

Wish you were here?



*'Devil's Marbles',
Tennant Creek,
Australia.*

If you have always wanted to work overseas, there has never been a better time to take the plunge. The SoR has a fund to support radiographer volunteers in deprived or developing areas, and Voluntary Service Overseas (VSO) has posts available. Gemma Cox looks at the nuts and bolts of working abroad.

There's nothing quite like working abroad for broadening your experience and understanding of healthcare. An average night shift in India, for example, entails dodging patients' relatives camping on the stone floors, whilst the Australian outback brings the challenges and opportunities of the nearest radiologist being a six hour drive away and supplies inevitably delayed by unpredictable weather.

Working in a foreign culture is rarely predictable, ordered or comfortable, but, says overseas veteran John Carmichael, "it can become addictive". And it is obviously popular. As of December '97, an estimated 14 million British nationals were living abroad. Most popular was Hong Kong, attracting 3.6 million Brits, closely followed by Australia, Canada, South Africa and America. And one in three VSO volunteers extend their time abroad, a figure which speaks for itself.

Why work overseas?

"A lot of people who work abroad report an extraordinary sense of satisfaction," says VSO Officer Sue Randall. "They see the difference that their work makes far more than they would in the UK. Many are inspired by the challenge to tackle poverty by passing on skills that bring real long-term benefits."

Mary Coote set off for Australia, via India, in 1965, and discovered a passion for working overseas that took her through Australia, New Zealand and South Africa. She subsequently worked in Romania as an advisor, and, in her retirement, as a volunteer in India. "I believe UK radiographers have the opportunity to offer encouragement to these coun-

tries," she says. "Good techniques can be demonstrated and practised, radiation protection can be emphasised . . ."

In India there are many varied training schemes for radiographers. The Government scheme has been extended to two years, but in private practice the training may be as short as six months or less on one piece of sophisticated equipment only. And funding to develop learning is always a problem, although some of the radiography tutors are running successful study days with good speakers and useful topics. So the radiographers there need UK professionals to get behind them. Mary encouraged her Indian colleagues to consider forming a society, so that they could benefit from membership of the ISRRT, and a journal for radiographers is already being planned.

What does it entail?

Working overseas often means taking on responsibilities that you might not have in the UK. It involves a certain element

of teaching and training local staff, clinical work and even setting up a department.

Facilities and equipment vary, from country to country, hospital to hospital. You could work with state-of-the-art facilities provided by charities, or be forced to deal with cerebral arteriograms with nothing more sophisticated than a fluoro unit and three cassette film box.

Your role will depend upon where you are working. In some countries you can only work as a volunteer, or if your wages are paid by a charity. For example, "India does not allow foreigners to 'work', but one normally refers to one's presence as advisor or visiting lecturer," says Mary Coote. "However, I do sometimes just roll up my sleeves and get stuck into the practical side."

Mary worked with the Christian Medical Association of India (CMAI), run by a number of Mission Hospitals throughout India. The hospitals vary in size and facilities, as do the classrooms. The CMAI runs a two year course, similar

Is it for you? Find out at VSO evening

VSO is holding an information evening for radiographers who are interested in working overseas on 12 October 1999, from 6:30 - 8pm. It will be held at the Institute of Radiology in central London. If you would like to attend please call Haritha Pattabhi at VSO on 0181 780 7599. For general VSO enquiries, tel: 0181 780 7500/Email: enquiry@vso.org.uk



Photograph supplied by VSO

A VSO volunteer gets stuck in.

to the DCR, where students often battle with the English textbooks and examination papers, and need encouragement and support.

“Community’ and ‘relationship’ are key words,” says VSO’s Sue Randall. “You are there to teach and to encourage, always working alongside local staff, never striding in and laying down the law.”

It is no place for rosy ideals. John Carmichael, now based in the Netherlands as an Applications Specialist for Philips, went out to Pakistan in 1995, where he set up a MRI training programme, before moving to Saudi Arabia.

“In Saudi Arabia the social system is different to what we in the West are used to, and requires us to work in a very different way,” he said. “That took some getting used to.”

