
CAREER FOCUS

Military Surgery Or Surgery In The Military?

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Introduction

What is military surgery? It is certainly not simply the surgery of violence. If you want a career involving major torso trauma on a regular basis, with some hope of getting a result, you might be better employed in a Level 1 trauma centre in the US or South Africa. My belief is that the Defence Medical Services require well trained surgeons with the ability to respond appropriately to trauma and other surgical Disease Non-Battle Injury (DNBI) conditions as they present in the field, often under austere conditions and with limited resources, but with a reliable casualty evacuation chain. To this end, DMS provides high quality surgical training with additional courses and experience to fit the surgeon for his or her military role.

Basic Surgical Training

Whether you wish to have a career in general surgery, orthopaedics, urology, plastic surgery or even thoracic surgery all start on the same programme. In essence this comprises two elements, one of which satisfies the requirements for MRCS and the other an element designed to train the 'military surgeon'. Thus the first element is usually:

- trauma and orthopaedics
 - general surgery
 - urology
- whilst the second element involves exposure to:
- neurosurgery
 - thoracic surgery
 - plastic surgery
 - intensive care.

Thereafter the aim is to prepare the aspiring surgeon to ensure that he or she is competitive when compared with NHS peers and can be offered a National Training Number. The aspirant's CV should, therefore, demonstrate a good balance of basic training with sufficient academic content. Many trainees now undertake MSc courses prior to commencing Higher Surgical Training (HST), others will be given the opportunity to go to Porton Down to join the busy and active research programme there. Acquisition of higher degrees is encouraged for your benefit. It will make you more competitive in future.

Towards the end of your three year BST period you will have decided which main

surgical specialty you wish to pursue and in some cases a final six month period as a senior SHO might be of benefit before HST commences. You will of course have passed your MRCS in under three years, and will not be considered for conversion of commission until you have.

Higher Surgical Training

This follows much the same pattern whether you choose to do general surgery, orthopaedics, plastic surgery or urology, or indeed thoracic surgery. The last has not been given much consideration in the past, but is becoming increasingly divorced from cardiac surgery and is rekindling its relationship with upper GI surgery in many parts of the country. It is a very suitable choice for the 'military surgeon'. The first three years of HST should be in appointments designed to give you a good general grounding in your specialty of choice, whilst the final two years are more devoted to your subspecialty interest. The sixth year is flexible and may be the year already done as research. Some appointments are in MDHUs, but mostly they are undertaken in high quality NHS appointments which you can choose, once you have satisfied the Deanery that you are ready for HST. At the end of your training you must be competitive with your peer group for the type of consultant appointment in which you see yourself.

Military Surgical Training

This comprises a series of courses and attachments which run parallel to your conventional surgical training. All army and most RN medical officers will now have completed six months A&E after PRHO jobs, and all should have done ATLS, BATLS and other life support courses early in training. The RCDM runs anastomosis, fracture and neurosurgical workshops for SHOs, SpRs and Consultants to refresh their knowledge of procedures they do not normally undertake. In addition, there is the Danish exercise offering surgical practice on animal subjects and the Definitive Surgical Trauma Skills course run at the Royal College of Surgeons. The aim of these courses is to equip the deployed surgeon with the skills to safely package the patient for rearward evacuation to appropriate facilities for optimum management of the condition.

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Several surgical trainees and consultants have been to South Africa for exposure to military type trauma. The aim is to extend trauma training in South Africa to all surgeons at all levels of training, and including consultants at two or three yearly intervals.

Life as a Consultant in Uniform

The payback for this extremely high quality training is a mere three years in uniform. You can decide for yourself during this time whether or not you wish to continue in uniform. The major consideration must be where you will end up as a Consultant. There are no real military hospitals apart from Cyprus and Gibraltar, and these are not suitable for thrusting young consultants, apart from the occasional (welcome) leave relief.

Whether you are posted to RCDM, one of the MDHUs or to a Trust of your choice you will spend at least 75% of your working life working in a Trust with civilian colleagues, under much the same conditions and with the expectation of performing to the same standards. However, you will probably spend 4-8 weeks of any year on deployment and some time on exercise and military training. You will also have to fit in leave and Continuing Medical Education.

As a Consultant Surgeon on deployment you will certainly be expected to deal with major trauma of all types but equally importantly with surgical (in the widest sense) DNBI, to the best of your ability, under fairly austere circumstances. Timely and appropriate intervention is the rule. On many occasions you will only be required to make a decision as to whether the patient should be evacuated for definitive care rather than intervene under less than satisfactory circumstances. It is easy to operate and leave a terrible mess for someone else or even kill or maim the patient in an environment with inadequate resources when good 'packaging' and timely evacuation might have saved the day.

When not on deployment, you will be part of an NHS Trust and work as part of a subspecialty team for most of your career. Just as there is no such thing as military surgery, there is also no such thing as general surgery, but you must choose your subspecialty carefully and be sure you can be fully competent to deal with the general surgery take, although inevitably you will need to pass some cases on to more suitably qualified colleagues, and vice versa.

If you thought you might enjoy treating Service Personnel in peace time as a Consultant, this is technically no longer part of your remit unless the Trust in which you work happens to have a local Service population. It is frustrating to many that the only recognized role of the DMS surgeon is to be available for deployments, and that the day to day work which is what you have trained for is not seen as having any benefit except as training material. There appears to be little understanding by our 'front-line' colleagues that the day to day job is real training (live firing, if you will) whilst exercises and deployments offer little opportunity to demonstrate or improve surgical decision making processes – although there may be management and teaching opportunities.

Finally, the DMS has changed dramatically (and with increasing frequency) since I started out as a surgeon. There is no doubt that the opportunities for a satisfying job as a consultant are available, but they are little different from that of a normal NHS consultant, apart from the disruption caused by deployments.

The best piece of advice I can offer is that you need to think a long way ahead about where you might like to end up. The vagaries of DCS15 mean that we have far too few surgeons, but even if we had sufficient for the likely tasks, there is nowhere to put them for their normal work. You will need to tailor your training and eventual CV to the appointment you might wish to undertake. At the same time you must retain sufficient skills to be deployable. Not easy. Timing is everything and NHS priorities will undoubtedly continue to change, so a high degree of flexibility is necessary. Your military training may help you with that!

Further information

All those wishing to pursue a career in surgery in the Defence Medical Services should contact either the Defence Consultant Advisor in Surgery, Colonel Simon Mellor QMS MS FRCS L/RAMC at Frimley Park MDHU, Frimley Park Hospital, Portsmouth Road, Camberley, Surrey, GU16 5UJ, telephone 01276 526331 or Professor of Military Surgery, Surgeon Captain Philip Barker MS FRCS RN at RCDM, Selly Oak Hospital, Raddlebarn Road, Selly Oak, Birmingham B29 6JD, telephone 0121 627 7814.