Greener pastures? Reflections from UK ENT surgeons now practising abroad

BY MICHAEL CHU

Ever considered practising ENT abroad? Here are some experiences of previously UKbased ENT surgeons who took the plunge and are now plying their trade in distant lands.



Andrew McCombe ENT Consultant Date of migration: December 2015 Place of work: Mediclinic City Hospital, Dubai Healthcare City, Dubai, UAE

E: andrew.mccombe@mediclinic.ae www.dubaidoc.net



Just do it!

I had been working at Frimley Park Hospital as a consultant since 1995, but despite it having a very competent management team, it still fell victim to the various governmental edicts with which we are all so familiar. As a consequence of these, and my static (diminishing) salary, I found myself becoming increasingly disillusioned with working for the NHS. Kate, my anaesthetist wife, felt similarly.

So, when my youngest daughter graduated from Hull University, and supposedly would join her brothers in the world of work, we thought about moving abroad to work. Canada was our first choice but sadly they had no need for anaesthetists or ENT surgeons. We would have to rethink. I had also joined LinkedIn some time previously and had received a number of offers from headhunters in the Middle East. However, I had not paid them any serious attention until now.

The normal process for such job applications seems to be an e-mail exchange, including application forms and CV, followed by a Skype or telephone interview. A trip to visit the unit and a final face-to-face interview usually follows. Ultimately, if this is successful, a decision will have to be made and a contract signed.

So, we started the process and eventually, after a couple of unsuccessful efforts, we were offered jobs in the United Arab Emirates (UAE). Initially Kate was based in Abu Dhabi, with me in Dubai. We looked at the map and thought it looked 'do-able'. In reality though, the two cities are 90 miles apart and, even as a weekend commute, it quickly became a bit tedious. Fortunately, towards the end of our first year out here, Kate was able to secure a job in City Hospital with me which is much more fun.

To try and remind myself of the excitement of the process, and to inform others who might be interested, I have been "My working life is much simpler, I am paid very well, and it is tax-free! My practice has changed from a head and neck specialist, to a very general ENT surgeon. I have found the experience rejuvenating."

......

writing a blog, which can be found at www. dubaidoc.net. It has been a life changing, and very much a life enhancing experience. It may be difficult to contemplate and undertake for those with young children, locked in to their educational pathway, but for those a little further on in their career, I would thoroughly recommend making the jump. It has been a fantastic experience. My working life is much simpler, I am paid very well, and it is tax-free! My practice has changed from a head and neck specialist, to a very general ENT surgeon. I have found the experience rejuvenating.

The other thing that is interesting is comparing medical systems. I now work in a totally private health care system. We have all sorts of issues with insurance companies, and what they will and won't pay for. But it does make you appreciate the underlying philosophy and principles of the NHS system; it is truly magnificent, which makes it all the more frustrating to see it being used, so often, as a political football.

So, in summary, I would say, if you are even vaguely thinking about moving, then as the title of the piece says: just do it! You won't regret it.



Cristian Slough

Otolaryngologist Date of migration: June 2004 Place of work: Willamette Valley Ear, Nose and Throat, Portland, Oregon, USA E: cslough@gmail.com

Instagram: Cristian Slough



......

"Working in America as an otolaryngologist is extremely rewarding... with a near perfect work-life balance and the ability to better control your own professional destiny."

So you want to come to America?

Let me start off by saying that the path is long and arduous, but the benefits can be worth all the sweat and tears. The 'why' is often varied but can be summarised with one word: opportunity. The 'Land of the Free' affords you exactly that - freedom. The sheer size of the USA and its population allows physicians in training and qualified consultants (attendings as they are called here) a lot more flexibility of choice and movement. Otolaryngology training positions are available annually, in the entire country, and there are approximately 275 training positions open every year. In the UK one is often waiting for a registrar number to come up, or a consultant position to open up, and this can be anywhere in the country. However in the USA, once you complete your training you have the flexibility to practise almost anywhere in the country, with some caveats. Moving to America allows you to forge your own path outside the constraints of the NHS and with considerably more opportunity and earning potential.