Each country will have its pluses and minuses, but some people ‘working in community’ find being in a different culture quite lonely. Others find it tremendously exciting, educational and rewarding. The moral of the tale: do your

research first. VSO has a resources centre, based in London, which offers a library of information on different countries, reports from volunteers, videos, etc, so you can find out just what would suit you before you go.

How will it affect my career?

“A lot of people come back from VSO re-energised,” says Sue Randall. “They have spent two years thinking on their feet, with managerial responsibility that they may not have got in the UK. They are more confident, able to do jobs that previously they thought they couldn’t.” Many radiographers have returned to the UK and used their experiences to tremendously enhance their careers.

But be aware that it may not always be easy to step straight back into work in the UK. For one, the health service and the aid industry have different goals, one wanting specialist and one general skills. There are also nagging doubts in the prospective employer’s mind, such as: is the ‘returner’ out

of touch with new developments in UK practice? Will they be off again once they have earned some cash?

The overseas employer has a bearing on employment prospects back in the UK. If the employer has an established reputation, such as VSO, and is well known, the experience is likely to work in your favour.

“The vast majority of employers view VSO positively,” says Sue Randall, “although a small minority are ignorant about it, seeing it as ‘time off’. All in all, career prospects are affected in terms of how relevant your experience abroad has been.”

Here lies another moral. Research your prospects and put a clear plan together before heading off. If possible, get references from employers, and, if you are only going to be abroad short term, see what you can negotiate in terms of jobs for your return.

Some organisations offer careers services for radiogra-

phers on their return. VSO provides a re-settlement allowance, a career guidance service and references.

“Think long and hard before you do it, and forward plan,” advises John Carmichael. “It is a great thing to do, but it is wise to get as much experience as possible before you go.”

Schemes and opportunities

The majority of people get the opportunity to work overseas through contacts at work or college. Don’t forget that many of your colleagues and fellow SoR members can give you the benefits of their experience first hand. But there are other ways:

■ VSO takes on volunteers for a two year placement (which can be extended) with the aim to pass expertise on to local people. It operates in Asia, Africa, the Caribbean, the Pacific and Eastern Europe. It has radiography posts coming up towards the end of the year

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Tap into SoR fund

As reported in the March 99 issue of *Synergy News*, £10,000 was donated to The Society by an anonymous member to give support to members wanting to volunteer to serve in deprived or developing areas overseas. The Society matched the sum and has placed it in an Overseas Placement Fund, whilst entering into an agreement with VSO to provide some financial support to members who go abroad with them. Grants are available for individuals, and are made at the discretion of the External Affairs Advisory Committee. Contact Gill Smith at The Society for more information.

in Ghana, Zimbabwe and Tanzania. Volunteers go through a selection procedure. Applicants must be formally qualified and have at least two years' post-registration experience. If they fit the bill on paper, they are invited to a 'selection day', which tests personal skills. Successful applicants are normally placed six to nine months after first applying.

Accommodation, flights, funding, etc, are sorted out for you. Volunteers are given a living allowance, at the local rate. "This is an important principle," says Sue Randall. "It is difficult to become part of the community and form friendships when your living standard is way above that of the people you work with." You are also given a language course, which doubles up as a means of orientation to the new culture. And if all goes

wrong, the programme officers are available in times of crisis. ■ Many hospitals and colleges offer temporary overseas placements or exchange programmes. For example, the ERASMUS (Socrates) Programme, run at Salford University, is a three-month exchange programme with Finland for students and researchers who are still studying.

"It gives students the opportunity to look at culture differences within the healthcare sector," says Carena Eaton, Lecturer at the School of Radiography. "The opportunity to compare practices develops them as an individual, as well as giving them a valuable other dimension to their experience."

The students' accommodation abroad and living costs are provided by the EU, as the scheme was set up by the EC. Staff accredit the department in which the student will be

placed, and negotiate a programme of study. To qualify, students must submit a proposal explaining the benefit the placement would give both to them and the university.

