJ Careers, the BMA Junior Doctors Committee and the Royal College of Physicians.

Only the 901 respondents replying to the 2014 survey who were studying or training in the UK were included in the analysis. 57% (511) were doctors in the foundation programme, 26% (234) were in the first two years of core/specialty training, 11% (102) were in year 3 or above of core/specialty training, and 6% (54) were medical students. Replies were received from Foundation Doctors working in 16 of the 22 English Foundation Schools as well as Wales and Scotland and from doctors working in 11 out of 13 LETBs in England along with doctors working in Wales and Scotland.

Both surveys were designed to measure satisfaction with existing arrangements for providing career support, respondents' personal experience of career advice and guidance, their use of formal and informal guidance sources, their information needs, and to assess their views about career guidance needs and priorities. Factors which affect how career decisions are made were also measured in both surveys. In 2001 three different versions of the questionnaire were prepared tailored to the situation of the three different

groups of respondent – final year medical students, PRHOs, and post-registration doctors in training. For example, the version for final year medical students did not include questions on current employment.

As far as possible questions in the 2014 questionnaire were identical to those used in 2001 but the 2014 one was shorter with a small number of less relevant questions omitted. For example, no information was collected about exams passed during training. Respondents were routed to appropriate sections of the online questionnaire depending on their career stage but all respondents were asked to complete the core questions about their experience of receiving career support.

Satisfaction with training and career support

Overall 74% of respondents to the 2014 survey were satisfied with the quality of the training they had received. This compares with 56% of respondents in 2001. While it is difficult to compare year groups because of the changes to the structure of training, 79% of those in Foundation Year 1 and 64% in their first year of core/specialty training were satisfied in the 2014 survey compared to 60% of PRHOs and 51% of SHOs at roughly equivalent stages in 2001.

In 2001 only 14% of respondents were satisfied with the quality of the career advice and guidance they had received, while over half (55%) were dissatisfied. In contrast, 40% of respondents in 2014 were satisfied and just under a quarter (24%) dissatisfied.

These findings suggest that overall the changes to training and the investment in career support have had a broadly positive impact.

Career issues in medical training

In deciding how best to provide career support to medical students and doctors in training, it is important to understand the issues with which these students and doctors currently want help. The 2014 survey asked respondents which of 20 career issues they would like help with currently and the top six are shown in Table 1.

Table 1: Top 6 Career Issues where respondents want help currently

Top 6 Career Issues	Mentioned by
In-depth information on my preferred career options	46%
Increasing my chances of success in my chosen career	45%
A better understanding of medical opportunities overseas	44%
Greater awareness of flexible training options	44%
Anticipating the future financial and lifestyle implications of my career choice	44%
Evaluating my chances of success in my chosen career	41%

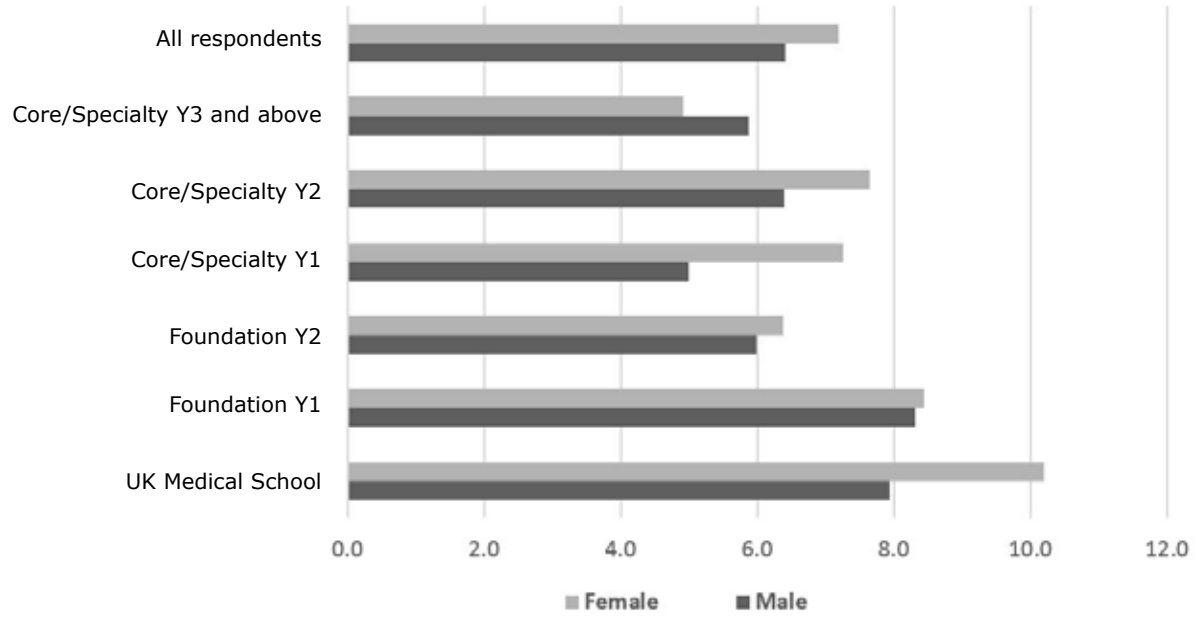
Source: Medical Career Advice and Guidance Survey 2014

