

# *crossing cultures*: international experiences

Stuart Fergusson & Jessica Cooper explore experience in the context of UK medical careers

## Stuart writes...

In previous times, a decision to use your medical skills in low-resource environments inevitably meant committing months, if not years of your life in locations far removed from home, where communication would take weeks. With modern travel and communication technologies, it is now practical to invest time abroad for much shorter periods of time, or even while physically based at home. Gaining international experience in the context of a UK medical career is increasingly being recognised as a valid, valuable option for postgraduate career development and is a practical possibility for most doctors. Amongst other motivations, doctors and medical students use international experience as an opportunity to experience other cultures and healthcare systems, learn and grow personally and professionally, serve disadvantaged populations and to explore future career options. Christian doctors will also view cross-cultural medical service as an opportunity to express their faith, through practical care, health system development and sometimes through evangelistic effort alongside medical work.

International medical experience can be obtained using various mechanisms at different career stages:

- **Elective placements:** (undergraduates);
- **Between training stages:** ie after Foundation Training, after Core Training (we would recommend that you do not delay the Foundation Training after graduation);
- **Out-of-programme opportunities during training:** note this needs to be agreed well in advance (6-12 months before) with your training programme;
- **During leave:** eg Mercy Ships short placement;
- **Following completion of specialty training:** before competing for permanent jobs, during leave, on sabbatical, or as a permanent move.

International medical experience can be gained in a variety of ways, often but not exclusively on



a voluntary basis. The UK's All-Party Parliamentary Group on Global Health have described the diversity of approaches to medical volunteering:<sup>1</sup>

- **Coordinated or uncoordinated:** most volunteering happens informally although some long-term institutional partnerships support a rolling programme of visits.
- **Short-term or long-term placements:** for reasons of sustainable impact, many organisations focus on longer-term placements, but successful partnerships often use short-term trips in the context of a longer-term institutional relationship.
- **Grant funded or self-funded**
- **Capacity-building or gap filling:** gap-filling, such as in short service provision trips, has been the more traditional model of global health engagement and remains widespread, but there is now further development of projects that aim to leave behind a more sustainable impact.
- **'Lunch-break' or in-country volunteering:** many workers assist in capacity-building while based in the UK, through remote project support, mentoring, and fundraising.

As highlighted in a recent report by the Royal College of Physicians and Surgeons of Glasgow, international medical experience is of clear value to the development of a UK medical career, and to the UK health service.<sup>2</sup> As well as exposure to a volume and variety of clinical experience – often unattainable in UK training roles – these experiences commonly stimulate unparalleled personal development. We regard our international experiences as a key highlight in our careers so far and encourage you to explore options for yourself! ■



Stuart J Fergusson is a surgical trainee in Scotland who has volunteered in Africa, and co-authored a major report on the value of international volunteering'



Jessica Cooper is a GP on the Scottish island of Islay and has spent a total of three years in a church-affiliated Zambian hospital

## Jessica writes...

I am a GP working on the beautiful Scottish island of Islay. Prior to my appointment here, I spent three of the preceding five years working in St Francis Hospital, in the rural eastern province of Zambia. St Francis Hospital is church-affiliated and has a long-standing partnership with the Borders General Hospital in Scotland. The first year that I worked at St Francis Hospital was on an 'Out of Programme Experience' (OOPE) year, taken between my second and third years of GP training, facilitated by the Deanery, drawing on the existing partnership relationship.

Taking time out to volunteer completely transformed my thinking on what medicine really is about, changed my career ambitions, and matured me as a person and as a clinician. The opportunity I was given to take time out and come back to my GPST3 year gave me a chance to explore a different way of practising medicine, and in doing so, I found a passion and a joy in being a doctor that has remained since. Notably, during my GPST3 year my trainer was pleased to find me a more confident clinician, having previously been consistently under-confident, a difficulty commented on in every assessment I had undertaken throughout training.

By the end of the GPST3 year, I had decided that this was the beginning of something new for me, and so after completing GP training I looked to spend some time abroad. After completing a diploma at Liverpool School of Tropical Medicine, I returned to St Francis Hospital with lots of ideas and potential projects to tackle at the hospital that I knew, cared for and had already invested in. On my arrival the local staff seemed grateful for my return; volunteers are often not seen again. I found that by continuing to invest in this place that I was beginning to call home, trust was built quickly and easily with my colleagues and more change was possible, and hopefully achieved more sustainably,



through teaching and mentoring.

I have now returned to practice in the UK with new skills that I am putting to use as a rural GP, where a wider skill set is demanded. I have a more mature understanding of what medicine can and can't achieve, and a clearer understanding of what patients need in their doctor, whatever the setting. Patients want a doctor who is thorough and clinically able, honest and practical. Sometimes doctors need to be brave and able to stand up for what a patient needs, but also able to care for them when medicine is not the answer. Also, to an NHS under intense resource pressure, doctors with a practical understanding and experience of apportioning scant resources in a low-income setting are a significant asset. ■

## REFERENCES

- 1 All-Party Parliamentary Group on Global Health. Improving Health at Home and Abroad: how overseas volunteering from the NHS benefits the UK and the world. APPG 2013 [bit.ly/1aLMjieu](http://bit.ly/1aLMjieu)
- 2 Fergusson SJ, McKirdy M.J. Global Citizenship in the Scottish Health Service: the value of international volunteering. Royal College of Physicians and Surgeons of Glasgow 2017 [bit.ly/2zsaq8t](http://bit.ly/2zsaq8t)