■ The embassy of the country of your choice can also provide information on how to go about working abroad independently. It is extremely difficult to get through on the telephone. Writing is generally the best option. Use your imagination - even tourist boards are good sources of help and advice.

Qualifications and other requirements

The advent of training boards within different commonwealth countries and the degree course in the UK means that there is no longer a worldwide standard in radiography education. Some

countries require British qualified radiographers to take an examination before allowing them to work there. Many countries also require work permits, and a Visa is a must. If in doubt, contact the embassy for details.

There may also be hidden extras. In Australia and New Zealand, for example, you are expected to join their Society of Radiographers, or in South Africa, to become an associate member of the Medical and Dental Council. Remember to budget for these things! And don't forget insurance, immunisations, banking procedures . . . need we say more?

With so much help and support, there has never been a better time to spread your wings and discover more about other cultures and ways of working. It may be just the challenge you're looking for!

From the horse's mouth

Determined not to miss out on the sun and sights, Emma King, a Senior II radiographer at Central Middlesex Hospital, spent four months working in the Australian outback. Here, she recounts her experiences.

From hustling, bustling London to the desolate Australian outback. Orange dust and wide open spaces, two pubs and the nearest town six hours drive away. I had found work in a remote hospital in Tennant Creek, a small mining town in the Northern Territory of Australia.

The X-ray department consisted of two rooms and a darkroom. The X-ray room was equipped with an OPG machine, chest stand, floating table top table and overhead tube. There was one mobile machine AMX 4, a reception area with computer and a waiting area. The 'department' was staffed by one radiographer and a sonographer who visited from Darwin Hospital two days every fortnight. The nearest radiologist was in Alice Springs, a six hour drive away!

Stock management was one of my responsibilities and this involved a lot of forward thinking. Supplies had to be ordered with plenty of time to spare, as the weather could, and often did, delay the order for weeks. All the filing and clerical duties were down to me. Still, at the age of 23, I was running an X-ray department!

Patients were mainly chatty miners for pre-employment chest X-rays, aborigine patients and those involved in road traffic accidents. Tennant Creek was on the main Northern Highway between Darwin and Alice Springs. The long straight, rugged roads took their toll on the tourists, whose inexperience and tiredness caused many car rollovers. Often the warning of an incoming ambulance was given three hours before its arrival.

There are several aborigine settlements surrounding Tennant Creek, and the hospital tries to provide them with as much patient care as possible. However it isn't unknown for a patient with bro-



Emma King outside Tennant Creek Hospital.

ken bones or a bad chest to walk two hours to reach the hospital.

The hospital was trying out a satellite link while I was there, to allow aboriginal patients at the hospital to speak to and see their relatives at home. Aborigines are very close to their families and many also find the hospital environment very alien. The intention was to use it to aid the diagnosis of patients in these remote areas. Aboriginal cultural beliefs and their apparently high pain threshold meant that cases seen by doctors in these areas tend to be acute.

One of the highlights of my time in Tennant Creek was the rodeo coming to town. Cowboys, cowgirls and a lot of cattle, yeeha! The town came alive, everyone was talking about the show and it was a chance for me to see how the outback really enjoys itself. But, as you might have guessed, I only got the chance to see the first few contestants. Soon the competitors started arriving at X-ray and I could merely hear about the competition and view the victims.

I enjoyed my time working in the Northern territory, the staff were so friendly, and you would be amazed at the number of other English people working there. My time there was unique, a chance to experience a new lifestyle. Fantastic.

If you have worked abroad, we would like to hear about your experiences. Contact: Rachel Hewitt, Synergy, Ewell House, Faversham, Kent ME13 8UP/Email sdeason@worldscope.co.uk

One year on in Tanzania



It has been just over a year since Lisa Brown left the UK to teach radiography in Tanzania on a VSO placement. Following her previous report in *Synergy* (October 1998), she charts her progress at Bugando medical centre.

My work at the hospital has progressed well in the past few months and I've started to feel more confident about what I'm trying to achieve here, although most days do still bring about some kind of challenge, such as catching a number of students cheating in exams and having to find ways to deal with them.

