General practitioners and work in the third world

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SUMMARY. In recent years the number of general practitioners who have worked in the third world before entering general practice has fallen. The reasons for this are not clear but may include worries about future career prospects. Ninety four doctors who had entered general practice since 1984, after previously working in the third world, completed a questionnaire about their career experience and views about the value of such work. They were generally widely experienced and well-qualified and work abroad had not apparently harmed their careers, rather, many believed it had enhanced it. Work in the usually arduous conditions of poor countries was often considered by the respondents to lead to a wider perspective, increased maturity, confidence, self-reliance, adaptability and initiative. Doctors who are interested and suitable for work in the third world prior to entering general practice should be encouraged to pursue this possibility.

Introduction

IT is not uncommon for general practitioners to work in the third world prior to entering general practice. In recent years, however, the numbers doing this have fallen.[1] Probably many general practitioners consider such work after registration but are deterred by a number of factors. These may include the increasing competition for posts as a principal, the lack of career advice, and concerns about how such experience would be viewed by their future partners.

A study of practices seeking a new partner in 1989[2] showed that many established general practitioners look favourably on medical experience in the third world when considering job applicants. To complement this work a study has been made of recent entrants to general practice who had worked in economically developing countries, to discover their career experience and views about the value of such work for prospective general practitioners.

Method

In early 1989 the author sought to contact as many general practitioners as possible with experience of working in the third world. Graduates from overseas universities were excluded because they may have different career patterns and expectations. The study was also limited to general practitioners with at least six months post-registration experience in an economically developing country who had become a principal in general practice since 1 January 1984.

Notices were placed in the medical press and agencies who send doctors to the third world were contacted. Respondents were asked for names and addresses of colleagues whom they knew to have appropriate experience and these were also contacted. Those who replied were sent a questionnaire and stamped addressed envelope with a covering letter assuring confidentiality. Several months after the initial letter non-respondents were sent a reminder and a further copy of the questionnaire. The questionnaire asked for details of the respondent's career experiences, their opinions about working in the third world and advice to others considering such work.

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Results

Twenty two general practitioners responded to notices in the medical press, 28 were identified via agencies concerned with the third world and 87 were names provided by colleagues. Questionnaires were sent to 137 general practitioners of whom 130 (95%) replied; 94 (72%) of the respondents had entered general practice since 1 January 1984.

Of the 94 eligible respondents, 69 (73%) were men and 25 (27%) women. There were 10 married couples. Seventy seven doctors (82%) went to Africa, 28 to rural South Africa and its 'homelands', 12 were in Asia, five in the Pacific region, and six in the rest of the world. Most doctors (89%) worked in English-speaking commonwealth or former commonwealth countries.

The mean time between graduation and becoming a principal in general practice was 9.6 years; 38 respondents (40%) had taken 10 or more years to become a principal. The length of time spent in the third world is shown in Table 1. The doctors spent between them 263 years working in the third world, a mean of 2.8 years. The longest time was 13 years.

Table 1. Time spent working in third world countries.

Time in third world (years)	Number of respondents
<1	8
1	22
2	29
3	18
4	3
5	2
6	9
10+	3

Forty one respondents (44%) had completed a three year vocational training scheme before working in the third world and a further seven (7%) had already worked as principals in general practice. Seventeen (18%) had gone within two years of registration and 33 (35%) had more than four years post-registration experience in the UK before going abroad. Sixty six doctors (70%) had the MRCGP qualification and 19 (20%) other higher qualifications (12 MRCP). The respondents possessed 101 postgraduate diplomas.

On their return to Britain 38 respondents (40%) had become principals within a year and 65 (69%) within two years. Only six (6%) took four years and none took more than five years. Nearly one fifth (19%) were offered and accepted a post as a principal without any application. The rest applied for a mean of 14 practice vacancies, with a maximum of 100 applications. The 'typical' respondent was interviewed for three posts, and short-listed for two. Thirty six doctors (38%) turned down at least one job offer.

The doctors who took part in this survey worked in almost every type of practice throughout the UK, ranging from seven who were single handed to one in a 12 doctor, 28 000 patient practice. When asked about their satisfaction with their prac-

tices 51 doctors (54%) indicated the practice was 'close to ideal', 30 (32%) considered it 'reasonable' and six (6%) found it unsatisfactory. A further seven (7%) had left their original practice: four were unsatisfied and were moving practice; two to enter community health; and one to return to Africa.

When asked 'Are you glad you went?' all 94 replied 'Yes'. Respondents' opinions about third world work in the light of their experience are shown in Tables 2 and 3. One third of respondents felt that it was important to have experience or to have finished training before going. Twenty nine (31%) considered the experience to be very valuable, 56 (60%) thought it was worthwhile but nine (10%) said it had little relevance to their subsequent careers.

When it became clear from the early replies that the need for independent advice was often mentioned as being important, a specific question was then included about this. Fifty one out of 54 doctors (94%) agreed that independent advice was desirable.

Respondents' motivation to work overseas included altruistic motives, a desire to 'do something different before settling down' and a sense of adventure. Thirty one (33%) said a personal religious commitment was a major factor in leading them to work overseas.

Over half the doctors (49, 52%) are still involved with third world organizations in some way.

Table 2. Replies to the open-ended question 'What brief advice would you give to a young doctor considering working in the third world?'

