How To Do It

Take a sabbatical from general practice

IAN TAIT

The secret of success in achieving a sabbatical from general practice is sufficient motivation. If you want to do something enough you will surely find a way to do it—or die in the attempt. Taking a sabbatical shouldn't end like that but there will always be difficulties to overcome, and a momentum has to be maintained if the bags are really going to be packed, the farewells said, the dog found a home, and the front door closed for real.

Motivation can be entirely self generated but it helps a lot if others share your commitment. The people you really have to win over are first and foremost yourself, then your family, and then your practice. Once that is done there will be other practical difficulties concerning authorities and agencies, but none of these is likely to defeat you, though they may annoy and delay you.

Convincing yourself

Why take a sabbatical? I think there are overwhelming reasons why doctors working in general practice should have a sabbatical period working or studying away from their practices. General practice is for most of us a long service affair. In the early years we have a lot to stimulate and challenge us: we have to settle into our practice and build it as near to our heart's desire as we can, and come to terms with the result. After that there is often little outward change to provoke a fresh surge of interest and energy. The "burn out" syndrome is beginning to be recognised as a real problem in the middle and late years of a general practitioner's professional life. When this happens most of us soldier on, but it can be a disenchanted business and leads all to easily to apathetic time serving, which is bad for the doctor, his practice, and his patients. Some take to alcohol or love affairs, but a safer remedy is to take sabbatical leave. I believe that this should be thought of not as an optional extra but as a necessary part of our professional lives—just as it is in universities and academic departments; and of course the reason is the same. Academics, once they have tenure, are locked in a system which is unlikely to change for many years. They too are in danger of growing stale and unproductive, and it is for this reason that they are offered—and often required—to take sabbatical leave. General practitioners should do the same.

The doctor's family

A doctor's family will need to prepare itself in all sorts of ways if it is to make the best use of a period of sabbatical leave. More plans for taking a sabbatical come to grief because of the disruption it threatens to cause to the lives of other members of the family than for any other reason. There needs to be a lot of honest communication and a willingness to compromise. But with enough warning and enough thought the sabbatical can and should be a rewarding experience for all.

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From *How To Do It: 2*, a new collection of useful advice on topics that doctors need to know about but won't find in the medical textbooks. To be published in October 1987, this is a companion volume to the popular *How To Do It: 1*, also published by the *BMJ*.

Convincing the practice

If we really believe, as I think we should, that a sabbatical period is an important part of our professional life, then it should be discussed and agreed in principle with the practice. This should happen long before there are specific plans for any particular individual to take sabbatical leave. Some practices write sabbatical arrangements into their partnership contracts. It would be good if this became the rule rather than the exception. Matters that need to be covered in such agreements should include: when partners are entitled to take sabbatical leave, and for how long; how the work is to be covered, particularly the employment of locums; and what financial arrangements are acceptable. One large practice I know always has one of its partners on sabbatical leave. We should take advantage of the surprising degree of freedom given to us under our terms of service.

Financial aspects

The question of the expenses entailed in locum cover for a sabbatical leave is likely to be the single most important factor in deciding what you do with your sabbatical. If you are to be personally responsible for the cost of providing a locum, you will probably need to take paid work. This can turn out to be something of a busman's holiday. Traditionally the idea of a sabbatical does include a sense of unpressurised time and freedom from the need to earn one's keep by daily toil—a chance to stand back and take stock. We should try to preserve this ideal; it is not impossible, as has been proved by those practices that have achieved arrangements to cover partners on sabbatical leave, thereby giving departing doctors freedom to do something that really interests them.

Theory into practice

Given that the ground work has been done and you have reached the stage of deciding what to do during your sabbatical, what are the options open to you?

EXTENDED STUDY LEAVE

Arrangements for granting extended study leave to general practitioners exist under the terms of our contract with the DHSS. The guidelines and administrative conditions that apply to study

leave are described in SFA 50.1 to 50.4. Applications need to be approved by the postgraduate dean of the region in which the doctor works, via the GP regional adviser and the GP subcommittees of the regional postgraduate committee. It is best to consult your GP regional adviser, who will give advice on how to apply and surmount the various bureaucratic hurdles. Final approval is needed by the DHSS. To quote its own words:

> "In all cases the over-riding considerations will be whether a doctor's application for prolonged study leave is in the interests of medicine in a broad sense, or otherwise in the interests of the Health Service as a whole."

This definition is annoyingly vague. It means, in theory at least, that the scope of "work" is very wide, though in practice it seems that applicants may have to argue their case with some skill. It is difficult to establish any guidelines for acceptability. If successful the doctor will receive an educational allowance (currently about £34 a week). The regulations also allow for the payment of locum expenses; these used to be paid for any doctor, but the DHSS now applies rules similar to those applied to locum payments for doctors who are absent during sickness. Thus doctors with relatively small lists may find that they are in fact not entitled to locum expenses—so check this side of things before you disappoint yourself and your practice. Study leave can be taken for any period between 10 weeks and 12 months.

