



MEDICAL DOCTOR

With MEDECINS SANS FRONTIERES you will be working in crisis and war zones. Often you will provide medical care in hospital, but you can also be deployed to a refugee camp, where you will provide basic health care, or to one of our programs for illnesses such as HIV/TB, malaria or sleeping sickness. You may be responsible for the medical management of the project. You will organize activities in close cooperation with local health authorities, identify health risks, supervise national staff and train them. You will also collect and analyse medical data, report medical activities and assess the need for drugs and medical material.

Take the challenge – work with MSF

During your mission you will experience challenging working situations and living conditions that will connect you with the team and the local people. You will work with basic tools, share amenities with your colleagues, including computers, showers and refrigerators. Improvisational skills and independence will be essential, as will the ability to remain calm and capable of working constructively in a team even under strained circumstances. This is because you will be working on the ground with a small, international, multidisciplinary team and in close collaboration with your local colleagues. You will learn a lot: about the people in your project and about yourself.

To become a medical doctor with MSF you will need ...

- a licence to practise medicine as a doctor
- at least two years professional experience, in particular in the fields of general medicine, infectious diseases, pulmonology, emergency medicine, paediatrics, surgery and/or gynaecology
- the ability to set priorities and take the initiative
- the ability to take medical responsibility for an entire team in situations in which you may be the only doctor
- experience travelling or working in a 'developing' country
- fluency in English; knowledge of French, Arabic and/or Russian an advantage
- training and/or practical experience in tropical medicine
- nine months availability or, alternatively, twelve months for a mission in a stable context

"In India I was working in a region controlled by rebels, where the local population was cut off from health care. We negotiated with the various parties to the conflict and were able to persuade them that we just wanted to help people and had no political agenda. Working with a nurse, I organised mobile clinics: We would set off every week for five different villages, most of which we could only reach after walking for an hour. Waiting for us would often be more than a dozen people. Working under a tree in the village centre, we would start by registering the sick. We would then examine them, give them drugs and explain how these were to be taken. We also trained up some villagers as health workers: If we didn't happen to be there, they were able, for instance, to treat simple cases of diarrhoea, carry out malaria tests and administer antenatal care."

Matthias Breuer, India

"Before I went on the project I was very sceptical as to whether I would be up to the diagnostic and therapeutic challenges. However, the Congolese doctors and nurses were so companionable, encouraging and helpful that I quickly gained confidence in my practice of tropical medicine. Alongside the clinical work, I also found the organisational tasks, like discussions with clan chiefs, other aid organisations or the national health ministry, varied and interesting." Valeska Foltin, Democratic Republic of Congo

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Project work opens up whole new realms of experience: both professional and personal.

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👉 www.aerzte-ohne-grenzen.de/mitarbeiten to find out more.
There you can also download an application form.

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