

CAREERS

1. THE ROYAL ARMY MEDICAL CORPS.

The R.A.M.C. provides a life career with service on the active list up to the age of 57. After retirement employment as a retired officer is up to 65.

Fully registered medical practitioners who are British Subjects and whose parents are British Subjects are eligible for regular commissions if they are under 33.

PROMOTION. Selected candidates who have no former service join in the rank of Lieutenant and are promoted Captain after one year; to Major after 8 years service; to Lieut-Colonel by selection at about their 17th year and to Colonel about their 23rd. year of service.

INCOME. A) Basic Pay: Lieut.: £483 — Captain: £593-803.
Maj.: £1003-1277. — Lt. Col.: £1332-1600.
Col.: £1733-1898.
B) Allowances: After one year, a gratuity of £1500 called a "Regular Commission Grant".

RATIONS: Officers are entitled to standard rations or to 4s.4d. per diem in lieu.

LODGING: All single officers are required to live in an Officers' Mess. When this is not available a daily allowance of 11s. is made in lieu.

MARRIAGE ALLOWANCE: Over 25 years: Lieuts., Capts., Majors: 18s.6d. per diem. — Lt. Cols. and Colonels: 21s. (Taxable).

Under 25 years: Lieuts., Capts., Majors: 8s./-

An Overseas allowance is given which varies proportionately with the cost of living in the overseas station.

OUTFIT AND TROPICAL KIT:

Initial: £124. 10s. — Tropical kit: £67. 10s. (Tax free).

TOTAL INCOME:

	Single.	Married.
Mess:		
Lieut.:	£483	£900.
Capt.:	£593-803	£1009-1292
Maj.:	£1003-1496	£1420-1913
Lt. Col.:	£1332-1825	£1794-2287
Col.:	£1833-1898	£2296-2305
Outside:		
Lieut.:	£762.	
Capt.:	£872-1082	
Maj.:	£1282-1775	
Lt. Col.:	£1666-2159	
Col.:	£2167-2232	

SHORT SERVICE COMMISSIONS:

These provide a short career for men and women followed by retirement with gratuity. Basic commission of eight years of which any period can be spent

in the active list, the balance being spent in the Regular Army Reserve of Officers. The Reserve entails no annual training but merely the liability for recall in an emergency.

WORK :

The R.A.M.C. is responsible for the full medical care of all officers and men of the British Army and their wives and children in the U.K. and Overseas. About 75% are young male adults, 10% are between 35-60 and 15% are women and children.

- A. The R.A.M.C. has 12 large hospitals in U.K. and 14 overseas (200-600 beds); certain of these have been recognised by the Council of the Royal Colleges as follows :
1. The Queen Alexandra Military Hosp. Millbank for Final F.R.C.S. in general surgery and for training for the D.M.R.D., D.A., and D.L.O.
 2. The Cambridge Military Hosp., Aldershot for F.R.C.S. and D.A.
 3. The Louise Margaret Hosp., Aldershot for M.R.C.O.G. and D.R.C.O.G.
 4. The Royal Victoria Hosp., Netley for D.P.M.
 5. The R.A.M.C. College, London, SW1, for Dip.Path.
- B. It keeps also smaller hospitals (50-200 beds) 5 in U.K. and 20 overseas.
- C. Medical Reception Stations where there is no hospital.
- D. Medical Centres in all army units.

PROGRESS IN AN OFFICER'S CAREER.

On joining an officer spends two weeks at Depot and Training Establishment, Aldershot, for clothing, equipping and for training in military subjects. One week at Field Training School for training in Field Medical duties. One week at the Army School of Health. Normally officers who are granted regular commissions for 4 years or more are required to undergo professional duties at the R.A.M.C. College, Millbank, SW1., for ten weeks. Other officers for 14 days only.

LEAVE : If in U.K., 42 days annually on full pay and allowances with free travel warrants. If Overseas for 3 years, a maximum of 75 days "including disembarcation leave can be earned".

MEDICAL TREATMENT is free.

RETIRING AGES.

Rank	Max. rate of retired pay.	No. of years service.	Compulsory retiring age
Lts., Capts.	£400	20	53
Majors	£500	22	53
Lt. Col.	£675	24	55
Colonel	£875	26	57

A lump sum terminal grant is also payable to an officer retiring on retired pay. Grant at rate of £1000 where 20 or more years service has been rendered or proportionately less if with less service.

