

Career focus

Army general practitioner

Life as an army general practitioner provides plenty of variety while you develop your professional skills, argues Major Julian Woodhouse

Most newly vocationally trained general practitioners may wish to settle down into the practice of their dreams until retirement beckons, but some will want something different to do between finishing their vocational training scheme and drawing their pension. Although the days of serving all over the world are over, the army of the next century still offers plenty of variety. The strategic defence review led to the hospital based specialities largely being amalgamated into a tri-service organisation (navy, army, and air force combined), which is based near Portsmouth and in military wings attached to NHS hospitals near larger garrisons, but the general practitioners of each service still retain their single service identity. The army employs 220 uniformed general practitioners worldwide, with the option of serving in the Royal Army Medical Corps (RAMC) for anything from three years to 30 years.

Joining up

Most army doctors join as sponsored or salaried medical students three years before finals under a system known as the cadetship scheme. At the end of their second year, after having contacted the RAMC Officers Recruitment Office, they and qualified doctors attend a familiarisation visit, where the process of mutual evaluation begins. After an interview and passing a medical examination they "sign up." Female officers make up 25% of the initial intake, and ethnic minority doctors are well represented at 8%. Until the recent European court ruling on gays in the military, it has been illegal to serve as a practising homosexual. It is too early to comment on whether this legislation will lead to a rise in homosexuality in the military medical community.

All new army doctors start a four month residential course—together with nurses, dentists, physiotherapists, vicars, vets,

and lawyers—in Aldershot. Slowly the vagaries of army life, uniform, and surviving on the battlefield are unfolded so that "life in green" becomes comfortable and familiar. Though the emphasis is on changing your outlook from that of a civilian general practitioner to a military one, this is not all square bashing and digging trenches. ATLS/ACLS (advance trauma life support/advance cardiac life support) and prehospital care are revised, along with extensive teaching in tropical medicine, public health, refugee medical care, and sports medicine. Family planning, child health surveillance, minor surgery, and basic occupational medicine are also covered. At the end of this course, and on completion of a dissertation, you are eligible to apply for the diploma in medical care for catastrophes.

Postings

By the end of their four month induction, most general practitioners will have an idea of where they would like to be

posted. Although there is room for negotiation, most go to military group practices in Britain, Germany, or Cyprus. Here they work as the medical officer to a regiment of 600-1000 troops and their families. Army group practices range in size from three or four doctors in the smaller garrison towns to practices of 6-10 doctors. Most practices have a mixture of uniformed RAMC doctors and civilian medical practitioners employed by the Ministry of Defence.

Daily routine

The standard army general practitioner's day involves a mixture of core general medical services work and more specific military medical work. Although the overall population is younger than that in the average civilian practice, the turbulence of army life and separation from family make the work not dissimilar to that of a general practitioner in a "new town" practice. Out of hours work can vary from a 1 in 4 rota to a small

cooperative of five to 12 doctors run from an out of hours centre with calls triaged by a nurse. In many parts of Britain the local NHS cooperative is contracted in for the out hours service.

Tours and exercises

Vocationally trained doctors who sign up for a three year short service commission (contract) might expect six to 12 months of "settling in" before a six month "operational tour" with their regiment or with a medical team in one of the world's trouble spots. Here general practitioner work is often quieter, with 10-20 military patients a day but with the need to provide prehospital care at road traffic accidents, shootings, bombings, or riots. In the Balkans, army doctors are also involved in providing primary care to the local community. The flow of patients may be slower, but the responsibility of providing 24 hour care and the novelty of the situation tend to keep life interesting.

As well as these predictable tours, you also face the prospect of being sent at short notice to emergency situations around the world. Recent examples of these include Rwanda, Angola, the Gulf, and Zaire.

While some look on tours as lonely times away from home, they do provide interesting and unique experiences, during which you are well paid and protected from the advances of the occasionally less than friendly local.

Within a typical year at base, you might also expect to spend up to three months on exercise (military manoeuvres), sometimes in Britain or Germany but often further abroad as many tank and armoured vehicles exercises are conducted in Canada, Poland, and Ukraine. Each year exercises also occur in the United States, Kenya, Botswana, Jamaica, Cyprus, and Sardinia. Once the "war" is over, you may have the perfect opportunity to travel.