	Number of respondents ($n = 94$)	
Definitely go	37	
Acquire skills/experience before going	16	
Pass exams before going	8	32
Do vocational training before going	8	
Go with a reputable, supportive organization to a carefully chosen job	10	
Do not wait too long before going	9	
Try to sort out a job to return to before going	8	
Study country, location and learn language	7	
Do not go to too isolated a place	5	
Go, because it will enhance your job prospects on your return	5	
Do not be overambitious or naively idealistic	5	
Be flexible, innovative and enthusiastic	4	
Stay at least one year	4	

Table 3. Replies to the open-ended question 'What relevance or value does third world work have for prospective general practitioners?'

	Number of respondents ($n = 94$)
Broadens perspective	22
Widens experience	19
Gives clinical experience, enhances clinical acumen and confidence	18
Increases maturity and balance	15
Gives confidence to cope with anything	15
Teaches administration, management, planning	14
Increases independence and self-reliance	12
Creates adaptability, flexibility, initiative	8
Gives insight into culture of ethnic groups	7
Increases confidence in leadership and decision making	7
Demonstrates the value of preventive medicine	5
Shows value of teamwork	5

Discussion

There is a long tradition of doctors working overseas before 'settling down'. Medical students frequently travel to third world countries on their electives, providing a continuing pool of doctors with some first-hand experience of medical work in these countries. However, among the samples of UK doctors studied by Allen[1] the proportion who had worked abroad (excluding electives) fell from 24% in graduates of 1966 to 8% in graduates of 1981. Among the graduates of 1974 of British medical schools 34% had worked abroad at some time after qualification[3] and 85 doctors (4% of all that year's graduates) had specified missionary work or third world medicine as forming part of their career. In the present study it was possible to contact 94 entrants to general practice in a 5.5 year period from 1 January 1984, an average of 17 per annum. Seventy of the doctors had graduated in the 1970s, which suggests about one fifth (17/85) of all doctors who had worked in the third world were contacted. Since not all doctors who work in the third world enter general practice then it is reasonable to assume that this study included a large proportion of recent entrants to general practice who have worked in the third world.

Among the factors which may deter young doctors from working abroad is the fear of not obtaining a principal's post because of how others view the doctor who has worked overseas. The majority of respondents who had worked abroad had been able to arrange a partnership without great difficulty when they returned and there were no doctors still unsuccessfully searching for a partnership. This result backs up other evidence that general practitioners looking for a partner consider experience overseas favourably.[2] At the very least, with over 20 million Britons travelling abroad each year, many to 'exotic' locations, the presence in a practice of someone with experience of conditions and health facilities in such countries is likely to be a significant asset.

Most respondents appeared happy with their present practice; 86% were satisfied or very satisfied, compared with 84% of all general practice principals in Allen's study.[1] Only three doctors had left general practice. The results suggest that the great majority of general practitioners do not have trouble settling into their practices satisfactorily and are not particularly restless, a possible criticism of people who have worked abroad.

An important characteristic of this group of doctors was the breadth of their experience. They had practised for an average of 9.6 years before entering a partnership, compared with a possible minimum of four years required by vocational training regulations. Seventy per cent had passed the MRCGP and many also had other higher qualifications or diplomas. Doctors who have gone abroad have been criticized for appearing to lack a sense of direction or for sheer stupidity in moving away from a recognized training programme.[4] The results of this study should help dismiss the idea that work in the third world is 'escapist' or that such doctors have poorer qualifications.

Working abroad then does not seem to be a disadvantage to a future general practitioner's career. There may also be advantages in terms of personal development. The conditions of third world countries vary widely but all the doctors will have worked in demanding situations, lacking the easy access to specialist facilities we take for granted. In most cases their patients would have been poor and sometimes medical facilities will have lacked such amenities as running water. Faced with a completely different culture and huge ethical dilemmas, many doctors are forced to rethink their assumptions and question their personal

values.[5,6] Doctors working in this setting must be adaptable and able to learn from the mistakes that will inevitably occur in a barely adequate setting. These two qualities have been singled out for their particular value to future general practitioners.[7] Even though working conditions in third world countries are very different from those we take for granted, many doctors emphasized the value and relevance of such experience for future work in the UK. The characteristics which they mentioned — perspective, maturity, confidence, self-reliance, flexibility, adaptability and initiative — are highly desirable in a general practitioner;[8,9] encouraging those who are suitable and interested to consider work in the third world may be one way of cultivating such qualities.

Although the availability of career advice to doctors is improving there remain many gaps in this service. Allen recommended that 'continuing careers advice from independent sources should be available during the postgraduate training period'.[1] There is widespread agreement that independent advice is needed by those planning to work abroad. The Bureau for Overseas Medical Service has for several years been concerned with all aspects of work overseas and has prepared a pamphlet with guidance for doctors. Advice from those who have recently worked abroad (see Table 2) might provide a starting point for discussing an individual's ideas about overseas work. In particular, it is important that doctors know that the Joint Committee on Postgraduate Training for General Practice allows work abroad to count towards equivalent experience for vocational training. Each case is considered on its merits but usually such experience can contribute up to six months, and exceptionally 12 months, of the hospital period (Styles WMcN, personal communication).

General practice is the most popular medical career among recent graduates.[10] Some of those intending to enter practice will want to work abroad first. This survey suggests this experience will greatly enhance their personal and professional development and hence benefit the profession and society as a whole.

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