PENSIONS FOR WIDOWS. Rates are as below provided the deceased has served for a minimum of 20 years or 10 years if he is invalided or dies whilst serving :

<i>Rank of husband</i>	<i>Rate.</i>
Capt. or Lt.	£110 p.a.
Major	£140
Lt. Col.	£180.
Colonel	£220.

METHOD OF OBTAINING REGULAR COMMISSION. By direct entry from civil life. Applications to be addressed to the A.D.M.S., H.Q. Troops, Malta, or to the Medical Director General of the Army, The War Office, by whom final acceptance is made.

GENERAL DUTIES MEDICAL OFFICERS. About 40% of regular and 80% of short service officers are employed in general duty. The majority of junior officers are employed on work analogous to the general practitioner, consisting of day to day doctoring of officers, men, women and children in their homes, in hospitals, medical centres or reception stations. As a general duties medical officer in a hospital he is given charge of a ward and accepts full responsibility for the treatment of his patients until fit for discharge; he is also required to lecture to nursing orderlies in professional subjects, to understand man management and to gain experience in the administration of the unit which includes a knowledge of pay, regimental funds, running of messes; instruction of other ranks in current affairs and leadership. A minority are employed in field ambulances. On becoming more senior he will be given command of units for which he has received training during his service.

SPECIALISTS. Opportunities to specialize are excellent. At present 40% of regulars and 20% of short service officers are specialists.

Grades: Senior. Has qualified at least 7 years and been employed wholetime 5 years and higher qualification.

Junior. Has qualified at least 3 years and been employed wholetime 2 years.

Subjects: Anaesthesia, Army Health, Dermatology, Medicine, Obstetrics, Ophthalmology, Orthopaedics, E.N.T., Pathology, Physical Medicine, Physiology, Psychiatry, Radiology and Surgery.

COUNTRIES in which officers are liable to serve :

Home Stations: Aldershot, Chester, Catterick, Colchester, Glasgow, Hindhead, London, Netley (Nr. Southampton), Oxford, Shorncliffe, Tidworth, York, N. Ireland, Germany and Austria.

Overseas: Gibraltar, Nigeria, Gold Coast, Sierra Leone, Tripoli, Cyrenaica, Malta, Cyprus, Suez, East-Africa, Korea, Honk Kong, Singapore, Malaja, Japan, Jamaica.

* This information is given for guidance of prospective applicants by courtesy of the A.D.M.S., H.Q. Troops, Malta.

2. THE COLONIAL MEDICAL SERVICE

1. It is difficult for those who have had no personal experience of the Colonies to grasp what an enormous task faces Colonial Medical Departments in their endeavour to raise the standard of health of the Colonial peoples. Many of the latter are still primitive and illiterate and unable on their own to get the better of the famine, drought, poverty and pestilence which surround them. Tropical diseases are widespread; malaria, sleeping sickness, filariasis, helminthiasis, yellow fever, yaws, the dysenteries, leprosy. Besides these so-called tropical diseases there are tuberculosis, venereal disease and malnutrition. The process of improperly controlled urbanisation has further complicated the public health problem. On the clinical side all the diseases commonly met with in the United Kingdom have also to be catered for.

Nonetheless because of the work of Colonial Medical Departments progress during the last 20 years has been appreciable and in some instances remarkable; yellow fever has been controlled and in certain areas malaria has been virtually eradicated. There is generally a much deeper insight into the aetiology of tropical diseases and their epidemiology. Substantial advances in therapeutics and prophylaxis enable individual problems to be approached more scientifically. Research, preventive and social medicine, mass survey and treatment of community wide diseases, increased provision for medical treatment, intensified training of local staff for posts in all grades of the medical services and the fullest possible co-operation between neighbouring Colonies are the main lines on which further advances are going to be made.

The Colonial Medical Service in conformity with the general trend of health administration throughout the world is much more specialised than it used to be; there are specialist appointments in curative and preventive medicine, and highly technical branches have been developed. But the underlying rule of the Service remains what it has always been; to deal scientifically with the host of killing and debilitating endemic diseases in the Colonies and to combat the mass ill-health of the Colonial peoples.

There are at present in the Colonial Medical Service some 800 administrative, public health and clinical posts for officers who hold a qualification registrable in the United Kingdom. Of these about 50 are filled by or are available for women medical officers. To make up the body of a comprehensive medical service there are nursing sisters, health inspectors, pharmacists and other technical personnel from overseas, and there is a large and invaluable complement of locally trained doctors nurses, medical orderlies and subordinate health and technical staff.