Greater awareness of flexible training options (the option to train on a less than full-time basis) was mentioned by over half (53%) of female respondents with the proportion varying from 64% of the relatively small number of female medical students to 55% of foundation doctors and 48% of those in core/specialty training. This compared to just 29% of male respondents mentioning it. Women respondents were also more likely to mention returning to medicine after a break as an issue they would like help with currently (20% compared to 10% of men).

Overall, women mentioned more issues on average than men at nearly all career stages (Female = 7.2, Male = 6.4; $t = 2.15$ $p < .05$), although the differences between male and female doctors in both Foundation years were very slight. The other exception was among those in year 3 and above of core/specialty training where female doctors mentioned fewer issues on average than male ones (see Figure 1).

The number of career issues that respondents wanted help with currently tended to decrease as they progressed through training with students in medical school having the most needs and those in year 3 and above of core/specialty training the least. However, both male and female doctors in Year 2 of core/specialty training mentioned more issues than those in the first year and women doctors in the first year of core/specialty training seemed to have more issues currently than women in the second year of Foundation training.

Figure 1: Average number of current career issues by career stage



Source: Medical Career Advice and Guidance Survey 2014

The 2001 survey only asked about nine issues and the wording of the question and answer options were slightly different. However, it found broadly similar trends with the number of requirements decreasing across year groups but with female respondents tending to have more requirements than male ones.

Slightly more female respondents (60%) in 2001 wanted advice on flexible work/training opportunities. This may have been a reflection on the fact that 79% of female final year medical students mentioned it. Nevertheless, the results from both surveys showed the importance of flexible training to women in the profession.

The changing medical workforce and implications for training and careers

One of the biggest changes to the medical workforce over the last 20 to 30 years has been the increase in the number of women doctors. In 2015 women made up 55% of medical students and 57% of doctors in training (General Medical Council, 2016). However, women are more likely to become General Practitioners (GPs) than Hospital Consultants. 60% of GPs under 50 are women compared to 39% of Specialists. While the proportion of women entering medical training appears to have stabilised recently, women will almost certainly make up the majority of the UK medical workforce in a few years' time.

Fewer respondents to the 2014 survey had been put off training in certain specialties because of lack of flexible training opportunities. In 2001 42% of female respondents and 15% of male ones had been put off compared to 33% of female and 12% of male respondents in 2014. More female respondents in 2014 (41%) than in 2001 (33%) expected to undertake some of their training on a part-time basis. While these figures do suggest opportunities to train on a part-time/flexible basis may have become more widely available, they need to be interpreted with some caution because of possible sampling differences between the surveys. Nevertheless it still appears that, in a number of specialties, the career and specialty choices of substantial numbers of (mainly female) doctors are constrained during training by the perceived difficulty of undertaking some elements of training on a less than full-time basis.

