

Voluntary work overseas for foundation doctors

Introduction

There is a stark difference between health care in western countries like the UK and that of poorer, less developed countries. The United Nations Development Programme (2005) has shown that the death rate in children under the age of 5 years in sub-Saharan Africa is 179 in 1000, whereas in the UK it is 6 in 1000. Life expectancy for a woman in sub-Saharan Africa is 46 years of age, while in the UK it is 78 years.

There are many opportunities for doctors of all grades and specialties to carry out voluntary work in under-developed countries. In a letter to Lord Crisp, the previous Prime Minister, Tony Blair wrote: 'Already the government, the NHS, universities and others – including many individual health professionals, some as volunteers – contribute an enormous amount to help improve health and health services in developing countries' (Crisp, 2007). Unfortunately, not many doctors in the NHS ever get the opportunity to carry out this kind of work. Possible reasons for this include:

1. Time constraints
2. Lack of funding
3. Not enough awareness
4. Not thought of as important for training.

This article highlights the importance of voluntary work in one's career and gives some tips on where to look for opportunities to carry out short stints of work abroad. Doctors have acquired invaluable skills which can be of great benefit to patients all over the world.

Time out

In the first year of the foundation programme (FY1) there is no study leave allocated, so it would only be possible to

Mr Francis Carbonaro is Ophthalmologist and Clinical Research Fellow at the Twin Research and Epidemiology Unit, King's College, St. Thomas Hospital, London SE1 7EH and **Mr Graham Hay-Smith** is Ophthalmologist and ST3 on the North Thames Rotation, London

Correspondence to: Mr F Carbonaro

do voluntary work by taking time out of one's own vacation leave. In the second year (FY2), each doctor is allocated 30 days of study leave per year. The Conference of Postgraduate Medical Deans (COPMeD) (2006) study leave guidelines recommend that study leave should normally be used to (among other things):

- Enhance clinical education and training
- Provide education and training not easily accrued in the clinical setting or locally.

The *Operational Framework for Foundation Training* (Modernising Medical Careers, 2005) document recommends: 'A minimum of 10 days/annum should be allocated to support a formal educational programme in generic professional training and other aspects of F2 training. The remaining time and funding should be used to support other aspects of foundation training, relating to its specific objectives (e.g. ATLS [Advanced Trauma Life Support] training) and competences. In line with good educational supervision, the foundation trainee should agree with his/her educational supervisor how study leave should most effectively be used to support the aims of the programme ... and the trainee's wider professional development'.

There remains, therefore, an adequate amount of time to organize and carry out some voluntary work. At the moment, however, at least in the authors' experience, study leave funding (e.g. travel expenses) does not appear to be provided for voluntary work abroad, although this may vary between trusts. Many major UK non-governmental organizations – such as Oxfam, Save the Children, the British Red Cross, Care, Christian Aid, Merlin, Plan, Action Aid and Sightsavers – play a leading role internationally. There are thousands of smaller voluntary organizations and more than 100 links between NHS organizations and their associated academic partners with organizations in developing countries. Numerous websites are available where one can look for availability all over the world, such as www.msf.org/ and www.vso.org.uk/volunteering/.

Some points to consider

1. Choose a safe country, free of serious conflict
2. Make sure you are fully informed about the type and level of work you will be doing
3. Make sure you have had all the necessary immunizations (useful sites include www.masta.org/ and www.nhsdirect.nhs.uk/articles/article.aspx?articleId=1072)
4. Try to talk to people who have been to the same place or similar places
5. Think about the portable instruments you may wish to take with you (e.g. stethoscopes, direct ophthalmoscope)
6. Read up on common diseases you may encounter in the region
7. Always prepare in terms of appropriate clothing, insect repellent and the like.

Consultants and more senior doctors in the team are often good starting points for gathering information on opportunities as they may have done this themselves or may know people who have. The authors recommend that you plan a trip well, first deciding what specialty you want to work in and the level of work you feel capable of doing. It is very important not to apply to carry out work which is beyond one's capabilities. Certain agencies will not take doctors without a minimum amount of experience, but most will welcome all the help they can get.

The Crisp report (Crisp, 2007) discusses the value of work in overseas countries:

'Many trainees wish to spend part of their training in developing countries ... there is also a need to make sure that – in the right circumstances – this is properly recognised by training authorities'.

He goes on to recommend that: 'In order to enable health workers to gain international experience and training:

- An NHS framework for international development should explicitly recognise the value of overseas experience and training for UK health
- Postgraduate Medical Education and Training Board (PMETB) should work with the Department of Health ... and others to facilitate overseas training and work experience

■ The Department of Health should work ... to create arrangements for revalidation and accreditation for UK professionals working abroad.'

