There were a total of 85 respondents. These were interested in working in a wide range of specialties (see Figure 1), with Medicine, General Practice and Public Health the most popular. Twenty-four respondents indicated interest in more than one specialty despite being in, or having completed, a specialist training programme. The stage of training of respondents can be seen in Figure 2.

**Background**
Modernising Medical Careers has for the first time brought a defined UK structure to postgraduate training from qualification to consultancy. The more rigid structure of MMC has been criticised for its inflexibility regarding time that junior doctors can take to work and train in Global Health. Trainees can potentially take advantage of Out of Programme Experience (OOPE) to pursue global health interests and there are examples of some structured OOPEs within specialist training.

**Objective**
In a selected group of trainees interested in global health we wanted to assess:
- awareness of OOPE opportunities,
- if they had applied for OOPE and reasons behind this decision,
- if they had been put off applying, with reasons why,
- interest in a structured OOPE

**Methods**
We used an online structured questionnaire targeting trainees currently in, or who had been in, a specialist trainee programme and were interested in pursuing career opportunities in global health. This was advertised through mailing lists and by word of mouth. Data was collected in March 2009.

**Results**

**Demographics**
There were a total of 85 respondents. These were interested in working in a wide range of specialties (see Figure 1), with Medicine, General Practice and Public Health the most popular. Twenty-four respondents indicated interest in more than one specialty despite being in, or having completed, a specialist training programme. The stage of training of respondents can be seen in Figure 2.

**Applying for OOPE**
Twenty percent of respondents had applied for OOPE. Of those who had not applied for OOPE, the majority stated they did not feel prepared to take time out yet, with an additional 31% preferring to use ‘natural breaks’ between training rotations (Figure 3). Of particular note, 20% had not applied because they felt their application would not be successful. One respondent commented that they had been ‘told no immediately on asking [the] Deanery about [the] possibility’, while another stated that they ‘have heard anecdotal evidence from friends that getting time out of programme experience is heart-wrenchingly difficult. I left Core Medical Training for Public Health to pursue more flexibility in Global Health training’.

**Awareness of and interest in OOPEs**
Of those who are currently in, or have completed specialist training, the majority (85%) were aware of the various OOPE opportunities, and 20% had applied for this. 65% were extremely interested in a structured, pre-planned OOPE, with support in finding an appropriate placement abroad and mentorship from the UK, with only 3.5% expressing no interest in this. One respondent, however, made the caveat that they ‘Do not feel this should be at the disadvantage of self organised OOPEs’, an important recognition that additional training opportunities should not be detrimental to those who wish to forge their own path. Of concern is the notion that applications are destined to have negative outcomes, and should not be attempted.

**Conclusions**
1. OOPE placements are an important opportunity for specialist trainees to pursue global health interests
2. Deaneries are often not thought to be supportive of OOPE placements
3. There is significant interest in structured OOPEs that are organised by Training Program Directors, with full support from Deaneries, amongst trainees with an interest in global health.

References: