

CAREER FOCUS

General Practice

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General Practice in the RAMC can provide an interesting and stimulating career for any doctor who is keen to accept responsibility, enjoys a varied lifestyle and who does not mind moving house several times in his or her career.

Career Path for an Army GP:

<i>Year after Registration</i>	<i>Appointment</i>	<i>Comments</i>
First 6 months	SHO A&E	To be done before or after EOC
Second 6 months	Entry Officers Course (EOC)	Duration is 4 months: Part1: RMA Sandhurst Part2: DMSTC Part3: RDMC
Years 2 & 3	RMO or GDMO	May be able to work in a GP Training practice as a GP Registrar
Year 4	2 x SHO posts	
Years 5 & 6	RMO or GDMO	GP Registrar post. 18 months accredited training from a 30 month posting.
Year 5		Promotion to Major on recommendation
Years 7 - 9	1. RMO or GDMO 2. Loan Service to Brunei	MRCGP
Year 9	Appointed GP Trainer	Must be 3 years as GP after GPVT
Years 10 - 13	RMO / GDMO Garrison MO / Station SMO GP Trainer	GP Trainer May be RMO or GDMO Consider MSc
Year 13		Average promotion to Lt Col (6 - 10 years as Maj)
Years 13 - 23	RMO / GDMO Garrison SMO or Regional Clinical Director (RCD)	Consider MSc GP Trainer May be Course Organiser
Year 23		Average promotion to Colonel (8 - 12 years as Lt Col)
Years 23 - 36	1. SMO / RCD 2. CAGP (UK) 3. DPCC Germany 4. Def Prof GP	GP Trainer May be Course Organiser
Years 28 - 36	DAGP	4 year tenure (maximum)

Although the principal purpose of an Army GP is to provide Primary Health Care to the Army in peace, on military exercises, operations and in war, there is much more to Army general practice than that. Away from the pressures of an ever changing NHS where general practitioners are becoming more and more stressed, the RAMC offers a busy career in a less stressful environment. Patients come from a younger age group than the norm in the NHS and they suffer from the diseases, illnesses and injuries of the under 50s. Troops only practices have a high incidence of sports injuries and other musculo-skeletal problems whereas, in families practices in UK and all overseas garrisons, there are lots of obstetric and paediatric problems, and gynaecology of younger women. All patients are employed and housed, and drug problems are rare. However, there is a lot of family separation due to military exercises and operational tours, leading to alcohol abuse, marital

disharmony and violence. Stress related illnesses are common and child abuse occurs not infrequently.

Opportunities exist for travel - accompanied service in Germany, Cyprus or on lone service in Brunei, adventure training in Norway, exercises in Canada, Kenya and Poland and, of course, operational tours in Northern Ireland, the Falkland Islands or the Former Republic of Yugoslavia. Short notice emergency situations anywhere in the World, such as Kosova, East Timor, Rwanda, Angola and The Gulf, add to the adventure. Sport and adventure training are encouraged throughout the Army and the same applies in the GP cadre. Although captaining the Scottish rugby team is not conducive to a career in General Practice, climbing to the summit of Mount Everest certainly is!

General Practice Vocational Training in the RAMC has to overcome turbulence to training programmes but the quality of training received by our GP Registrars remains second to none. RAMC and CMP trainers are enthusiastic and highly motivated with the Residential GP Registrars Course run at the Royal Defence Medical College getting well deserved praise from the Joint Committee on Postgraduate Training for General Practice. After training in the Army, fully accredited RAMC GPs will have had a far broader experience of life as a GP than their colleagues in the NHS.

What should an RAMC GP expect of his or her career?

Although some join as fully accredited GPs, most will have been medical cadets. Following the Entry Officers Course and a 6 month SHO post in Accident & Emergency Medicine, all medical officers, including those intending to specialise in hospital medicine, will spend one tour of duty as an RMO with a battalion or regiment, or GDMO with a field ambulance or hospital. As well as military exercises it will be unusual not to pick up an operational tour of duty. This is the time to do parachute training if that is your inclination. If possible those who wish to be GPs will be posted to a job which is accredited for GPVT and be able to start their training immediately. The majority will not.

GPVT involves a further 12 months in hospital SHO posts (all will have already

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done A&E) and 18 months practice based accredited training. The latter usually involves 2 - 2¹/₂ years in a training practice to allow for military exercises and operational tours. After accrediting as a GP and getting a significant pay rise, there is a wide choice of jobs available to the RAMC GP. These include continuing as a military GP, either as an RMO, GDMO or a Garrison doctor; taking the MRCGP examination, having already taken the DRCOG, DCH or DFFP; and studying for Diplomas in Medical Education, Dermatology, Immediate Medical Care, Occupational Medicine or Sports & Training Injuries (which has been developed uniquely between the RAMC and University of Bath). Some choose to take an MSc, in Academic General Practice, Sports & Exercise Medicine or in Health Service Management. Postings can be to troops only medical centres in UK or families practices in UK or overseas. Different posts will have different commitments for overseas travel on exercises and operations. Some will involve a lot of travel and adventure, and separation for those who are married. Others posts will give a more stable life style.

To progress as a military GP medical officers will be expected to take the MRCGP examination. After 3 years as a fully accredited GP it is then possible to apply to become a GP trainer when you can get involved in GPVT from the other side in UK, Germany or Cyprus. GP trainers' allowance now stands at £4000 per annum. As a trainer you may still be posted as an RMO or GDMO but some are selected for garrison SMO posts. In Germany, the five Regional Clinical Directors carry a lot of administrative responsibility and it is hoped that this structure will soon be replicated throughout the UK. Senior GP trainers can

become course organisers and be attached to the Department of General Practice at the RDMC where the Defence Professor of GP sits. At the moment the Professor is in the RAMC but plans are afoot to create a Triservice Chair jointly with the Royal College of General Practitioners.

Promotion will come in the same way as other medical officers in the RAMC. However, early promotion will only be considered for GP Trainers. Senior GPs may be selected to become the Defence Professor of General Practice, Director of Primary & Community Care in Germany, the Command Adviser in GP (UK) and, ultimately, the one star Director Army General Practice.

Some GPs express an interest in Command & Staff and, in recent years, a few senior GPs with limited staff experience have been lucky to command field units. These opportunities are becoming less with the creation of the medical regiments and more direct entry non medical officers from Sandhurst. In future years, GPs who wish to take up C&S appointments will require staff training at an early stage. Any GP who wishes to pursue a career in C&S, wholly or part time, should make these wishes known to the AMS Manning & Career Management Division (MCM Div) at the Army Personnel Centre as soon as possible. Unfortunately, it is possible that staff training will delay a GP from becoming accredited and almost definitely delay him becoming a GP trainer.

Anyone who wishes further advice on a career as an Army GP should ask for a personal interview with the Director Army General Practice (Aldershot Military 5289), the GP desk officer at AMS MCM Div (Glasgow Military 3432), Defence Professor of General Practice (Gosport JSASTC 65741) or any senior RAMC GP.