This is very encouraging for those wishing to gain some experience of work in developing countries.

Case study

The first author had the opportunity to go to Accra, the capital of Ghana, for 2 weeks, to do some voluntary ophthalmic work at the Tema Christian Eye Centre. This clinic is part of a charity set up in 1986, which merged with International Aid in 1995. The Tema Christian Eye Centre opened in Tema, on the outskirts of Accra, 4 years ago.

Ghana is a country in West Africa with a population of 25 million. It was a former British colony which gained independence in 1957. Compared to most of its neighbours like Nigeria and Burkina Faso, it has a relatively stable economy with no internal conflict. The lack of a language barrier makes it a good destination to go out and help. The doctor's role here was twofold; to manage patients that turned up in the clinic and to help carry out some of the theatre procedures and to help gather data for a large international project, with the aim of creating a census on eye disease in Ghana. The second author spent 7 months in Accra, running the research project and the clinic.

In this case the second author was in Africa and the first author simply asked him if he could come out and help. This is often the way that these opportunities come about and when they do, one should grab them. This case shows how a doctor may choose to spend different lengths of time carrying out voluntary work, depending on their inclination and the opportunities they are faced with. As an FY2 doctor short-term options are the more realistic ones. The list below shows the benefits the authors feel can be gained from an experience like this:

Benefits

Clinical experience

The work is usually very demanding and busy, so the chances to hone one's clinical skills are great. Patients often present with advanced pathology which would not be seen in the UK. The equipment

available to the clinician in these locations is usually quite basic, meaning that one has to rely more heavily on one's clinical skills.

Surgical experience

Although busy, there are usually good opportunities to assist with and even perform operations. Owing to the lack of availability of modern equipment, there is often scope to see and learn operative skills which are no longer performed in the UK. A case in point is in cataract surgery: when cataract operations in the UK go wrong doctors must sometimes revert to the old method to salvage the situation; however, because this is relatively rare, there are few opportunities for newer ophthalmologists in training to learn the old method. In underdeveloped countries the old method is usually standard and therefore provides an excellent opportunity for western trainees to learn.

Curriculum vitae

Although an opportunity like this should not be undertaken simply for one's own gain, there is no denying that it gives the curriculum vitae something different and shows initiative on the candidate's part.

Research opportunities

As the pathology seen is often different to that seen in the UK, there are often opportunities, if given some thought, to carry out research.

Audit opportunities

Audits are fairly easy projects to carry out; proformas can easily be devised before going away and once the data are collected, they can be analysed when back home. This can be of great use to the clinic and is yet another valuable part of one's training.

Morally rewarding

This is probably one of the most important things to gain from this experience. Doctors have a very valuable set of skills which they can and should offer to people living in areas less fortunate than theirs.

Conclusions

The authors would go so far as suggesting that voluntary work overseas should be

awarded continuing professional development points to encourage it. The experience gained is definitely worth as much as many courses held in the UK. There is often also scope for performing some form of research or audit which can improve one's curriculum vitae even further.

All in all everyone stands to gain from something like this: the patients get medical attention which they would otherwise not be able to afford, doctors in training get an invaluable experience and the benefit of giving something back for free, and there is often the opportunity for research and/or audit experience. Besides being a very useful learning experience in one's training career, it may also help a trainee doctor to progress in this ever more competitive world of medicine. **BJHM**

Conflict of interest: Mr G Hay-Smith was indirectly funded, in part, by an unrestricted grant from Alcon.

Crisp N (2007) *Global Health Partnerships: The UK contribution to health in developing countries.*

Department of Health, London (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_065374 accessed 19 November 2007)

Conference of Postgraduate Medical Deans of the United Kingdom (2006) *Guidelines for Study Leave.* Conference of Postgraduate Medical Deans of the United Kingdom, London (www.copmed.org.uk/page.php?id=23 accessed 19 November 2007)

Modernising Medical Careers (2005) *Operational Framework for Foundation Training.* The Stationery Office, London (www.mmc.nhs.uk/download/Operational-Framework.pdf accessed 19 November 2007)

United Nations Development Programme (2005) *Human Development Report 2005: International Development at a Crossroads.* United Nations Development Programme, New York

KEY POINTS

- Voluntary work in underdeveloped countries is of benefit to doctors at various levels of their training.
- There is ample time awarded from study leave which can be used for this endeavour.
- The patients in developing countries need the help and the health services benefit from it.