

## Career paths for a young doctor—Jet-set-go

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### PRACTISING MEDICINE OVERSEAS

While heading overseas has always been a common choice, some recent developments have altered the stakes. The first one is the introduction of compulsory rural service for those doing their postgraduation in India, a measure which is likely to be enforced soon and is leading some previously undecided students to opt for a career abroad. Simultaneously, all the talk of economic slowdown and the resultant plateauing of salaries in the US has made hardcore proto-NRIs reconsider their plans.

At one time, the destination of choice for young Indian doctors used to be the UK, but in the past 2 decades, it became the US. It has now become open to debate, with several other nations from the English-speaking world, such as Australia, Singapore and New Zealand, aggressively wooing medical students. Good advice on getting to the US is easily available. We have, therefore, focused mainly on other nations where English is the medium of communication, although there are other destinations where opportunities abound, such as continental Europe and Southeast Asia.

### THE WORK ATMOSPHERE IN THE WEST

Dr Sujay Shad, who went to the UK in the 1990s, now works as a cardiothoracic surgeon at a private hospital in Delhi. He was one of the invited speakers at the symposium on career options for medical students organized by The AIIMSONIANS, the alumni association of the All India Institute of Medical Sciences. When asked by Professor Bir Singh, the Secretary of The AIIMSONIANS, to comment on some of the striking differences between Indian and western hospitals, he spoke of the radically different environment in a western hospital and recalled the attitude correction which he had to go through.

According to Dr Shad, going abroad is like jumping off a cliff—thrilling and scary at the same time. The nexus of dominance—subservience that permeates the work atmosphere in India is not accepted in the West—you do not need to treat your ‘consultant’ as a god, and nurses and orderlies are not your servants. Dr Shad appreciated the team spirit which characterizes the proceedings in the West and also spoke of the strict oversight which prevents physicians from overstepping their bounds. He noted that there are no sugar daddies in the UK as there is no place for them in a meritocracy. In such a system, if you are not up to the task, you will not be allowed to operate.

Learning management skills may benefit one while working with a large team. Knowledge of legal and ethical issues, as well as evidence-based medicine, helps one climb the ladder smoothly and quickly in the European Union (EU).

### THE UNITED KINGDOM

Dr Shad offered a brief overview of the pros and cons of working in the UK. Some of the advantages are fixed working hours, provision of study leave and opportunities for research. Doctors get the time to start a family and their children’s education is taken care of by the State. Their social life is arguably better in the UK than in India. In the UK, Indians are a close-knit community.

The downside is that it is hard to get a consultant’s post in the UK, and for those who feel homesick, coming back to India is even harder. Though young doctors earn a lot of money, initially financial support from the family, as well as social support from friends and college mates is usually essential. Dr Shad advised against taking up a temporary locum job, as it is usually disastrous for one’s career, though financially rewarding.

Dr Rakesh Mahajan, who practised in the UK and is now a vascular surgeon at a leading private hospital in Delhi, opined that a trip abroad is beneficial for most people, as it exposes one to new people and new systems of working, and gives one an idea of one’s potential. His main advice was that one should be good at what one does and try to succeed on the strength of one’s merit—doctors in the UK do not like the *chamchagiri* we so often see in India.

Dr Mahajan spoke of the various examinations related to working in the UK (the General Medical Council [GMC], Professional and Linguistic Assessments Board test [PLAB], the Royal Colleges and others), adding that the days when local and EU candidates were preferred are gone. Explaining the hierarchy of the UK health system, he noted that only consultant-level doctors have personal patients, while registrars and house officers do not. He advised interested students to visit [www.bmj.com/careers](http://www.bmj.com/careers) for news, views and information.

### SINGAPORE

Singapore has always been an attractive option for Indians and recently, the island nation has been aggressively advertising itself here. Many Indian medical students are familiar with Contact Singapore ([www.contactsingapore.com.sg](http://www.contactsingapore.com.sg)), which holds annual dinner seminars to promote migration to Singapore. The country, which has long been the destination of immigrants, harbours an eclectic mix of Chinese, English, Indian and Malay cultures. It is Southeast Asia’s land of opportunity.

