
CAREER FOCUS

General Practice

JM Wells

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.

Although the principal purpose of an Army GP is to provide Primary Health Care to the Army in war, on military operations and exercises and in peace, there is much more to Army general practice than that. There is a different set of challenges compared to NHS general practice with an emphasis on occupational aspects of illness as well as the prospect of practicing in remote and dangerous locations. Patients generally come from a younger age group than is the norm in the NHS and they suffer from the diseases, illnesses and injuries of the under 60s. Troops-only practices have a high incidence of sports injuries and other musculo-skeletal problems whereas, in families' practices in the UK and all overseas garrisons, there are lots of obstetric, paediatric and younger gynaecology problems. All patients are employed and housed, and drug problems are rare. However, there can be considerable family separation due to military exercises and operational tours, which may result in stress-related illness and the associated psychosocial problems.

Opportunities exist for travel – accompanied service in Germany, Cyprus or on loan service in Brunei, adventure training in Norway, exercises in Canada, Kenya and Poland and, of course, operational tours in Bosnia, Kosovo, Iraq and Afghanistan. Short notice emergency situations anywhere in the World, such as East Timor, Rwanda and Sierra Leone add to the adventure. Sport and adventurous training are encouraged throughout the Army and the same applies in GP cadre. Recent sporting stars in the Army GP cadre have climbed summit of Mount Everest and played hockey in the Olympics.

General Practice Vocational Training (GPVT) 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 civilian trainers are enthusiastic and highly motivated with the Residential GP Registrars Course run at the Royal Centre for Defence Medicine (RCDM) getting deserving praise from the Postgraduate Medical Education and Training Board (PMETB)'s predecessor. After training in the Army, fully accredited

RAMC GPs will have had a far broader experience of life as a generalist doctor 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 have been medical cadets and PRHOs. Following the Entry Officers Course (EOC) and a 6 months SHO post in Accident and Emergency Medicine, all medical officers, including those intending to specialise in hospital medicine, will spend one tour of duty as a GDMO. This may be as an assistant RMO with a battalion or regiment, or with a medical regiment. This is the time to do parachute training if you so wish and as well as military exercises it is likely that an operational tour will take place.

GPVT involves a further 12 months in hospital SHO posts (in addition to the earlier A&E) and up to 18 months practice-based accredited training as a GP registrar (GPR). The latter may involve 2 – 2½ years in a training practice to allow for military exercises and operational tours, although every effort is made to protect GPRs from undue turbulence. Some may have the opportunity to be a GP registrar in a NHS training practice. The arrangements for GPVT will change nationally from August 2007 due to the implementation of Modernising Medical Careers and the Foundation Programme.

After completing summative assessment, accrediting as a GP and receiving a significant pay rise, there is a wide choice of jobs available to the RAMC GP. Whether this is as an RMO, GDMO or a Garrison doctor, in all cases Continuing Professional Development is encouraged and funded. Professional development may be through sitting the MRCGP examination or studying for diplomas in various subjects including Obs and Gynae, Family Planning, Child Health, Medical Education, Dermatology, Immediate Medical Care, Occupational Medicine or Sports and Training Injuries. After 3 years as a fully accredited GP you may also apply to become a GP trainer and if selected you can get involved in GPVT in UK, Germany or Cyprus. GP trainers' allowance is the same as it is in the NHS (approx £7000 per annum). As a trainer you may still be posted as an RMO or GDMO but some are selected for garrison SMO posts. Later on some may apply to take a MSc in Primary Care, Medical Education,

Brigadier JM Wells
OBSE MBChB MSc
(Med Sci) FRCGP
DRCOG, Director
Medical Policy and
Audit (Army)/
Consultant Advisor in
General Practice Army
Medical Directorate
FASC, Slim Road,
Camberley, Surrey
GU15 4NP
Email: dmedpolps@amd.mod.uk

Sports & Exercise Medicine, Travel Medicine or Health Service Management. Postings can be to troops-only medical centres in the UK or families' practices in UK or overseas. Different posts will have different commitments for overseas travel on exercises and operations with concomitant levels of adventure, and separation for those who are married. Others posts will provide a more stable life style.

In Germany, the five Regional Clinical Directors carry significant administrative responsibility in addition to their clinical workload, and in the UK GPs can compete for five managerial posts in the Army Primary Healthcare Service. Senior GP trainers can become course organisers and be involved with the Highlands and Islands course at the RCDM where the Defence Professor of GP sits.

Promotion will come in the same way as with other medical offers in the RAMC.

Senior GPs at OF5 rank may be selected to become Medical Director of Primary & Community Care in Germany, the Associate Director of Postgraduate Education and Clinical Governance in APHCS and Consultant Advisor in General Practice. They may also compete for the Tri-Service posts of the Defence Professor of GP and the Defence Director of Postgraduate GP Education.

Some GPs express an interest in Command & Staff and 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 early on. However it is possible that staff training may delay a GP from becoming accredited and almost definitely cause a delay in becoming a GP trainer.

Career Path for an Army GP

Year after Registration	Appointment	Comments
First 6 months	SHO A&E	To be done before or after EOC
Second 6 months	Entry Officers Course (EOC)	Duration is 4½ months: Phase 1a: DMSTC Phase 1b: RMA Sandhurst Phase 2a: DMSTC Phase 2b: RCDM
Year 2	GDMO	May be posted as an aRMO or to a Med Regt
Year 3	2 x SHO posts	4th SHO post may be possible
Year 4	RMO or GDMO	GP registrar post. Up to 18 months accredited training.
Year 5	RMO or GDMO	Complete SA and GPVT. After 5 years, promotion to Major on recommendation.
Years 6 – 8	1. RMO or GDMO 2. Loan Service to Brunei	MRCGP. Consolidate clinical experience as a GP.
Year 8	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) in BFG	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. Med Dir PCC BFGHS 3. AD PE & CG APHCS 4. Cons Adv GP 5. DMS Prof GP 6. DMS DPGPE	GP Trainer May be Course Organiser