The organisation of medical departments varies according to the size of each Colony. But the general principles are the same in all. Except in the smaller Colonies where direct administrative control of departmental activities is possible, there is a system of decentralisation from the Medical Directorate through regional or provincial administrative systems to the districts. Provincial or Senior Medical Officers are usually engaged full-time on administrative duties. In the Districts, the ultimate responsibility for the hospital and rural health

work rests personally with the District Medical Officer who holds, therefore, an assignment of considerable variety and interest.

- o. Specialist posts exist in most Colonies.

Pathological laboratory services are, where the resources of the Colony permit, established as separate units serving the specialised laboratory requirements of the whole Colony and acting as a training centre for technical staffs for clinical laboratories in hospitals in other parts of the Colony. In several instances these laboratories have become research institutes of high professional standing. They are staffed by officers of the Service who have specialised in this branch of medicine.

Medical Schools now exist in West Africa, East Africa, Malaya, the West Indies and Fiji. Most of the teaching staffs of these Medical Schools have so far come from within the Medical Service. Some of these schools already train students to the standard of a qualification registrable in the United Kingdom and others are progressing towards that standard.

Officers of the Colonial Medical Service are employed so far as circumstances allow on clinical, public health, specialist, teaching or other duties according to their personal bent and suitability.

The Colonial Medical Service maintains close contact with scientific advances and the trend of medical opinion in the United Kingdom and other parts of the world. In one direction this is achieved by giving officers study—leave for recognised post—graduate courses, and by sending them to conferences and scientific congresses which have a bearing on medical problems in the Colonies. In the reverse direction provision is now made for specialists in various branches of medicine and public health in the United Kingdom to visit the Colonies and discuss their particular problems with medical officers on the spot.

2. *Selection Dates.*

There is no annual selection: vacancies are filled as circumstances require. Completed forms of application may therefore be sent to the Director of Recruitment at any time of the year.

3. *Age Limit.*

The normal rule is that candidates should be under 40, but candidates over this age may sometimes be considered.

4. *Qualifications.*

A medical qualification registrable in the United Kingdom with at least one year's post-graduate hospital experience.

5. *Salaries.*

West Africa	...	...	...	£950-1850
East Africa	...	...	...	£865-1590
Malaya	...	...	...	£1156-2044
Hong Kong	...	...	...	£1147-1911

6. *Training after Selection.*

Selected candidates may be required either on selection or after their first tour overseas to take the course for the Diploma in Tropical Medicine and

Hygiene at either London, Liverpool or Edinburgh Universities. At present the course is usually taken after the 1st tour overseas.

3. THE ROYAL NAVY.

Entry into the Naval Medical Service as Acting Surgeon Lieutenant will in the 1st instance be on Short Service basis and appointments will be made under the following regulations:— Qualifications.

To be registered under the Medical Act as qualified to practise Medicine and Surgery in Great Britain and Ireland.

To be recommended by the Deans of their Schools (this recommendation will be obtained by the M.D.G. and need not be obtained by the candidates).

To produce another certificate of good character.

Age — preferable 24—28.

Candidates will be interviewed by the Medical Director-General and their physical fitness for general duties as a Naval Medical Officer, determined by a Board of Medical Officers at the Admiralty.

1. *Visual Standard on Entry.*

Both eyes to be healthy, the vision to be correctable to 6/6; 6/24 or to 6/12; 6/12 at least. The candidate should be able to read Jaeger 2 with either eye. There should be no history of asthenopia.

The refractive error should not exceed:

- (a) 7 dioptries of hypermetropia or of compound hypermetropic astigmatism under homatropine in the meridian of greater error in either eye.
- (b) 7 dioptries of myopia or of compound myopic astigmatism under homatropine in the meridian of greater error in either eye.

The fields of vision should be full.

Colour perception. The minimum standard of Colour Perception is Grade III.

An alternating squint with small deviation (not exceeding 15 degrees) will be permitted provided that the vision shall be correctable to at least 6/24 in the worse eye.

Candidates who are accepted with a distant visual acuity of less than 6/60, 6/60 and whose vision does not correct up to 6/12 or better in either eye are to have this fact noted in their Medical History Documents and are to be examined by a Naval Ophthalmic Specialist should they later apply for a Permanent Commission.