That was difficult to tackle, but one attempt to overcome it resulted in another challenge, though it was something I expected to be straightforward and simple. I tried to acquire money from the hospital accountant to buy toner for the photocopier, so that we could photocopy exam papers, hopefully reducing the number of people coming into contact with the papers before the exam and reducing the chance of the paper being sold to the students. But it took several trips to the Chief Accountant and a couple more to the Director of the hospital before we were able to get the money.

As well as teaching, I have been working on a fundraising proposal trying to raise sponsorship money to send a couple of radiographers for ultrasound training, as at present Tanzania has no such facility. Also, we have also been trying to raise money so that we can start work on upgrading the school to one of Diagnostic Imaging. This would mean that Tanzania would stop training students to the lower level of radiographic assistant and concentrate on training radiographers, of which it currently has a huge shortage. Also, if the school is successfully upgraded, it is hoped that it would be able to run a variety of other courses, including one for radiographic assistants to upgrade their qualifications, and others in ultrasound and computerised tomography.

So far, though, little has been happening with either of these projects. I've had very few responses from aid agencies and am having no luck in finding an agency who may be interested in sponsoring the radiographers. Due to the poor communications network within Tanzania it is very difficult to find information about different charitable organisations and their primary aims. So far I've been trying pot luck, and hoping that one of them will be able to help me or point me in the right direction.

The work on upgrading the school has also come to a standstill at present, as the Government has recently issued a White Paper stating that it hopes to eliminate the training of all lower classes of cadre and concentrate on training students of the higher professional levels. Because of this we are now waiting for instructions from the Ministry on their plans for the school.

The practical side

Another aspect of my job that I have really enjoyed over the past year is working with the students in the X-ray department, as I feel

a lot more confident teaching the students practical skills rather than theory. At present, though, X-ray is not my favourite place as they have run out of developer for the automatic processor. This is something that happens from time to time, normally because of a misunderstanding between the X-ray department and the stores department or because there has been some sort of hold up between Dar-es-Salaam and Mwanza. Roads in Tanzania are not very good, and it is not unusual for roads to become impassable or even destroyed by rains.

Because the automatic processor is temporarily out of action, all radiographs are having to be developed by hand and the result is chaos. Patients are having to wait about four times longer than normal for their films to be developed. The films are getting covered in developer and ending up with drip marks all over them. And, because of the increased time that it takes to process each film the department is continuously running out of cassettes. Finally, the ID marker is so old that it no longer works correctly and the majority of films being produced have no acceptable form of ID, thus making it difficult, if not impossible, to tell which film belongs to who.

Hopefully, though, something positive will emerge from all the chaos, as an American Orthopaedic Surgeon who was working at the hospital for three months witnessed the problems within the department, and has offered to try and raise the funds to help refurbish – primarily, the darkroom, where most of the problems with film quality are arising. It is also hoped that one of the X-ray rooms may be refurbished to include a ceiling mounted tube.

On a personal front

My first year in Tanzania brought with it many different challenges and experiences, some bad, some good. The one thing that I've really struggled to get used to is standing out like a sore thumb the whole time, with everyone shouting Mzungu at you. Mzungu is a Kiswahili word for white person, and a word which for a long time I found insulting and found hard not to take offence at. I've had to learn that it is not meant in an insulting way at all, and is, in fact, just a name.

There have been some very good times here, both at work and socially. Work-wise I've been able to raise money and books for the school, and was also able to buy some stationary equipment for the students so that they could write their notes in text books, not on scrap paper – they were so pleased with this that an official photo was required!

Socially, I spent my first Christmas away from home on the island of Zanzibar with a few of the other volunteers. It was a very different Christmas, as Zanzibar is predominantly Muslim and so celebrates Ramadam rather than Christmas. Muslims are required to fast during daylight hours for one lunar month, at the time of the year when most Christians are indulging! I've also been working very hard for the past year on my fishing and last week caught my first Nile Perch weighing in at 13kgs. I'm hoping that next year will bring about new challenges and adventures, and hopefully a bigger fish!



Manual processing.



The automatic processor.