

“But what if you get made to go to war?” – My Experience of Life as a Junior Doctor and Army Reservist

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The Experience

“But what if you get made to go to war?” must be the most prevalent initial response I get from my NHS colleagues on hearing that I juggle being both a junior doctor and an army reservist. I am asked this question almost daily and I am still surprised by my colleagues’ lack of knowledge on the role of doctors in the army reserve. Although difficult to track, there are thought to be well over 2000 reservists currently working in the NHS.¹ Every time I’m asked this question, I wonder what more I could do to help educate my peers about what it is that we do as reservists.

How I got to this Point

Unlike the majority of Royal Army Medical Corps (RAMC) reservists in the NHS, I did everything the wrong way around. Whilst many of my colleagues attended roadshows at work, chatted with recruiters in the canteen or even just knew a friend of a friend who was a “reservist” and joined up, I was a reservist before becoming a medic. I joined the Reserves back in 2009 as a Royal Artillery Gunner and was trained in Surveillance and Target Acquisition before voluntarily mobilising to deploy to Afghanistan in the summer of 2011.

It was out here, 5000 miles away from home and under the dust-filled, baking desert winds that I began to find some true direction in my life. On a couple of occasions, I witnessed first-hand the cutting-edge medicine that was literally plucked from thin air in order to deal with injuries so severe no one had survived them previously. Being able to observe such specialist medics working in such hostile environments and in such a time sensitive manner was truly awe-inspiring. I decided then and there that I wanted to try and see if I had the capabilities to achieve such a role. It was from Bastion, NATO’s main operating base in Afghanistan that I eventually put an application to study medicine. This was done with little forethought, let alone planning towards such a sudden career change.

Fast forward five years and I’m standing on a ward round trying to explain to my Consultant the somewhat random and confusing journey that has led me to be a foundation doctor in the North East of England. Having beguiled them with stories of war and the exciting opportunities that the Army Reserves can offer, I am again left facing the same question everyone invariably asks: “But what if you get made to go to war?”

The short answer is that it is rare for anyone to get “made” to go to war nowadays. In fact, conscription hasn’t existed in the UK since the 1960s, so I’d be more than surprised to find myself being plucked out of a hospital in Newcastle and dropped into a warzone.

The history of the ‘Reservist’

The “Military Service Act, 1916” was the first formalised conscription

law. Prior to its creation voluntary enlistment had been the sole means by which the British Government had rallied troops.² The Military Service Act stipulated that men aged 18 to 41 could be called up for service unless they were exempted by working in reserved occupations (i.e. Teachers and clergymen), had been previously discharged from the services or were in the clergy.

Conscription was re-introduced again in 1939, on the eve of World War Two, when National Service was created. The aim of this was to swell the ranks of the armed forces. Initially only 20 to 22-year-old men were called up, but the age of enrolment quickly increased up to 41 years of age.³ Within a few years, women aged between 20 and 30 were added to the conscription bill in an effort to bolster our war efforts.

During the post-war 1940s, national service underwent a number of changes. First, women were excluded from National Service in 1945. Second, following the creation of the National Service Act in 1949, a ‘reserve list’ was created whereby physically fit males could be called up to mobilise over a four-year period from completion of basic training.⁴ By 1957, the National Service had been extended to 2 full years of training and was starting to phase out. By 1963, the last few servicemen were officially discharged from duty.⁵ Army reservists now play a huge part in supplementing the regular army on both operations and at home. They can be deployed individually alongside regular units in order to fill vacant roles or even deployed as entire stand-alone regiments where required.

Although as a reservist we can be called up to mobilise, this action is usually dependent on the requirements for manning and what events are unfolding across the globe. Most of the time we can voluntarily mobilise as the Army asks for volunteers rather than mobilising people at random. Furthermore, don’t go thinking that just because we can get called to mobilise that we then have no say. It is possible to ask for dispensation if you are in training or you have sole parental responsibilities. Your employer can even ask for exemption or deferment if your loss will impair their provision of services. Again, most of the time this would mean you wouldn’t have to mobilise if you really could not make the commitment. Although in extremes, you would have to go if ordered. Ultimately though most reservists join with the aim of mobilising to go to war, that they might be able to put their acquired skills to the test and just might help to save the lives of injured personnel and civilians alike.

What does Training Involve?

“But you don’t get paid to do the training though?” Funnily enough, this is another popular misconception. Of course, we get paid; we are giving up our time to train in order to provide a service, it’s just that in doing so we acquire certain skills that make us more attractive as employees. We work on the same skills used in medicine such as team

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working, leadership, effective communication, fitness and coping with stressful situations – all of which are transferable to the NHS and our own lives. Of course, it never hurts when the adventurous training involves skiing in Norway, trekking across Iceland or walking the Grand Canyon!

A potential army reservist goes through a fairly rigorous process of selection and training in order to become a trained soldier. Upon completing the initial paperwork and medical screen, there is a selection weekend looking at basic fitness, team-working skills, confidence as well as tests on basic literacy, numeracy and reasoning skills. Once successful, a candidate will attend a series of weekends designed to introduce them to life as a soldier which include uniform, drill, weapon handling skills, basic field-craft (how to survive in the wilderness), first-aid and of course fitness tests. They will then attend a two-week consolidated course designed to hone these new skills to perfection, before ‘passing out’ as a trained army reservist.

At this point, the trained reservist returns to their parent unit and begins their ‘trade training’ which looks specifically at their role within the armed forces, which, for a medic would be courses aimed at improving their knowledge and management of conditions they would be likely to be confronted by in the military.

It Sounds too Good to be True!

It’s not all glamorous events and getting paid to go skiing though; in fact, it is often quite a struggle to fit everything in on top of a busy life as a doctor. This year for instance, I left from a night shift in order to travel straight down to the Royal Military Academy Sandhurst (RMAS), based in Berkshire, UK, to attend my Professionally Qualified Officer (PQO) course. This two-week course was an exhausting period designed to give you the basic skills needed to allow you to function as a junior medical officer. I returned from that and went straight back to work on A&E. You need to have the desire and motivation to juggle two very different, equally exhausting but incredibly rewarding training schedules on top of your personal life. If you can manage to do this successfully you will be able to get as much out of the experience as you can put into it.

You also have to be willing to maintain your fitness, even around busy weeks on-call and working erratic hours. Sometimes motivation can be hard to find, but it is integral to be a reservist. You must be able to keep up with your peers in order to remain combat effective should you mobilise or go on exercise.

The long story short is that we have an input into our own careers, we choose how much time we have to commit and what we particularly want to get out of it. After all, we made the decision to become reservists in the first place. Despite these reassurances, many of my colleagues feel it is almost too good to be true and that there has to be a catch somewhere. All I can say is that if there is one, I’ve not stumbled across it yet.

In a Nutshell

The core values and standard of the British Army are courage; discipline; respect for others; integrity; loyalty and selfless commitment.⁶ These are values that go hand-in-hand with those of the GMC Good Medical Practice. Therefore, being a doctor and a reservist is not that difficult of a transition to make.⁷ For me, I have improved my fitness, organisation, time management, team working and leadership skills immeasurably and in doing so have improved my practice as a doctor. However, trying to explain this to colleagues is not quite so easy.

So now, when I’m feeling particularly exasperated with colleagues, I stop trying to explain the intricate workings of the army reserves and simply reply; “Well I’d prefer to be at war than on this tedious ward round.”

References

1. Department of Health. (2014). Healthcare reservists in the armed forces. Available from: <https://www.gov.uk/government/news/healthcare-reservists-in-the-armed-forces>. Cited 28 Oct 2017.
2. Imperial War Museums (IWM). London. The Military Service Act, 1916. 2017. Available from: <http://www.iwm.org.uk/collections/item/object/28449>. Cited 26 Oct 2017.
3. Vinen R. National Service: Conscript in Britain, 1945-1963. London. 2014. Allen Lane.
4. British Armed Forces and National Service. National service – History. 2016. Available from: http://www.britisharmedforces.org/ns/nat_history.htm. Cited 26 Oct 2017.
5. Parliament UK. n.d., National Service. Available from: <http://www.parliament.uk/about/living-heritage/transformingsociety/private-lives/yourcountry/overview/nationalservice/>. Cited 27 Oct 2017.
6. British Army. The Army Leadership Code. An Introductory Guide. 1st Ed. 2015. Available from: https://www.army.mod.uk/media/2698/ac72021_the_army_leadership_code_an_introductory_guide.pdf. Cited 28 Oct 2017.
7. General Medical Council (GMC). Good Medical Practice. 2013. Available from: http://www.gmc-uk.org/guidance/good_medical_practice.asp. Cited 28 Oct 2017.

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