

# Is international travel useful for general practitioners? A survey of international travel scholarships

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## SUMMARY

**Background.** The Royal College of General Practitioners has offered international travel scholarships for the past decade. Each year a number of general practitioners travel from the UK to work or study assisted by the scheme, while others come to this country for similar purposes.

**Aim.** To investigate the value of international scholarships for recipients and others.

**Method.** All those receiving awards in 1988-94 were surveyed by postal questionnaire.

**Results.** Fifty-one out of 58 award winners (88%) replied. Almost all cited some of a wide variety of personal benefits from international travel, and some established continuing links with colleagues overseas. Many gave examples of useful results for others, both patients and colleagues. Scholarships appear to have made a significant contribution to careers, especially for those based outside Britain.

**Conclusion.** Relatively modest travel scholarships were viewed both favourably in hindsight and produced a wide range of benefits to recipients, colleagues, and patients. International travel should probably be considered more widely in career planning.

**Keywords:** international professional relations; travel; overseas doctors; RCGP awards.

## Introduction

THERE is a long tradition of British doctors travelling and working overseas during part of their careers,<sup>1</sup> although this became less usual during the 1980s.<sup>2</sup> Such an exchange of doctors and ideas is widely considered to benefit individuals,<sup>3-6</sup> as well as colleagues and patients. Those involved benefit in their professional education and subsequent career development, as well as finding the travel enjoyable in its own right.

The Royal College of General Practitioners (RCGP) has a long tradition of links with other countries.<sup>7</sup> Following the 1986 WONCA (World Organization of Family Doctors) Conference, a Scholarship Fund was established, and a number of international travel scholarships are awarded from it each year. The document outlining the selection criteria states that the aims of the scholarships are to further general practice through international exchange or study, to assist doctors from the United Kingdom (UK) travelling overseas to study aspects of health care relevant to British general practice or to help other countries to develop their own systems of primary medical care, and to assist doctors visiting the UK to study aspects of health care relevant to their own country's needs in relation to general practice.

The scheme is widely advertised in the medical press, and awards typically range between £100 and £1000. Although informal feedback from recipients after their visits has been generally favourable, we wanted to survey all those who had received awards in recent years. The purpose of the survey was to determine the benefits recipients felt they had derived from their scholarship and any lessons there may be for others and how the administration of the scholarship scheme might be improved.

## Method

In 1996, we wrote to all those who had received awards in the years 1988-94 inclusive. Several from 1995/96 were also included but, as most had not finished their visit or report by the time of our survey, their results were read to discover any new information but were not included in overall statistics.

We sent a two-page questionnaire and covering letter, and a reminder to those who did not reply initially. Finally, we rechecked current addresses if those surveyed had not responded to a second mailing and wrote again if there was some doubt as to where they were now located.

## Results

We received replies from 51 out of 58 award winners (88%). Two awards were made jointly to husbands and wives, but they are considered singly in this report. Of those who did not reply (which might include some whose address was incorrect), two were based overseas and five had addresses in Britain.

Scholarships were used to fund exchange visits, attendance at courses and conferences, and teaching and research exercises. Twelve recipients travelled to the UK for their scholarship from Greece, Slovakia, Italy, Eire, Denmark, Romania, Nigeria, Philippines, Chile, China, Nepal, and Estonia.

A total of 39 doctors travelled from Britain. The countries of destination were broken down as follows:

- *Asia 11:* India 3, Israel 1, Turkey 1, Hong Kong 3, Nepal 1, Bangladesh 1, the Philippines 1
- *North America 10:* Canada 7, USA 3.
- *Europe 7:* The Netherlands 3, Czech Republic 1, Belgium 1, Spain 1, Albania 1
- *Africa 5:* Zimbabwe 2, Namibia 1, South Africa 1, Zambia 1
- *Australasia 4:* Australia 2, New Zealand 1, Papua New Guinea 1.
- *Latin America 2:* Trinidad 1, Nicaragua 1.

## Personal benefits

Almost invariably, doctors stated that they had learned new things, expanded their experience, and received intangible benefits. 'It built an open mind and an open soul', as one Romanian doctor put it. Establishing links that continue after the visit was important to some, and one doctor from Chile wrote that it helped her 'appreciate the large international movement in primary care when I felt very isolated'. She was able to take home textbooks previously not available in her country.

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A number of British doctors stated that it helped them rekindle enthusiasm for their careers, and individuals mentioned a wide variety of benefits including development of language skills, starting collaborative research with Canadian colleagues, increased motivation, increased maturity, and better understanding of the human rights issues concerning Tibetan refugees, as well as supplementary benefits for their families.

### *Benefits for others*

Eight overseas doctors stated that they would be using the results of their scholarship in education. Six British doctors are using their experience in health planning and related work, and in two cases (Yorkshire–Denmark and UK–Philippines) exchange programmes have been helped through the scheme.

Benefits for patients were generally harder to define, but six British doctors gained a better rapport and understanding of their patients' ethnic and cultural background, often improving their language skills. Specific clinical skills that were improved included surgery, palliative care, and the detection of depression. One doctor is now using the Philippine method of taking family histories within his practice.

