

SHORT-TERM APPOINTMENTS FOR BRITISH GRADUATES AT SOUTH AFRICAN HOSPITALS *

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It is essential that the close ties which have always existed between British and South African medicine should be maintained, and that the opportunities given to South African graduates to obtain clinical experience and postgraduate training in British institutions should be safeguarded. There are, at any one time, more than 2,000 Commonwealth medical graduates working in British hospitals or attending courses of study at British postgraduate institutions, and many of these are South Africans who return to this country after they have availed themselves of the opportunities for professional advancement given to them in the United Kingdom.

The Medical Association of South Africa has reason to be grateful to the British Medical Association for assisting our graduates in the United Kingdom by placing the services of the Commonwealth Medical Advisory Bureau at their disposal. We also have reason to be grateful to Sir Francis Fraser, the Director of the British Postgraduate Medical Federation and his officials. As the British Medical Association is assisting our graduates it is right that we should assist the BMA whenever this is possible.

South African medicine owes a great deal to British

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medicine and it is hoped that the cordial relationship which has always existed between the BMA and the M.A.S.A. will long be maintained; but long-term cordial relationships are impossible when the one partner always gives and the other partner only takes. We must therefore welcome an opportunity to assist the BMA. As South African doctors are given the opportunity of gaining experience in British hospitals, it is right that British qualified doctors should also have opportunities of working in South African hospitals. They will not only gain varied and valuable clinical experience, but will also learn something about our problems and our way of life. They will return to Britain, should they decide not to settle in South Africa, with a better understanding of the vast potentialities of this country and a more kindly understanding of our temporary difficulties.

In the days of the now vanishing Colonial Empire, many members of the British Medical Association went overseas. Some went as members of the Indian and Colonial Medical Services, some as medical administrators, medical teachers and medical missionaries, and some became private medical practitioners.

The 'wind of change' is not an entirely new wind and has been blowing for many years, substituting nationalism with a desire for self-sufficiency, for Colonial rule. Many oppor-

tunities for overseas employment have thus been blown away, and the security previously offered by overseas employment no longer exists.

This change has presented British medicine with a serious problem, a problem which was discussed by the British Commonwealth Medical Conference.

The British National Health Service provides employment and security for the majority of British doctors, but has failed to make satisfactory provision for the young man or woman who has served an apprenticeship as a hospital registrar, who has obtained the necessary additional academic qualifications, but who can not immediately be fitted into a junior consultant post at a British hospital.

The senior registrar for whom no hospital post is immediately available must get out. Others must also be given the opportunity of training and the junior registrar must become the senior registrar. What is this man or woman to do? He can leave the country if he can find suitable overseas employment, or he will be forced into general practice, which can be most frustrating and demoralizing for the highly qualified practitioner under National Health Service conditions. It has been suggested by the BMA that these young graduates be given proleptic appointments by the National Health Service. They would then be appointed not when the vacancies occur, but several years before the vacancies are due to occur. A senior registrar would then be told in January 1961 that he had been appointed to a consultant post as from January 1963. In this way a group of 'consultants designate' would be created and they would be encouraged to accept service overseas for the period which would elapse before they assumed their posts in the National Health Service.

The success of such a scheme must depend entirely on the cooperation of other Commonwealth countries. Is South Africa able to assist the British Medical Association by providing temporary appointments for some of their men and women in South African hospitals? Can this assistance be

given without detriment to our own South African graduates?

I have informed the members of the Commonwealth Medical Conference:

1. That the Medical Association of South Africa will make its resources and services available to members of the BMA in exactly the same way as the services and assistance of the BMA are made available to members of the M.A.S.A.

2. That there are no vacancies at present and are not likely to be vacancies for British graduates in our teaching hospitals.

3. That there are numerous vacancies for full-time resident medical officers in our non-teaching Provincial hospitals, and that British graduates would be welcome to apply for these posts as advertised. The Conference was informed of the salaries paid and was also informed that ample opportunity for varied clinical experience was offered.

4. Positions as assistants or *locum tenentes* in private practice were usually available and advertised in the *South African Medical Journal*.

It is at present impossible to fill many of the medical posts in our smaller Provincial hospitals, and it will be in the interest of the Provincial hospital departments to make such posts available to British graduates. This will not be detrimental to the interests of South African graduates. I recommend that Federal Council agrees to this in principle.

I further recommend:

1. That Federal Council request the Provincial hospital departments to appoint British graduates, whose appointment is recommended by the British Medical Association, to 2-year appointments, and that assisted passages be given on the basis of a 2-year contract. (Present regulations require a 3-year contract.)

2. That the South African Medical and Dental Council be requested to grant temporary registration at a reduced fee to British graduates given short-term Provincial hospital appointments.