Singapore’s public health delivery system is managed by the National Healthcare Group (NHG) ([www.lokun.nhg.com.sg](http://www.lokun.nhg.com.sg)) and Singapore Health Services (SHS) (<http://doctors.singhealth.com.sg>). These are supplemented by private providers. The Asian branches of Johns Hopkins, Raffles and Parkway are some leading private players.

Students who are interested can get an idea of how it would be to work in Singapore by going on electives/attachments there. The National University of Singapore organizes electives with public hospitals for medical students, and these hospitals can also be

contacted directly for attachments (*med\_career@singhealth.com.sg*, *medcare@nhg.com.sg*).

Students from selected medical colleges in India—the All India Institute of Medical Sciences, Maulana Azad Medical College, Jawaharlal Institute of Postgraduate Medical Education and Research and Christian Medical College, Vellore, to name a few, can apply as house officers in hospitals in Singapore directly after their graduation. The application procedure, as well as details of the work and visa procedure, can be obtained from the websites mentioned above. Following one year of house officership, students become medical officers. After this, they can choose any of the available options, depending upon their aptitude, as outlined below.

Residency consists of two parts—Basic Specialist Training and Advanced Specialist Training (BST and AST). These correspond to the postgraduate and fellowship (DM) stages here. For both courses, applications are received and candidates selected twice a year (May and November). An applicant must have at least 6 months' clinical experience (by the closing date for applications) in an accredited public institution in Singapore to be eligible for BST. The applicants are required to submit a logbook of the cases managed during the 6 months, as well as a supervisor's report. A BST degree is essential for entry into the AST programmes, although certain foreign postgraduate degrees are also recognized. The duration of the two stages varies depending upon the stream. For instance, in the case of internal medicine, the duration of both BST and AST is 2 years, while for orthopaedic surgery, that of BST is 2 years and of AST, 4 years. More information can be obtained from the Singapore Ministry of Health website (*www.moh.gov.sg*).

Salaries in Singapore depend upon the type of employment pass given by the Ministry of Manpower, and are around Singapore \$ 2500–7500 per month. The salaries are good, considering the low tax rate, relatively cheap house rents and lower expenditure on other heads.

Singapore is fast emerging as a major hub of research in the region, with increasing amounts of funds being earmarked for research every year. The overseeing authority is the National Medical Research Council (*www.nmrc.gov.sg*). To support investigators the country has started the Translational and Clinical Research (TCR) programme, and to recognize researchers the Singapore Translational Research (STaR) Investigator Award has been instituted.

#### AUSTRALIA AND NEW ZEALAND

International medical graduates form a major proportion of the Australian medical community and those from India are an increasing fraction. The requirements and working conditions in New Zealand are pretty much the same as those in Australia, and one can move between the two countries because the certifying boards are mutually recognized. Recently, Australia has also started conducting career fairs in major Indian cities with the aim of attracting local talent.

We spoke to Dr Chitra Krishnan, Staff Specialist in Internal Medicine and Geriatrics in a public hospital in Australia. She said that though many Indian students come to Australia after MD, it is best to come after MB,BS and a one-year house job. Trainees come on an occupational visa, which can be extended after two years. Before residency, one year has to be spent as Registrar in Medicine.

The governing body for medical training is the Royal Australian College of Physicians (RACP) in Sydney (*www.racp.edu.au*), and

for surgeons, it is the Royal Australian College of Surgeons (RACS). Accreditation from the Australian Medical Council (AMC) (*www.amc.org.au*) is necessary to practise in the country, just as clearing the United States Medical Licensing Examination (USMLE) and the Professional and Linguistic Assessments Board test (PLAB) are a must in the US and the UK, respectively. One can stay in Australia indefinitely after AMC qualification, and the examination can be taken from India too. However, in contrast to the USMLE, the AMC examination can be done after completing residency training, when one has decided whether one actually wants to stay. Previous research work is useful but not necessary for getting in.