### *Lessons for others*

Ten doctors (22%) would have stayed longer. Others realized that their planning could have been better (three would have planned to cram less into their time overseas), including their timetable for writing up and disseminating their reports. At least nine (18%) have published in peer-reviewed journals or books as a result of their scholarships.<sup>8-10</sup>

### *Subsequent careers*

Five overseas winners have moved into senior national or regional posts since their scholarships, and 20 British doctors (49%) reported an increased involvement in research, education, or service development. The scholarship seems to have made a significant contribution to careers most clearly in the case of overseas doctors, of whom seven said that it definitely had done so.

### *Administration of scholarships*

We asked how we might improve the administration of the scheme. Many wanted twice-yearly awards. Several would like to see examples of previous scholarship reports, and others wanted comments on their own reports, e.g. suggestions for publication.

Although our awards range from £100 to £1000 in value, only a few doctors commented that a substantial increase in the size of grants is necessary. Suggested means of achieving this included links with the British Council or British Medical Association. One wanted South–South awards (i.e. not involving travel to or from a wealthy country), and two thought recipients from poor countries should be treated rather more favourably.

'Novices' were felt by one to need contacts overseas, and another suggested an interview to clarify objectives. The scheme's flexibility was appreciated by one person, whereas another wanted a requirement for reports to be received within six months of the end of the trip in order to get them done.

### **Discussion**

This study largely asked open-ended questions, and numerical results need cautious interpretation. Responders probably told us what they considered to be the most important aspects of their scholarships. Despite increasing job flexibility in general practice, those who travel abroad when they are already established

in their careers (as most of our responders were) remain the exception. They, their families, colleagues, and patients usually face considerable disruption if the trip extends for more than a few weeks. So do the benefits make it worthwhile?

Recipients of RCGP Travel Scholarships generally considered that they had received substantial benefits. We consider that the high level of response (88%) to our questionnaire is an indication of the positive view that recipients had of the scheme. Benefits were frequently intangible, such as fresh enthusiasm for work, but recipients' subsequent careers seem to have benefited too.

Fellow professionals gain both through education and from new ideas that travellers acquire for tackling problems. Patients were often thought to gain from doctors returning with rekindled interest in their work. Although many recipients have become leaders within their professions (and publication often followed visits), others are in everyday practice. This mix is probably as it should be: ideas need to be shared and the direction of health services influenced by those with experience outside their own countries, but the scheme is not meant for 'high-flyers' alone.

Clearly, travel enables bridges to be built and solutions to common problems to be discussed. There are increasing attempts at solving common problems together,<sup>11</sup> so it is important that not only policy makers but those who have to implement and adapt policy can compare experience and ideas.

The new skills that doctors learned were seldom directly practical, but those who worked in poor communities often commented upon the beneficial effect on their confidence, problem-solving skills, and maturity that others reported.<sup>3-6</sup> Those undertaking clinical work in poor countries should be particularly aware that they may face considerable dilemmas<sup>12</sup> and personal health hazards.<sup>13</sup>

Does the scheme offer value for money? Awards were usually modest, and most recipients had to find additional funding. Perhaps this has the merit of determining who has the drive, resources, and ability to see a visit through to a successful conclusion? Those who receive visitors often give large amounts of their time for no reward and, although our experience is that this is given willingly, it is only fair that visitors are serious in their intent.

Only one responder had substantial criticisms to make. He considered that the scholarships were not open, and he had not received any feedback. However, the scholarships are advertised openly in the UK and internationally and awarded competitively to the best applicants; criteria are made clear in advance and the committee tries to modify the scheme in the light of evidence (of which this survey is a part). Past scholarship reports are available in the RCGP library as well as appearing frequently in the *International Newsletter* and in the academic press.<sup>8-10</sup> We now make awards twice a year and have also revised the application form to make it clearer. It is now possible to apply by E-mail. We leave the structure, length, and content of the final report to the discretion of the candidates but, after this survey, we now give guidance about what we are expecting.

We think WONCA should hold information on the scholarships offered by member organizations so that those in poorer countries, in particular, may know what is available. We are gathering information on what other colleges offer. In turn, the RCGP advertises in journals and on the Internet (<http://www.rcgp.org.uk>).

Who should consider going abroad? The travel scholarships administered by the RCGP were taken up by doctors at every stage of their career from beginning to near retirement. They were usually hard work, although several commented on the new enthusiasm they had gained. However, they are not a panacea for

professional exhaustion or other problems, and those travelling should remember that the purpose of their visit is work, not relaxation. Nevertheless, the scholarships are not considered as widely as they might be and, despite widespread publicity, the RCGP would still like to receive more applications of high quality.

### Conclusions

We consider that we have shown that travel abroad can be an extremely worthwhile activity for GPs, their colleagues and their patients. We are changing the scheme we administer in order to make it easier to apply for a scholarship. We commend this method for those seeking to facilitate the development of general practitioner care.

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