EXCHANGE OF PRACTICES

Some doctors have, through personal contacts, exchanged practices with doctors in other countries. Obviously these arrangements remove problems with locum cover. So long as the personalities concerned are compatible this can be a very good way of gaining a different perspective on medical practice. The difficulty seems to be that integrating the different needs of two doctors and their families can be very complicated. It also has to be said that regulations governing the right to medical practice in different countries, and even different parts of the same country, seem to get more complex and more restrictive. Anyone considering an exchange with another doctor would need to be very careful to check this side of things.

LOCUM OR SHORT TERM WORK

The range of locum work that may be available to a British doctor seeking sabbatical experience is less extensive than it was, but employment is still available as follows:

GP locums—There are agencies that arrange for the employment of British doctors in some countries—for instance, Canada, Australia, and New Zealand. Such agencies will undertake to employ doctors for a definite period. There may be some registration problems in parts of Canada but this does not yet seem to be a problem for work "down under." Being a locum is not likely to be a relaxed holiday. My partner is currently doing a locum sabbatical near Brisbane, and his last letter reported seeing 60 patients a day. One cannot help feeling that the easier locum jobs get filled locally, and agencies advertising abroad are often trying to fill unpopular slots. Doctors seeking overseas locums are strongly advised to consult their professional association as terms and conditions of service, employment law, and immigration procedures vary widely and may cause difficulties for the unwary locum.

Work with international companies—Medical posts with companies working abroad or for medical services in the Middle East are advertised regularly in the *BMJ*. Conditions of service should, however, be scrutinised carefully.

Medical recruitment by the government's Overseas Development Administration is now much reduced. My partner and I gained contracts to work in Swaziland for 18 months each, but that was more than 20 years ago. Work is still available, however, and a local colleague spent three months in 1985 working in the Falklands, where he had lived as a young boy. Such contracts are usually only given for longer periods, but special situations allow for negotiations, and it is always worth a try.

Voluntary, semivoluntary, and mission work—Where medical needs are great, work can still be found. This generally means that no local medical resources can be found to do the job. Organisations seeking the help of British doctors in this way include mission hospitals, relief agencies such as the Red Cross, Oxfam, and Save the Children Fund, and voluntary agencies such as Voluntary Service Overseas. Those seeking this kind of work should contact reliable organisations for information—for instance, Christians Abroad, International Voluntary Service, or the Bureau for Overseas Medical Service. Addresses and telephone numbers are given at the end of the chapter.

In general it will be easier for doctors to find work if they possess some extra skills, such as basic surgery, anaesthesia, or operative obstetrics. Also in demand are proved skills in health care education. For those considering this kind of work the Bureau for Overseas Medical Service organises occasional short courses to teach basic surgical and other special skills. On another level there is a need for doctors willing and adaptable enough to survive in primitive conditions in isolated areas. This would hardly apply to a middle aged British doctor with a family.

The question of length of contract is often a difficulty. Most organisations prefer contracts of one or two years, but shorter contracts are available. Action 2000, organised from Addenbrooke's Hospital, Cambridge, specifically sets out to cater for doctors offering shorter terms of service—for example, three to six months—as well as longer contracts.

DOING YOUR OWN THING

Refreshment of spirit seems to me to be the major justification for taking a sabbatical and depriving our patients of our services. We may find ourselves doing the same kind of work as we usually do, though in another setting, but perhaps we should try to do something different—to adopt for a while a new rhythm of life, and perhaps a different identity. I spent a truly recreative year working with the Wellcome Unit of Medical History at Cambridge; others whom I know have become serious research workers for the first time, journalists, travellers, or explorers. Others have taken to the arts, music, painting, writing, potting, or other crafts.

Travel grants, scholarships, awards, etc

Although these are unlikely to cover the expenses entailed in taking sabbatical leave, they can help. They can also serve as a useful passport for a doctor when visiting other doctors or institutions by lending some sense of academic credibility to the visitor.

The bodies offering awards include the British Medical Association, Royal College of General Practitioners, and the World Health Organisation. Research grants are available from regional health authorities, the DHSS, and from independent bodies such as the King's Fund, or the Nuffield Foundation. Finally, an increasing number of drug companies offer awards that could form the focus for a period of study on sabbatical leave—for instance, the Schering Scholarships for GP trainers, currently worth £1000.

