

Go overseas and experience working in a different health system

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I am currently working in the Drug Development Unit at the Royal Marsden Hospital, Sutton, in the United Kingdom and moved here in February and this post is about reasons you may want to consider doing something similar during your training and also some practical advice as to how to organise it. Australia is an amazing country and we have one of the most equitable and accessible healthcare systems in the world – I have loved working in the [public health system](#) and enjoyed making a positive contribution to patient lives during my prevocational years, my years as a basic physician trainee and finally in advanced training in medical oncology. Our training is second to none, and Australian physicians are respected around the world.

The scale of healthcare systems overseas

However, Australia is a small country of 25 million people, and while we punch above our weight, we are still a small country. Consider these numbers:

- UK – 66 million
- USA – 327 million
- Europe – 741 million
- India – 1.3 billion

It does not take much imagination to start to think about the scale of healthcare systems to serve these much larger populations. Medicine is the application of medical science and delivery within a particular economic, political, social and culture climate and as such the delivery can be incredibly varied across different countries. Every country faces difficulties in keeping up with the healthcare demands of its population and meets (or fails to meet) this challenge in different ways. One way to better understand medicine is to go overseas and to experience working in a different health system.

Benefits of working overseas

There are numerous benefits to doing this:

1. Live in a different culture and gain some perspective on your own culture.
2. Get some perspective on Australian practice. Inevitably there are things we do really well and areas we could improve on and learn from other countries.
3. Gain more experience with higher volumes (see population figures above). This is relevant in subspecialty medicine and gaining exposure to niche areas of medicine.
4. Learn niche skills that are only possible to learn in particular centres.

5. Learn about how healthcare is delivered in a different context.
6. Reflect on the differences in how evidence is applied to the population.
7. Observe [cultural differences](#) in how healthcare is delivered.
8. Meet doctors from other countries and learn from their experience.
9. Have the opportunity to be exposed to international-level research and the cutting edge.
10. Start international research collaborations.
11. Travel opportunities. (Currently, Europe is a 2-hour train ride away instead of a 24-hour plane ride.)
12. Cultural opportunities. (There are a few more musicals, plays and events in London than in Sydney.)

As I entered advanced training, I realised that my training program (medical oncology advanced training) had the option of a non-core year, and that I could actually go overseas for this year. Flexibility and freedom are rare occurrences in medicine and I was thrilled at the possibility of actually choosing where I went – my wife had always wanted to live in London for a year so I took the opportunity to try and do it.

Start planning ahead of time

I thought I would write this post to let junior doctors know that [it is not as insurmountable as it may appear and that it is definitely within your reach](#). I am an adult medicine trainee and so this is particularly relevant for physician trainees thinking about going overseas, but still relevant to anyone considering it as part of their training. The rough guide is to start thinking about this 12 - 18 months in advance.

OK, stop. Take a deep breath. Don't let this intimidating figure stop you reading. I started planning 12 months in advance but I know others who have done it in less. Basically the list below will give you an idea as to why things take such a long time – the various tasks take time, people take time to reply to emails, registration authorities and immigration bodies are notoriously difficult to navigate, and so on.

Here are some of the key things to consider.

1. Australian training requirements

Contact your relevant college representative to see if part of your training can be conducted overseas. Some adult medicine training programs have a 2 + 1 structure (two core years and a non-core year) such as medical oncology while others have a 3 core year structure. If you would like a public hospital job and do not obtain one immediately after obtaining your specialist qualifications (e.g. FRACS or FRACP), an overseas fellowship may be a great addition to your CV while you complete your research or obtain further qualifications.

2. Overseas medical registration

Consider the type of work you would like to do, and primarily, if you wish to do clinical work. If you are considering doing clinical work then you will have to attain medical

registration in the country you are going to. Some countries such as the USA may require completion of the USMLE (there are three parts to this and can take 12 months) while the UK will recognise existing qualifications and experience in particular situations. If you are doing a research fellowship, then you may not need medical registration (if you are not seeing patients). Obtaining GMC registration requires the accumulation of numerous pieces of paper (evidence of internship, evidence of rotations) and multiple references and is a time-consuming process.

3. Immigration

Think carefully about which type of visa you will receive, the visa your partner is looking for and realise that your plans may change. For example, if you are considering coming to the UK there are two visas most Australian doctors end up with - Tier 2 and Tier 5.

The Tier 5 visa is tied to a particular work contract while the Tier 2 visa allows you to work in a different location. It is seen as a significant hurdle, but remember if you are going to an international unit the institution will have experience in assisting potential employees to arrange their visas and I certainly found this to be the case. This particular point can be the major sticking point for the 18-month time frame given above as immigration departments are definitely time-consuming to navigate and may require visits to the relevant visa office which means time off work.

4. Finances

Enquire about pay. Australian doctors get paid well by international standards. Also, be ready for the costs involved in moving overseas. There are multiple costs involved - for example going to the UK involved a visa cost, sponsorship cost, GMC registration cost. Also as an Australian trainee, long service leave is paid after 7 years of continuous work in the public health system, and if you don't have a public health contract you will simply get paid out.

Also remember that some fellowships are not paid at all - consider applying for a scholarship, and consider doing a few months of locum work prior to starting your work. For those who have obtained their letters (their specialist qualifications), an excellent idea is to apply to [AHPRA](#) for recognition as a specialist, and then apply to Medicare for recognition as a specialist - following this, you will be able to locum and bill as a specialist (as opposed to a registrar) and earn more for your time. This process should be started as soon as possible, for example, [FRACP](#) is usually awarded in October and can be started at this time.

5. Time

Will you go for 1, 2 years or longer? This is a complicated question and depends on a whole range of factors but just something to think about as it will affect a few other things.

6. What will your partner/family do while you're there

Overseas fellowships are often done towards the end of training when people are in long term relationships, married or have children - that is they have a commitment to a life outside of medicine as well. Think carefully about what your partner will do and what opportunities they will have. Many fellowships have been cut short due to an unhappy spouse - living in a new city without any of our connections can be challenging.

7. Arriving

There are some difficulties when settling into a new country, talk to people who have gone there before you. For example, in the UK the first challenge we faced was setting up a bank account which requires evidence of an address, and obtaining a rental property requires evidence of a bank account. This is a tough cycle to break through but we realized that some banks such as HSBC have different requirements to local banks such as Natwest or Barclays.

8. Obtaining a job

I've left this till last as one of the most obvious concerns. How can I get a job at a big hospital overseas when I don't know anyone? I don't have any consultants with international connections near me, how is this possible? Try not to worry too much about this. If you have a consultant who is happy to call someone in the unit you wish to work out you have no worries obviously. If you do not, you can email the unit directly, pick up the phone, talking to an Australian consultant at another hospital who does have connections to that unit. There are a range of options. You are also unlikely to be the first Australian who goes to that unit so talking to previous fellows is also a good idea. Don't let this be the reason you feel like you cannot go.

I am yet to know if going overseas is a good option career-wise or personally - I could tell you that at the end of this year when I might have a completely different answer (or in five years' time, when I might have another answer altogether). At the moment, I have been enjoying the change from Australia, working in a new and exciting unit, making new friends and exploring a new city. So far, it has been definitely refreshing to do medicine in a different country and get exposed to a range of different practices and patients.

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