Pros and cons of being an army GP

Advantages

- Unique and varied lifestyle with less onerous hours of work
- Away from NHS hierarchy
- Easy to decide what to wear to work. Worn out clothes get replaced
- Perhaps no worse than being in a partnership
- Absence makes the heart grow fonder
- Travel overseas, often accompanied by family. Generous relocation terms
- Boarding school allowance (educational grant for children at boarding school)
- Responsibility and management training integral
- Cheap, well maintained housing
- Polite patients with assaults on doctors nearly unheard of
- Burnout rare

Disadvantages

- Pay £50 000-£70 000, not as high as in highest earning NHS practices
- Hierarchical structure with loss of feeling of autonomy
- Uniform—some people don't look good in green
- Military discipline may be irksome
- Frequent disruption from operational tours
- Frequent domestic moves with difficulty in accommodating partner's career
- Difficulty with children's schooling
- Reserve service commitment. Career breaks are difficult to arrange



Postgraduate education

Once you are accredited as a general practitioner, annual requirements for postgraduate medical education are completed through both military sponsored meetings and networking with local NHS general practitioner departments of postgraduate medical education. The Royal Defence Medical College, currently located with the tri-service hospital in Gosport, runs several residential courses, including general practitioner update courses, BASICS, PHEC (prehospital emergency care), men's health, consultation skills, and family planning. The army has two diploma courses—sports medicine, run in conjunction with University of Bath, and occupational medicine, run in conjunction with Manchester University. The army also pays up to £175 a year for adult education courses and runs excellent short language courses at Bristol University.

Other opportunities

All work and no play leads to early burnout, and, despite cuts in other areas, the army still encourages the development of sporting and adventurous interests. Recent stars in the RAMC have included Major Rob Wainwright, former captain of Scotland and the British Lions; Captain Sundip Dhillon, who has climbed seven out of the eight mountains above 8000 m; and two army sponsored medical students, Sarah Guyver and Guy Fordham, play hockey for England.

Career development

During their three year commission, some will decide that army

life suits them and apply to extend their service. Usually this is in multiples of three years up to 16 years (known as an intermediate regular commission) or up to retirement at 60 (a regular commission). Several different career paths are open at this stage.

- Continued military general practitioner work—with opportunities such as service in Brunei on loan to the Sultan's Armed Forces, with Gurkha soldiers and families, or purely with soldiers such as Special Forces or the Household Division.

- Becoming a general practitioner trainer. Because of the large throughput of general practitioner registrars, there is a great need in the army for general practitioner trainers. Every year the Royal Defence Medical College runs a course for potential trainers and sends new trainers on NHS trainers' courses to ensure they are fully au fait with the ever changing demands of NHS general practice work.

- Command and staff work. Some doctors find that they enjoy the military life so much that they want to administer and command medical units. Specialist administrative training is then undertaken, with a five month stint at the Junior Division of Staff College followed, after sufficient experience, by a year at the Tri-Service Staff College.

- Occupational medicine. Some undertake specialist training in occupational medicine and take the MFOM exams to become consultants in occupational medicine. Others become army helicopter pilots and therefore consultants in aviation medicine.

Pay

General practitioner registrars' pay rises from £32 000 on completion of house jobs to starting pay for a trained general practitioner of £48 000 a year, rising in steady increments to £70 000 for the most senior. General practitioner trainers are paid an extra £4000 a year. There are additional tax-free allowances for travel, service overseas, uniform, removal and disturbance, and so on.

All general practitioners are engaged on pension earning terms and, after 16 years, are entitled to an annual pension service of about £10 000, which is index linked, earnings related, and reviewed annually. Those who retire receive a tax-free grant on leaving of about £40 000 after 16 years' service. Those who leave with less than 16 years' service are entitled to a preserved pension payable at age 60. Clearly, pensions and lump sums for those leaving after 16 years are larger. On leaving the army, all staff go on to the reserve list, and they can be recalled in time of war.

For those looking for something different and who can cope with some discipline, travel, and unpredictability the army offers an alternative to 40 years in the same general practice. Julian Woodhouse, *army general practitioner, Group Practice, St Andrews Road, Tidworth SP9 7EP*

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Briefing

- Good employment practice considers how well someone does the job rather than who they might happen to be. Ageism is arguably the last form of irrational prejudice to be exposed to scrutiny. According to one survey, about one in 10 employers still believes that workers over 30 are over the hill, and one quarter would not employ a 50 year old. The government has backed away from outlawing discrimination on grounds of age alone, however; instead, there is a voluntary code of practice. The code predictably presses for merit and competence to inform decisions in recruitment, training and redundancy rather than age. The guidance is silent on perhaps the most deeply ingrained ageism of them all: the compulsory retirement age. The pressure to change this as the population ages seems likely to increase. Sargeant M. *Age discrimination in employment*. London: Institute of Employment, 1999.

- Flexible working has both beneficial and detrimental effects for employees, according to a recent report by the Joseph Rowntree Foundation. In some areas of employment, particularly information technology, flexible working shows that the employee is working on a task based project, demonstrating high status, which is popular with employees. In other walks of life the picture is very different: when flexible working practices are used to smooth the workflow for the employer the employee perception can rapidly become one of exploitation. Working weeks of 60 or 80 hours followed by next to no work the next have become commonplace among clerical and manual staff, eroding family time rather than enhancing it. http://www.jrf.org.uk/social_policy/F929.htm

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