Re-entry and splash down

I do not think I should end these thoughts on taking a sabbatical leave without some reflection on the return to work in the practice. To the extent to which the sabbatical has been successful you will have changed. You will not be quite the same doctor, or even perhaps quite the same person, who left the practice. No one should expect to find the re-entry easy. This process is not helped by partners and patients who expect you to be all instant eagerness and fresh energy. As a returning traveller you will find that everyone else in the practice has fixed their holidays in the confident expectation that you won't really need one. You should not despair. Your sabbatical will, I hope, have stored up treasures for you which will become their own reward once the readjustment is over.

Occasionally, of course, the sabbatical is the occasion for a

necessary self examination that provokes a major change in the direction of your professional life. If so, so be it. It is good that such changes should be made while time is still on our side. Otherwise we are in danger of joining what Thoreau thought to be the majority of men, who "lead lives of quiet desperation." So if you haven't already done so start planning your sabbatical now—and don't forget to tell your partners and your spouse.

Useful contacts for sabbatical employment

Bureau for Overseas Medical Service (BOMS)
Africa Centre, 38 King Street, London WC2 8JJ
Telephone: 01 836 5833
Administrator: Jane Lethbridge

Christians Abroad
11 Carteret Street, London SW1H 9DL
Information secretary: Deborah Padfield

Action Health 2000
35 Bird Farm Road, Fulbourne, Cambridge CB1 5DP
Telephone: 0223 245252 ext 7466 (2-5 pm)
Director: Dr M Kapila

Overseas Development Administration
Crown Agents, 4 Millbank, London SW1P 3JD
Inquiries to the recruitment executive

Voluntary Service Overseas (VSO)
9 Belgrave Square, London SW1X 8PW

International Voluntary Service (IVS)
53 Regent Road, Leicester LE1 6YL

Oxfam
274 Banbury Road, Oxford OX2 7DZ
Inquiries to the disaster emergency officer

Save the Children Fund
Mary Datchelor House, 17 Grove Lane, Camberwell, London SE5 8RD

British Red Cross Society
9 Grosvenor Crescent, London SW1 7ET

Basic Molecular and Cell Biology

Methods in molecular medicine

R K CRAIG

During the past decade an array of powerful new diagnostic techniques has been developed based on nucleic acid hybridisation and gene probes. These allow the direct analysis of genes in deoxyribonucleic acid (DNA) extracted from the nuclei of human cells or, alternatively, of gene transcripts in the form of messenger ribonucleic acid (mRNA), the template for protein synthesis found in the cytoplasm. These techniques contrast with the use of antibodies, which permit the analysis of the gene product or protein, either in the cell or in cell secretions—for example, plasma (fig 1).

The concept of hybridisation

DNA is made up of four building blocks or bases: adenine (A), guanine (G), cystosine (C), and thymine (T). Within a strand of DNA the bases are linked by a sugar-phosphate backbone. Within the cell the DNA is in a highly ordered double stranded helical structure. The helical structure is maintained through specific hydrogen bonding interactions between complementary bases, so that A in one strand always pairs, or hybridises, with T in the other and C hybridises with G. Thus A and T and C and G are termed complementary bases and must always be present in equivalent amounts in double stranded DNA.

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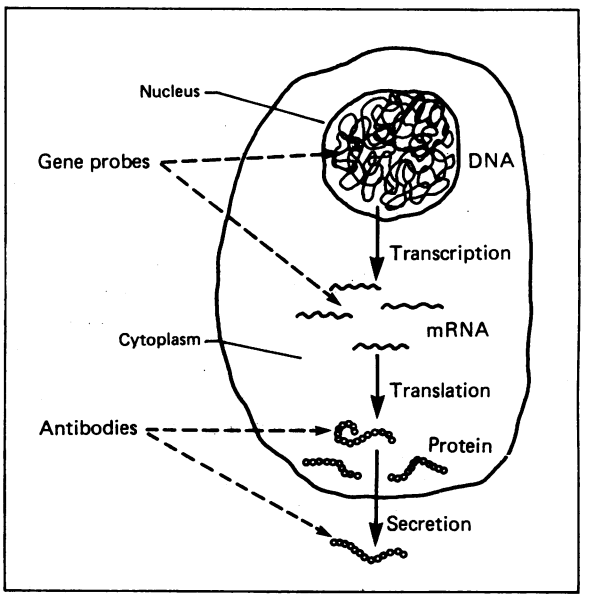

FIG 1—Site of action of gene probes.

A region of DNA which encodes a protein is termed a gene. The genetic information is encoded by the sequence of bases via a non-overlapping code in which three bases (a triplet) determine a particular amino acid (see reference 1 for well illustrated reading). For a gene to be expressed an enzyme, RNA polymerase II, copies or transcribes one strand of the DNA into mRNA, which is then decoded or translated by the protein synthesis machinery in the