Sources of career support

Both surveys collected information about respondents' use of different sources of career support as well as

whether they had attended specific types of career event. Respondents were also asked how useful they had found the sources they had used and the events they had attended.

The results from both surveys highlight the importance of conversations with other doctors as the most frequently used sources of career advice. In 2014 these were:

1. Senior Doctors (e.g. Consultants, GPs) mentioned by 91%
2. More experienced peers (e.g. in the next grade) mentioned by 85%
3. Peer group (e.g. others in the same grade) mentioned by 71%
4. Educational Supervisors mentioned by 70%

The three most used websites were: Specialty Training websites (54% visited), BMJ Careers website (47%) and NHS Medical Careers (43%), while just under half (47%) of respondents in 2014 had attended Medical School Careers Fairs, events, talks or lectures.

It is encouraging that the sources most widely used are also rated as among the most useful. In particular, 93% rated more experienced peers, 87% rated senior doctors and 76% rated their peer group as useful or very useful. These findings were almost identical with those from the earlier survey in 2001.

Some sources that were not so widely used were among those rated most useful (see Table 2). The reasons why some sources are not so widely used as others will vary. Not everyone will have family and friends who are doctors. Using Specialty Training and Recruitment websites is more common at certain stages in training (Foundation Year 2 and Year 1 of Core/Specialty training). However, there may be scope to encourage wider use of some less used sources that are found to be particularly useful.

In general, most sources were found to be useful to some respondents and only two were rated as useful by less than 40% of those who had used them. Even for the source fewest respondents rated useful, Sci 59 – the specialty choice inventory (19% rated useful but used by only 24%), the low score may be more about how and when it is used and the relatively small number of respondents that had used this source also means that this finding must be interpreted cautiously.

Career knowledge and preferences for how career support is delivered

Respondents to both surveys were asked to rate a series of attitude statements about how they find out about medical careers and how they thought career support should be delivered (see Figure 2)

Views on some statements had barely changed from 2001. It is concerning that 67% still felt that there were many areas of medicine that they knew too little about. However, there had been some positive changes with nearly half (47%) now agreeing that the information they had received about medical careers had been accurate and more that the advice they had received about medical careers had been timely and relevant (37% in 2014 compared to 19% in 2001).

These findings provide further evidence that the perceived quality and usefulness of the career support provided to doctors in training has improved since 2001 but also indicate that challenges still remain. In particular, more (47%) felt that they had been forced to make difficult decisions about the area to specialise in too early in their career and this may be partly a consequence of changes to the training system. Data from the latest Career Destination Report 2017 (UK Foundation Programme, 2018) shows that the percentage of Foundation Year 2 (FY2) Doctors going direct into specialty training has declined from 71.3%

Table 2: Use and usefulness of selected sources of career support

Source of career support	Useful	Used/ visited by
Websites		
Specialty Training websites	84%	54%
Specialty Recruitment websites	79%	40%
BMJ Careers website	73%	47%
Other sources		
Family and friends who are doctors	83%	42%
Professional bodies (e.g. BMA, Royal Colleges)	77%	23%
Careers fairs and events	75%	28%
Self-help careers materials (e.g. books, internet)	73%	46%