One can rotate from one subspecialty to another during the main training period. After completing the postgraduate training in a particular field (usually in 4 years), one can apply for a fellowship. One has to pass an examination to be eligible for a fellowship, which can be of up to 3 years' duration.

In contrast to the US, public hospitals are more sought after in Australia. Though pay packages are higher in private hospitals (as is the case everywhere), government-run hospitals offer job security. Doctors in public hospitals are required to teach students part-time. The Prince of Wales Hospital, Melbourne, and the Garven Research Institute are some of Australia's leading research hospitals.

The working hours are generally short and fixed, even during residency, and doctors get 6 weeks off every year. They have to be on night shift for a maximum of around 1 month in a span of 3 months. The basic pay for a resident starts at around A\$ 50 000 per year, going up to A\$ 80 000 (overtime included). A senior resident earns around A\$ 100 000 a year, while specialist consultants normally draw a salary of more than A\$ 200 000. There is no retirement age. Healthcare is free and elderly doctors receive an amount of A\$ 2000 per month for their own living expenses and those of their spouses. It is easy to take one's parents along to stay with one, even if one is a permanent resident.

The possible negative points include the low load of patients. Also, there are relatively fewer opportunities in Australia, compared to, say, the US. Litigation is common. Taxes are high. However, if doctors have to pay high taxes, they are spared certain other expenses by the government, which, for example, finances the trips they have to make to attend conferences.

#### HONG KONG

Hong Kong has thus far been a little-explored option for Indian medical graduates, though English is widely used in the country. The licensing body is the Hong Kong Medical Council (*www.mchk.org.hk*), and in order to be eligible for the examination (*mc-exam@dh.gov.hk*), one needs to have completed 5 years of medical education. The examination consists of three parts—medical knowledge, clinical skills and proficiency in English. After passing it, one is required to do 1 year of internship in a Hong Kong hospital.

#### CANADA

Canada is another nation that has consistently welcomed foreign graduates. There is even a specific website (*www.img-canada.ca*) that offers advice to international medical graduates seeking placement in residency programmes there. Application to residency programmes is governed by several regional and national authorities. American residencies are recognized in Canada, and the general requirements for getting a residency in Canada are

similar to those in the USA. The qualifying examination is the Medical Council of Canada Evaluating Examination (MCCEE), a 4-hour, computer-based test similar in content to the USMLE Step 2. It is administered up to 6 times a year in several countries, including India, and there is only one stage. More information can be obtained on the MCCEE website ([www.mcc.ca/en/exams/ee](http://www.mcc.ca/en/exams/ee)). However, a candidate may also have to take other tests in order to be eligible for a residency. These include the Test of English as a Foreign Language (TOEFL) and state-specific qualifying

examinations. The Royal College of Physicians and Surgeons of Canada (RCPSC) is the certifying authority for postgraduate training.

In conclusion, we hope this brief summary of the options available abroad has been useful. It must, however, be borne in mind that there are many aspects of working in another country that can be appreciated only by first-hand experience. Below is a list of the e-mail addresses of the people we spoke to, in case you wish to get in touch with them.

Dr Sujay Shad	Cardiothoracic Surgery	<a href="mailto:hearttransplant.sgrh@gmail.com">hearttransplant.sgrh@gmail.com</a>
Dr Rakesh Mahajan	Vascular Surgery	<a href="mailto:mahajanr10@hotmail.com">mahajanr10@hotmail.com</a>
Dr Chitra Krishnan	Geriatric Medicine	<a href="mailto:aswini@bigpond.com">aswini@bigpond.com</a>

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### *Obituaries*

Many doctors in India practise medicine in difficult areas under trying circumstances and resist the attraction of better prospects in western countries and in the Middle East. They die without their contributions to our country being acknowledged.

*The National Medical Journal of India* wishes to recognize the efforts of these doctors. We invite short accounts of the life and work of a recently deceased colleague by a friend, student or relative. The account in about 500 to 1000 words should describe his or her education and training and highlight the achievements as well as disappointments. A photograph should accompany the obituary.

—*Editor*