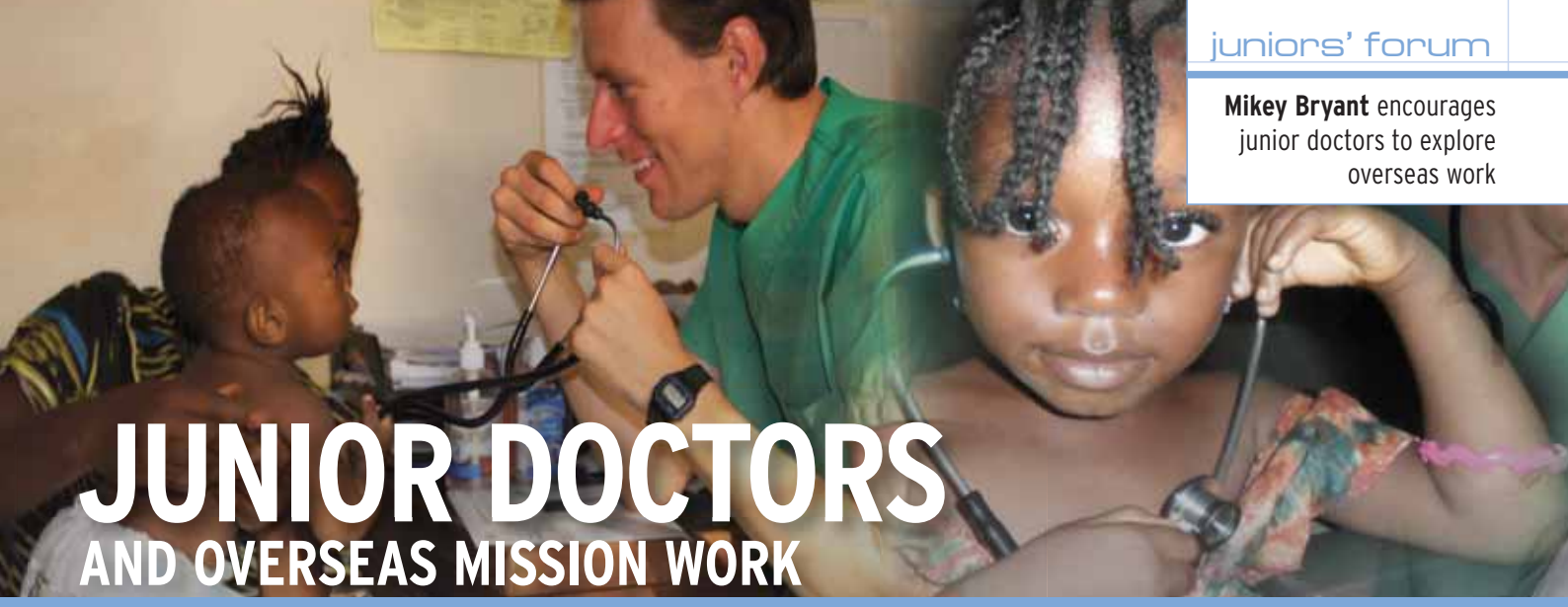
**Mikey Bryant** encourages junior doctors to explore overseas work



# JUNIOR DOCTORS
## AND OVERSEAS MISSION WORK

I spent a year working in a clinic for children with Mercy Ships in Sierra Leone after completing foundation training in Wales. This article explores some of the issues facing junior doctors who want to work abroad, and shows that it is perfectly possible.

Many people worry that taking time abroad will be bad for their career in the current uncertain climate and with MMC encouraging a more rigid approach to medical careers. However, taking time out to work in the developing world is increasingly viewed in a positive light. A recent article in *Clinical Medicine*[1] highlighted the benefits brought to the NHS by junior doctors who have worked overseas, and grown in resourcefulness and clinical skill.

### Time out after foundation years

There are natural breaks in the career ladder; the first is after foundation year two (FY2). A year, or even two, spent abroad will give valuable experience; three years would be the maximum. After this the skills learned in the foundation years are deemed invalid by most recruiting specialties. Taking the break while younger has advantages as there are often less contractual or family ties, but it is important for doctors at this stage to find a role consistent with their level of training and with some supervision initially. For example, an FY2 would work very well in a supervised primary care setting, but would be out of their depth running an intensive care unit single-handedly! It is important to be honest about our level of experience; if we work in the place of someone more senior, we not only risk doing harm to patients, but also deprive the organisation of the benefits of a more experienced doctor. The GMC gives clear guidance on this matter.[2]

With that caveat, there is plenty that junior doctors can contribute. A recent article in *The Lancet*[3] highlighted that only 13 countries will achieve the fourth Millennium Development Goal of reducing child mortality, and noted the most common causes of death are pneumonia and diarrhoea, easily treated by junior doctors. In Sierra Leone I saw many very sick children, which was intimidating at first, but the interventions available to us were usually very simple and effective.

Let's remember that many FY2s spend a year out in Australia or New Zealand and rarely have difficulty getting back into the system, so it is not unreasonable for FY2s to spend time working in the developing world. Christians are called to love mercy[4] and to value those who are poorest and in most need[5] so we should be looking for opportunities to use our skills to do this, as well as to train in developed-world medicine.

### Time out during training

A second natural break is following core training, when the trainee will have some more experience to offer. It is not usually possible to secure a specialty training (ST) post and then defer the starting date, so you will have to step out without a job to come back to. However, it is increasingly possible to apply for jobs online and fly home for interviews if necessary. Out of programme experience (OOPE) is a great opportunity for trainees to go abroad during their ST years, with the security of a job to return to. 'Taking Time Out'[6] told the story of two doctors who had done this. The application process can be arduous but not impossible, and guidance is available in the BMA's handbook, *Broadening your horizons.*[7] Trainees are expected to have done at least a year of specialist training before doing OOPE and the maximum time granted is three years.

Junior doctors who go abroad should consider whether they have a calling to long-term overseas work following completion of specialty training. Experiences in supervised posts in the developing world are an invaluable preparation.

### Church support

Being abroad is a considerable challenge and requires prayer support, so it is essential to maintain a link to a church in the UK. It took a great deal of time to find a church in Sierra Leone where I felt able to share the struggles and joys of the work in our hospital, and I found home church support was vital.

As Christians we have a responsibility to make the gospel known through our personal witness to Christ. A sensitive approach, bringing Jesus' love without coercing vulnerable people, is needed.[7] On numerous occasions, we were able to share something of God's character by simply offering to pray with patients as well as giving medicine; an approach which immediately moves the attention away from the doctor and onto Jesus as healer. Juniors going out with faith-based organisations should be as prepared to share their faith as they are to treat malaria![8]

***Mikey Bryant** is currently a voluntary physician with Mercy Ships in Sierra Leone and will be starting CT1 later this year*

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### references


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