Source: Medical Career Advice and Guidance Survey 2014

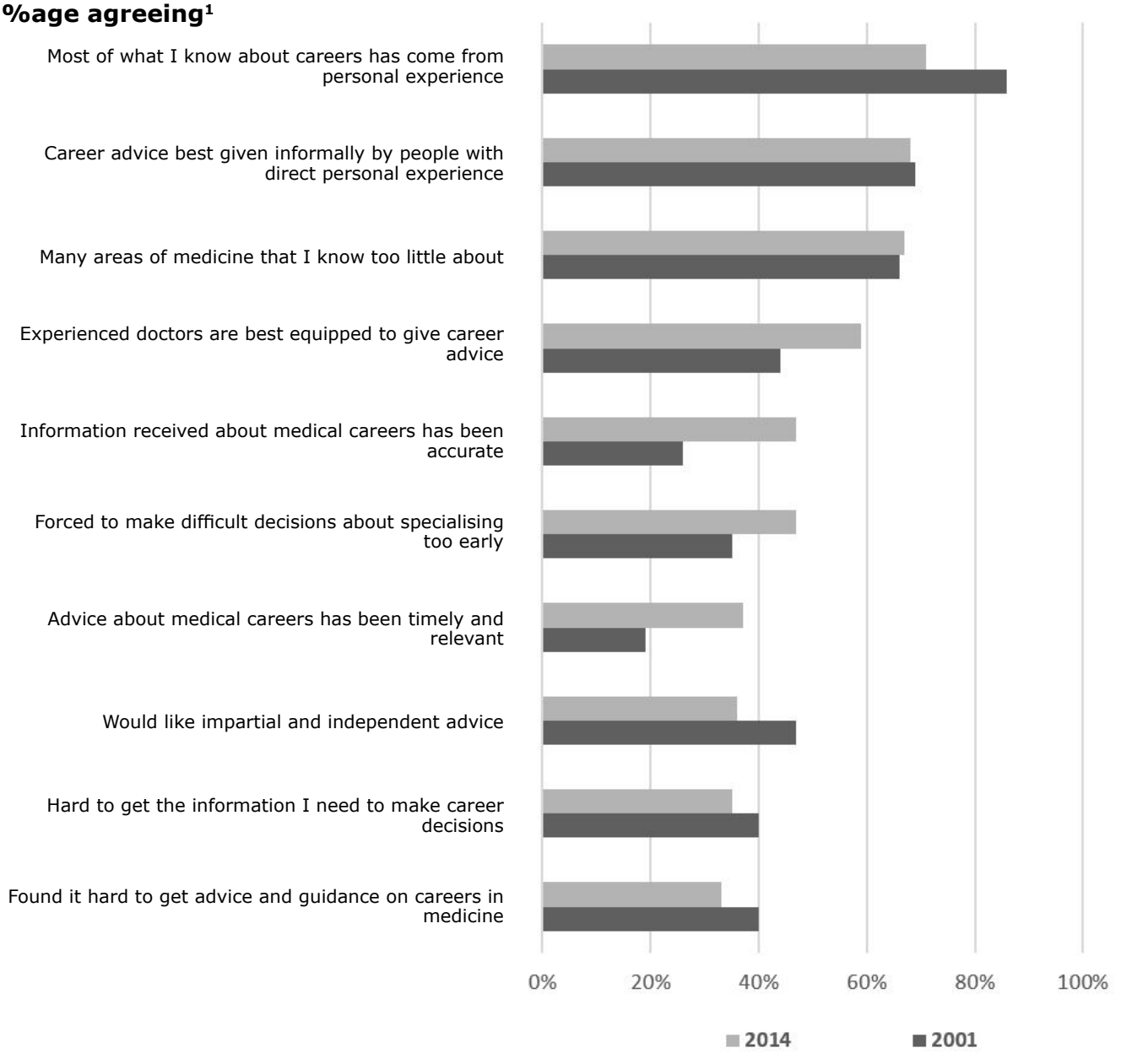
in 2011 to 42.6% in 2017 and gives some support to the view that many doctors may not be ready to commit to a specialty at this stage. Some may feel that this is a good time to take a break, travel or work overseas but evidence from the GMC (2017) suggests most do return to specialty training within 3 years.

The view that career advice is best given informally by people with direct and relevant personal experience also confirms the earlier finding about the career conversations that respondents found most useful.

Key survey findings

The results from these two surveys indicate that medical students and doctors in training were considerably more satisfied with their training and the career support they received in 2014 than they were in 2001. It is important to realise that training and career support are intimately linked as much of the career support is aimed at helping these doctors navigate their training and specialty choices. While it would be wrong to claim that better career support

Figure 2: Career knowledge and preferences for how career support is delivered: %age agreeing[1]



Source: Medical Career Advice and Guidance Surveys 2001 and 2014

1 Note that the wording of the attitude statements used in the surveys has been abbreviated in this figure.

alone has led to greater satisfaction with training, nevertheless it seems reasonable to conclude that it is very likely to have been one factor in this change.