The candidate's teeth must be in a healthy condition and adequate for the efficient mastication of food. Any defects must be remedied at the Candidate's expense prior to entry. The wearing of artificial dentures, provided they are well-fitting, will not necessarily disqualify a candidate who is fit and suitable in every other respect.

Candidates must be British subjects and the sons of persons who are British subjects at the time of the candidate's entry. In doubtful cases the burden of clear proof will rest upon the candidates who, if they are in any doubt should seek the opinion of the Admiralty at the earliest opportunity. Candidates who possess a foreign, as well as British nationality may, in certain cases, be regarded as ineligible for entry as Medical Officers, R.N. Prospective candidates possessing double nationality are therefore advised to seek an early decision from the Admiralty as to their eligibility for entry.

A cash grant towards the provision of the necessary outfit of uniform's payable in addition to a free issue of certain articles of clothing, subject to certain conditions of refund in the event of an officer failing to serve for certain prescribed periods from date entry.

MESSING. Officers will be allowed the ordinary ship's rations when attached to ships in commission, but will have to pay about 2/- a day towards the maintenance of their Mess as Ward Room Officers.

CONDITIONS OF SERVICE. Officers will be entered for a period of four years, except ex-holders of Kitchener Medical Services Scholarships who will be entered for 5 years full pay service. Officers who leave the Service at the end of the Short Service engagement will be eligible for gratuities.

To serve when and where required. A course of instruction on Naval Regulations and procedure, Tropical Diseases, Naval Hygiene, etc., is given to each Short Service Officer on entry.

TRANSFER TO PERMANENT LIST. Officers, including ex-holders of Kitchener Medical Services Scholarships, may be transferred to the Permanent List at the discretion of the Admiralty and in determining the number to be transferred regard will be paid by the Admiralty to the number of higher appointments available from time to time for Officers on the Permanent List.

Promotion is made to rank of Surgeon Lieutenant-Commander on attaining seven years seniority as confirmed Surgeon Lieutenant including at least two years sea service from date of entry. Promotion to rank of Surgeon Commander and above is by selection, subject to completion of such periods of service and sea service and subject to such other conditions as may be specified from time to time. The general regulations governing promotion to the above ranks and higher ranks are included in the King's Regulations and Admiralty Instructions.

Pensions for widows of Permanent Officers are granted subject to certain conditions in cases of Officers dying from causes not attributable to the Services.

RATES OF PAY.

Rank	Single	Married
Acting Surgeon Lieutenant	£483	£821
Surgeon Lieutenant	£593-876	£930-1213
Surgeon Lieutenant-Commander	£1003-1277	£1341-1615
Surgeon Commander	£1332-1606	£1715-1989
Surgeon Captain	£1733-2007	£2117-2436
Surgeon Rear-Admiral	£2190	£2664

ALLOWANCES.

Travelling Expenses:— The expense of first joining the Service is not allowable as a charge to public funds; but Officers travelling on duty are entitled to travel at the public expense.

Subsistence Allowance:— When travelling on short periods of detached duty on shore Officers are, in the absence of Service accommodation and victualling, eligible to be paid subsistence allowance.

Lodging Allowance:— Lodging Allowance at the rate of 11/- a day for Surgeon Lieutenant-Commander and below, and 14/- a day for Surgeon Commander is payable to single Officers who are not actually provided, or who cannot be provided with sleeping accommodation in any vessel or in a Naval Establishment or in Service premises of any description.

Ration Allowance:— Officers in full pay appointments are entitled to Service victualling, but may be paid an allowance (at present 4/4d. a day) in lieu of the prescribed rates if they cannot be victualled owing to the nature of their duties.

Marriage Allowance:— Rates of marriage allowance for Officers over 25 years of age are:—

Surgeon Commander — 21/- a day (£383-5s.-0d p.a.)

Surgeon Lieutenant-Commander

and below — 18/6d. a day (£337-12s.-6d. p.a.)

Marriage allowance for Officers under the age of 25 years is 50/- a week.

Permanent Commission Grant:— Officers who transfer to permanent Commissions after a minimum of one year's service will be paid a grant of £1,500 (taxable).

4. THE R.A.F.

THE ROYAL AIR FORCE offers a medical career that is both attractive and interesting. Much of the work brings officers into close contact with aviation medicine, flying duties, and the carrying of sick and wounded by air, as well as with the medical treatment of families. Suitable male medical officers may be selected for piloting duties as flying personnel medical officers.