The 'Home of the Brave' is for exactly those, the brave. The 'how' is long and hard. The key is to start planning early. Due to strict medical licensing policies, an International Medical Graduate (IMG), is only allowed to practise in the United States after completing a series of steps. The physician must first acquire a visa to train in the US, if not a US citizen or green card holder already, pass the first two steps of the United States Medical Licensing Exam (USMLE), pass the clinical skills exam, become certified by the Education Commission for Foreign Medical Graduates (ECFMG), secure a position in an accredited US or Canadian residency programme, pass step 3 of the USMLE, and

then become licensed in the state where they propose to work. It is also advisable to become board certified upon completion of your residency training to optimise your employment opportunities.

A word of caution, unless esoteric details like the rate-limiting step of the Krebs cycle roll off your tongue, you are going to need to study hard for the first step of the USMLE. Due to the competitive nature of otolarynogology residency programmes this score is often its own rate-limiting step to obtaining a position. The mean USMLE step 1 score in 2016 for successful IMGs was 241 compared to unsuccessful candidates at 231. (The mean USMLE step 1 score for successful US candidates was 248.) Other important factors that can help in securing a residency in the US include: publications, research, work and volunteer experiences, and letters of recommendation from a US physician, ideally one who is well known in the American Academy of Otolarynoglogy.

Once you have completed all this you are then free to practise as an otolaryngologist in America. If you trained under a J-1 visa however, you will need to find an academic position, or an area deemed medically underserved and practise there for three years, or return home for two years after which you can return to the US to finally reap the fruits of your labour.

Working in America as an otolaryngologist is extremely rewarding, allowing a wide range of opportunities (from academia to private practice), in a growing market, with a near perfect work-life balance and the ability to better control your own professional destiny. I would not hesitate to do it again, or recommend trying, even knowing what I know now.



Gary Back ENT Consultant Date of migration: January 2007 Place of work: Lakes District Health Board (Rotorua and Taupo Hospitals), New Zealand E: gary.back@hotmail.com

The lure of adventure

Why: Those old clichés of lifestyle and worklife balance were for my wife and I the main reasons for switching hemispheres. The lure of adventure in wide open spaces with majestic, untamed countryside, in a warm, balmy climate where the sun actually shines, unencumbered by crowds of people and traffic jams at every turn, and working in a friendlier, less stressful environment, was too much to resist. The reality of living and working abroad is of course very different to holidaying there, but after 11 years in Rotorua, on the North Island of New Zealand we've never regretted our decision. We also considered Australia but my wife especially, was put off by the extreme Australian heat and all the beasties, both on the land and in the water, that are trying to sting, bite or eat you. Also the culture and medical system in Australia has a much more American flavour to it, which didn't suit us. How: The easiest way of finding a job

abroad is to join a locum agency. They can find you both short and long-term locums and permanent posts. They will help you with the mountain of paperwork required for immigration, New Zealand medical council and your new hospital.

I actually registered with four different locum agencies to improve my odds and was offered two separate permanent posts, both of which looked very attractive on paper and after doing my research I opted for Rotorua.

Pros: The country is populated by many Brits and the culture is similar to the UK in many aspects so that there's less of a culture shock and it's much easier to quickly settle in and feel at home. New Zealand is the size of the UK, but with a population of only 4.5 million; this affords you the luxury of enjoying the amazing natural scenery New Zealand has to offer without having to share the experience with multitudes. If you enjoy the outdoors you'll be spoilt for choice. It's a

wonderful country for bringing up young kids. We've had two in New Zealand and they've enjoyed a carefree childhood in a safe, outdoor environment, in a way that probably wouldn't have been achievable in the UK.

As long as you don't live in Auckland, land and housing is generally much cheaper than the UK. Four months after moving to New Zealand we purchased a semi-rural property with four acres of land overlooking Lake Rotorua where we raise sheep, keep chickens, grow our own fruit and vegetables and generally live the "good life".

It's very easy to hit the ground running work wise as both the public and private medical systems are very similar to the UK. The public system is just like the good old NHS, before the government started chipping away at it and imposing their political agendas. Kiwis are generally friendly, laidback people with a can do attitude and this translates to a happier, less stressful work environment with a slower pace of life (which may not suit everyone).

Cons: Of course life as an expat is not always a bed of roses. For

"Life as an expat is not always a bed of roses. For one, the mullet is still a popular haircut here."



one, the mullet is still a popular haircut here. You'd only be further from your friends and family if you lived on the moon, and flying to the UK is 24 hours of expensive, tiring torture, especially if doing it with young children. Thank heavens for Skype and FaceTime. Because you live on an island in the middle of the Pacific Ocean, there is less choice, certain goods can be very expensive and your salary will probably be less then you'd earn in the UK.

Pearls of wisdom: Do your research and be very clear in your mind why you are doing this. It's very difficult to go back if you get it wrong and it doesn't work out. Finally it's much easier to immigrate before you have children or once they've flown the nest.



Mike Smith

ENT Consultant

Dates of migration and places of work:

- 1. 1980-1982 (2 years): Green Pastures Leprosy Hospital, Pokhara, Nepal
- 2. 1990-1998 (8 years): ENT Department, Western Regional Hospital, Pokhara, Nepal
- 2015 to present: Ear Hospital and Training Centre, Green Pastures Hospital, Pokhara, Nepal

E: mike.smith@earaidnepal.org

www.earaidnepal.org

https://www.inf.org/our-work/ear-diseaseshearing/

Ear surgery camps: helping to heal the poor and needy

Going to work in another country, then migrating home again brings fun and challenges. Having done it three times, we are getting used to it. As an ENT senior house officer in 1980, with DLO and primary FRCS I moved with my wife to Nepal to be a volunteer doctor in a small mission hospital for leprosy. I learnt reconstructive tendon transfer surgery, mostly from a book. Returning to England due to illness, and seeing supermarkets and good food, was a shock. Eight years later, at the end of my ENT senior registrar training we did it again, with two children, to run a department in a new government hospital in Nepal. I had to deal with massive head and neck tumours, and goitres, facial fractures, brain abscesses and a lot of ear disease, with very limited facilities. Slowly we built a good department.

After eight years I returned to a consultant ENT post in the UK, but continued to work in Nepal for two weeks twice every year for the next 17 years. Then I took early retirement in order to set up and run a new specialist ear

hospital in Nepal. We moved back out here in 2015. Visas willing we plan on doing this for most of each year for the next few years. Each move brought its own stories. On the first occasion it was tough, one boss told me it was a bad career move and he would not write me another reference. When we returned to England it took a couple of jobs (Great Ormond Street proved invaluable experience) to catch up and work towards a registrar post. Saying at interviews that I might work abroad again in the future did me no favours, but Oxford took me on and helped me get a junior registrar post. The confidence gained from my experiences got me through exams and vivas faster than contemporaries, and I caught up the missing years. When we returned to the UK the second time, for children's education and a sick parent, we expected years trying to re-establish, in fact I flew back briefly for interview and got a consultant post before we fully returned.

My career has been unorthodox but the experiences incredible. I have worked in most of the remote and mountainous areas of

"I have worked in most of the remote and mountainous areas of Nepal, and introduced many colleagues to beautiful places and amazing people, through ear surgery camps."





Nepal, and introduced many colleagues to beautiful places and amazing people, through ear surgery camps. I have seen and treated many people with terrible pathologies, been stretched to the limit, physically and emotionally. But I would not miss a minute of it. Our motivation was and is compelled by the desire to follow the simple biblical commands to help heal the poor and needy. Now we have a new challenge, driving forward a new Ear Hospital and training centre in Pokhara, Nepal. Joined with our regional hospital we will soon become a postgraduate training medical academy serving the population of several million. Today I watched a dozen children with head bandages, all playing on the grass outside our hospital. They all come from a remote hill region, we brought them down to our hospital for ear surgery and in a few days they go back to their hard lives.

The stories shared here are inspiring, positive and uplifting. However, medical migration is a deeply sensitive and personal topic, and experiences can be challenging in many ways. Difficulties may arise in leaving family behind, visa and citizenship issues, financial implications and dealing with prejudices. It is therefore important to take all these into account when making a potentially life-changing decision.

TAKE HOME MESSAGES

- Do your research reach out to those who have already made the move and ask specific questions
- Joining professional social media platforms such as LinkedInmay increase your exposure to new opportunities
- Join trusted locum agencies abroad and let them help you find new opportunities
- · Consider volunteering opportunities abroad

Michael Chu, MBChB, BSc (Hons),

AUTHOR



PGCert, MRCS (ENT), Senior House Officer, Intensive Care Unit, Waikato District Health Board, Hamilton, New Zealand.

E: mchu@doctors.org.uk

I am an aspiring ENT surgeon who completed Foundation training in the North West of England. I recently moved to New Zealand to experience a new lifestyle and healthcare setting – and I am loving it.

####