



letters

We welcome your rapid responses, whether in direct response to an article in Career Focus or as a way of sharing your own ideas. As long as it isn't libellous or offensive, we'll post it on our website. We print a selection of rapid responses here and the writer of the best each month wins an *Oxford Handbook* of their choice. Letter of the month prize is donated by OUP.

LETTER OF THE MONTH

Medical volunteering

We welcome this week's editorial focus on global health careers. Cath Janes and Julian Eaton's article was engagingly written, tackling key issues, highlighting the current debate surrounding the ability of UK health professionals to gain experience in the developing world.



Thanks to the proliferation of intercalated international health degrees and the activities of organisations such as Medsin, Medact, and NHS Links, more young doctors are hoping to gain postgraduate training and experience abroad. When properly regulated and supervised, UK health professionals working overseas acquire unique and valuable skills and experience.¹ Not only does this contribute to the Department for International Development's commitment to meeting the UN Millennium Development Goals, but the Department of Health acknowledges that NHS patients benefit directly from the skills and knowledge these doctors bring home.² The constructive conclusions of Lord Crisp's recent report into the issue reinforce this view.³

Despite these advances these are uncertain times for doctors wishing to work overseas. The inflexibility of the hastily implemented Modernising Medical Careers framework has resulted in a sense, exemplified in this article, that working overseas could be detrimental to a trainee's career. The valued contribution of UK doctors to global health through overseas work is threatened by this climate of fear and uncertainty. Many of today's leaders in medicine and surgery followed "unorthodox" career paths, which included extended periods working in developing countries.

Sir John Tooke's recommendation that doctors should be able to take a year out of specialty training to pursue their interests is a step in the right direction but lacks detail.⁴ This is a critical time for those who wish to see international experience receive the same level of recognition in postgraduate training that it already has at both grass roots and government level. The NHS Scotland/Voluntary Service Overseas collaboration seems to be one mechanism where this can be achieved. This and other schemes, could provide precedents for widespread implementation throughout the UK.

The will exists to integrate experience abroad into UK training programmes. The question is no longer if, but how. To this end, Alma Mata Global Health Network is hosting a careers fair and round table discussion as part of our 2007 international health conference.⁵ This will allow experts to discuss ways to move the agenda forward.

Competing interests: All authors are members of the Alma Mata Working Group.

1 Baguley D, Nicholson B. Building capacity – finding global health directions. *BMJ Careers* 2005;331:243-4.

2 Department of Health. *International humanitarian and health work—toolkit to support good practice*. London: Stationery Office, 2003.

3 Crisp N. *Global health partnerships: the UK contribution to health in developing countries*. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374.

4 Tooke J. *Aspiring to excellence: Independent inquiry into Modernising Medical Careers—report with draft recommendations for consultation*. 2007. www.mmcinquiry.org.uk/.

5 Alma Mata Global Health Network. www.almamata.net/conference

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US SURGICAL ELECTIVES:

Surgeon's journey

I was saddened by Gentle Wong's article.¹ The author's initial excitement of a shortened postgraduate training was crushed by thoughts of longer hours. She seemed to attempt to use the divorce rate as a surrogate marker for the quality or suitability of a postgraduate educational programme. However, the rates stated appear close to and even below the societal norm. I did not see any marital problems with any of my fellow residents during five years of surgical residency at Johns Hopkins (before the 80 hours rule) despite the majority being married with families.

I do not think my well paid upper middle class profession makes any greater "sacrifices" than other less fortunate individuals. I advise the current cohort of medical students not to focus too single mindedly on the destination and to enjoy the journey of postgraduate education. Like most things in life the journey is often more important than the ultimate destination.

1 Wong G. My surgical elective in the US. *BMJ Careers* 2007;335:175. (10 November.)

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Unparalleled training

Gentle Wong may not appreciate the value of working longer hours in experiential specialties such as surgery, where reading, lectures, wetlabs, and other learning opportunities can supplement but not replace clinical experience.¹ The "unparalleled" training available in the US is partly a function of the intensive clinical, operative, and teaching experience available to US trainees who are not handcuffed to the European 48 hour working week limit.

For this reason, bodies responsible for surgical training in the UK and the US have tried, and in the case of the US, succeeded in obtaining exemptions to working hours limits, while recognising the importance of appropriate rest periods. For this reason surgical trainees, including me, are prepared to put up with poorer pay, additional time, and expense of US licensing examinations and time consuming immigration and licensing requirements to benefit from a substantial period of the superb surgical training offered by the US system.

1 Chikwe J, de Souza AC, Pepper J. No time to train the surgeons. *BMJ* 2004;328:418-9.

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DOCTORS' SUPPORTLINE

Cartoon Christmas cards to raise awareness of the charity Doctors' SupportLine are now on sale. Since its inception in 2005, this small charity has struggled to spread the word to the medical fraternity that colleagues are offering an independent, confidential listening ear for times when it all gets too much or something goes wrong and doctors feel isolated and anxious and don't know where to turn.

You can support the Doctors' SupportLine by buying the Christmas cards, which are available online at www.doctorsupport.org/cards or from the Doctors' SupportLine office, Fulham Studios, 17-21 Wyfold Road, London SW6 6SE.

Cost is £5.50 per packet of 10 (two designs) including P&P.