Scenes from Postgraduate Life

Foreign exchange

The late Norman Tanner, distinguished surgeon, who worked at St James's Hospital, Balham, used to accept invitations to teach abroad because, he said, it gave him a chance to train postgraduates in their own country under conditions in which they would have to work.

Rather surprisingly thousands of doctors still come to this country from all parts of the world to study the techniques and traditions of British medicine. An Asian friend told me that two types of graduate used to travel abroad from his country: the brightest came to obtain a higher qualification and to return; the dullest because they couldn't get jobs in their own country but could stay indefinitely elsewhere. This is obviously overstating the case, but he was upset by the bad reputation caused by the latter which rubbed off on the genuine ones. New UK immigration laws may cut down the number of applicants, and many countries are developing their own specialist examinations (for which only the best are chosen); it would be a disaster for everyone if opportunities for those in training to travel abroad were curtailed.

The number of junior staff from overseas in hospital posts may have fallen from approximately 7600 in 1981, which represents 50% of registrars and 46% of SHOs, but the demand is still considerable. The competition is now such – 286 for four SHO jobs in one provincial rotation, for example – that foreign graduates have to take the less good or rely on a series of locums. If a sponsorship scheme could be agreed (Innes Williams, 1985) and the exact number of training posts needed for our own graduates (a considerable reduction on the present number), there would be plenty of suitably approved, high-grade posts for overseas doctors (and we should be only too pleased to have them here). Fortunately the greatest demand is for the popular specialties like medicine, surgery, and obstetrics and gynaecology, as these are the ones where we must urgently get the numbers right.

We should be quite clear that the sort of training we are providing is specialist education for the top few who will return to lead medical practice in their own countries. This may sound arrogant and elitist, but it is important not to confuse the issue by arguing that there is no place here for teaching Western medicine to doctors from countries with very different health problems. Of course, satisfying aspirations is of little help if it leads to disillusion, too frequent staying on in the West, or to specialization among the rich urban minority. The right attitude it seems to me is exem-

plified by a registrar trained as a nephrologist in the UK, who resisted pressure to set up a renal dialysis unit on return to the capital city of his country, until efforts had been made to improve sanitation and nutrition and to treat, often quite simply, the many common diseases that caused renal failure.

Developing countries are beginning to realise that the majority of their doctors need to be trained at home, as Tanner appreciated, to meet local needs. Attempts to direct doctors trained in Western-style medicine to the poorer rural areas have not been successful; like other professionals they regard the isolation and lack of facilities as frustrating burdens rather than challenges. Teachers I met doing a two-year stint in Himalayan villages had only one thought – to get back to the cities. In Nepal the best rural health workers are chosen for a four-year medical school course in Kathmandu designed to meet the country's needs (Dickinson, 1984). The students are mature and experienced, able to appreciate the local problems, and are expected to return to their districts to practise. We in Britain have experience both of medicine in developing countries and of postgraduate education; with financial help our schools of tropical medicine could produce teaching packages suitable for export to this new type of medical school.

A striking feature of the curriculum vitae of today's doctors is that most contain a reference to an elective period in a developing country. When questioned about the experience, the response is almost invariably enthusiastic. If there is any later reference to work abroad it is either to the USA for postgraduate training or to the Middle East to make money. Gone are the days when British graduates travelled overseas in large numbers to practise either for short sabbaticals or sometimes for life. Professor Michael Hutt who used to be at Makerere said recently that whereas there were 50 British doctors in the medical school in his time, there were now fewer than that number in all the medical schools of sub-Saharan Africa. The causes of this decline are, of course, many; they include political factors, the loss of British influence, and the fall off in missionary activity. But there is also the deterrent effect of a year or two away from the fiercely competitive and increasingly rigid training schemes in medicine; in spite of protestations to the contrary, a spell abroad is still regarded with considerable suspicion. Yet it is probably the registrar, rather than the retired professor or consultant, who can do most to help in developing countries, as well as gaining the

most benefit. I was told by the dean of the medical school in Nepal and by several of his colleagues that their most urgent need was for anaesthetists. As a relatively poor country with few doctors they could not afford to send them to Britain for postgraduate training (the present cost of which is, incidentally, £8800 a year). In any case they did not need sophisticated anaesthetists. Would it not be possible for British registrars to spend six or twelve months in Nepal, or even to arrange an exchange scheme* with

their own doctors? On returning to England I found that the anaesthetists had in fact just such a scheme but in spite of wide publicity the response had not been great. I hope that other specialties have similar arrangements, and that Higher Training Committees might pay more than lip service to experience gained abroad. Could they perhaps be more positive in recommending that work overseas would count towards their training requirements?

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*Details from Dr M.B. Dobson, Consultant Anaesthetist, John Radcliffe Hospital, Oxford OX3 9DU, UK.