APPLICATIONS.

The age on first appointment is normally below 33, but candidates who are above the age will be considered.

Candidates may apply during their period of provisional registration but will not be appointed to commissions until they are fully registered by the General Medical Council.

Candidates must be British subjects or citizens of the Irish Republic. Candidates with dual nationality or either of whose parents is (or was at the time of death) of foreign nationality may possibly be regarded as ineligible.

Application must be made on Air Ministry Form 1842 (A.M. Form 1842W for women), to be obtained from the A.O.C., R.A.F. H.Q., Malta.

Nominations to commissions are made by the Air Council after candidates have been interviewed and medically examined. Candidates who are not selected for an interview are informed accordingly. No appeal against the decision of the Air Council will be considered nor can the Air Ministry undertake to give reasons for the rejection of a candidate.

Candidates are examined for medical fitness by a Royal Air Force medical board held in London, normally on the same day as the interview. A third-class railway return warrant will be provided for candidates attending for an interview or for medical examination where the cost of the third-class return fare exceeds five shillings. No other expenses are admissible.

Candidates report on duty at the Medical Training Establishment, R.A.F. Station, Lytham St. Anne's Lanes., where they will attend a short orientation

course. They will not be entitled to a refund of any expenses incurred on first joining for duty.

Short service officers may choose to serve for three, four or five years on the Active List, followed by four years in the Royal Air Force Reserve of Officers. The period on the Active List originally chosen may, on application by the officer, be extended to complete any period of years up to a maximum of eight years at the discretion of the Air Council. The reserve liability remains at four years. While on the Active List officers are liable for service in any part of the world, and, if required, to fly in service aircraft as passengers. The normal length of a tour of duty overseas is 2½ years.

Rank on Appointment. Officers will normally be commissioned in the rank of Flying Officer.

Promotion. Officers of the Medical Branch are eligible for time promotion as follows:—

(a) To the rank of Flight Lieutenant after 12 months' reckonable service.

(b) To the rank of Squadron Leader after 8 years' reckonable service.

Promotion within the establishment to and above the rank of Wing Commander is by selection and not by time.

No distinction is made between officers on short service and on permanent commissions for the purposes of rank and command.

Officers' Messes. Every officer is a member of the officers' mess of his station. Married officers may be given permission to live out, becoming non-dining members of the mess, at the discretion of the commanding officer. Officers pay mess subscriptions (which do not exceed half a day's pay per month) and contribution to library sports, and other funds.

Leave. The leave entitlement for officers is 30 days a year. An additional 12 days yearly may be given at the discretion of commanding officers. Embarkation and disembarkation leave is also granted in connection with service abroad. Terminal leave of 28 days is given at the end of the short service engagement and is normally arranged so that the last day of leave coincides with the last of service on the Active List. If in exceptional circumstances terminal leave cannot be completed by that the period of service will be extended to allow the period of terminal leave due to be taken, but such extensions will not qualify for any addition to the gratuity. Commanding officers may permit absence from duty for period of up to 48 hours. These do not count against the annual leave entitlement.

RATES OF PAY.

Rank	Single	Married
Flying Officer	£484	£822
Flight Lieutenant	£593-876	£931-1,214
Squadron Leader	£1,004-1,277	£1,342-1615
Wing Commander	£1,332-1,606	£1,715-1989
Group Captain	£1,734-1,898	£2,117-2,281
Air Commodore	£2,007	£2,436
Air Vice-Marshal	£2,190	£2,664
Air Marshal	£2,737	£3,211.

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CAREERS

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R.A.F. Specialists. Officers (other than National Service officers) may, within the limits of the requirement of the Service, be recognized as R.A.F. specialists by the Director General of Medical Services on the advice of the consultant. To be considered for such recognition officers are expected to have the appropriate higher qualifications and the requisite experience in their branch of medicine.

Uniform Allowance. Officers are required to provide themselves on entry with the uniform of their rank. When an officer has joined for duty an allowance will be paid to cover the cost of items of the prescribed uniform which cannot be issued free of charge from service stock. Special rates apply to officers who within 4 years previous to their appointment held a commission in the Royal Air Force, the Royal Air Force Reserve of Officers, the Royal Auxiliary Air Force, or the Royal Air Force Volunteer Reserve.

Further information can be obtained from the office of the University or directly from Service H.Qs. in Malta.