Who respondents would like to talk to about career issues has not changed with a strong feeling that experienced doctors are the best equipped to give career advice through informal conversations. Other research (Kidd, Hirsh & Jackson, 2004) has also found that many of the most useful career conversations in other settings are often not with career specialists. Perhaps, most significantly, in the age of the internet and with so much information provided online, the surveys highlight the importance of the 'human touch' through talking directly with other people about career issues, especially those working in medicine.

The value of career surveys

While the findings from the second survey in 2014 provide evidence of how the quality of career support provided to doctors in training has improved since the first survey in 2001, there are also other more general lessons from this research.

1. Career surveys often need to be conducted in a particular occupational setting because the circumstances – length and complexity of training for example – vary so much between occupations. Medical training might be an extreme example both because of the number of specialties (65 different specialties in the UK and a further 32 sub-specialties) and the length of training (10 to 15 years minimum depending on career path chosen). There are choices to be made at numerous stages throughout the training process and career support needs to be tailored accordingly.

2. It is the quality of conversations with colleagues (senior doctors, more experienced peers and one's own peer group) that are not only the most common way that career support is provided but also are perceived to be the most useful. This importance of the 'human touch' should not be forgotten when there is a trend to provide career support online and via websites. The surveys suggest that websites and other online sources of career information are seen as useful but it may well be the conversations with colleagues that are important in helping people to evaluate and use this information.

3. The role of career professionals is as much about overseeing the delivery of career support as providing it on a one-to-one basis. Career professionals working in LETBs, Deaneries and Medical Schools have had a major role in developing many of the new and improved career resources, such as websites and self-help career materials. The importance of this role as developer of resources should not be underestimated. Another significant role for career professionals is as the trainers, co-ordinators and supporters of those non-specialists who give so much career support on an informal basis. Signposting different sources of career support is also an important activity so that people know where to get help at different points in their careers.

4. Career surveys have an important role in the evaluation of career interventions. Some surveys may focus on particular innovative interventions but others such as these ones focus on the whole delivery system. This can provide useful feedback by not only identifying the most commonly used sources of support but also on their usefulness.

5. Career surveys help in identifying the issues with which people want career support. This is important for the development of more appropriate interventions and identifying gaps in provision as well as shaping future policy and overall strategy for career support in a particular professional or occupational setting.

6. Career surveys, especially now that they can be conducted online, are a very cost-effective way of gathering feedback from a large number of respondents and therefore of providing persuasive quantitative evidence to policy makers. They can be used to track cohorts over time or, as here, to look at how experiences change over time for different groups.

References

Allen, I. (1988a). *Doctors and their Careers.* London: Policy Studies Institute.

Allen, I. (1988b). *Any Room at the Top? A study of doctors and their careers*. London: Policy Studies Institute.

Allen, I. (Ed) (1989). *Discussing Doctors' Careers*. London: Policy Studies Institute.

Allen, I. (1994). *Doctors and their Careers: A New Generation*. London: Policy Studies Institute.

Allen, I. (1996). Career preferences of doctors. *British Medical Journal*, *313*, 2.

Department of Health. (2004). *Modernising Medical Careers:The next steps*. London: Department of Health.

General Medical Council. (2016). *The state of medical education and practice in the UK 2016*. London: General Medical Council.

General Medical Council. (2017). Training pathways: analysis of the transition from the foundation programme to the next stage of training. Working paper 1. Manchester: General Medical Council.

Jackson, C., Ball, J., Hirsh, W. & Kidd, J.M. (2003). *Informing Choices:The Need for Career Advice in Medical Training. A Report to the Department of Health.* Cambridge: National Institute for Careers Education and Counselling.

Kidd, J.M., Hirsh, W. & Jackson, C. (2004). Straight Talking: The Nature of Effective Career Discussion at Work. *Journal of Career Development*, *30*, 231-245.

UK Foundation Programme. (2018). *Career Destinations Report 2017*. Birmingham: UK Foundation Programme Office.

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