19 hospitals in the rotation and about 65 trainees. No posts are set aside or reserved either for British doctors or for those on the scheme.

I endorse the final recommendation—that doctors should not come to the United Kingdom unless they have a specific understanding concerning their appointment—but this is a matter for the organisers of the Overseas Doctors Training Scheme in London and Edinburgh.

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1 Overseas doctors training scheme: an unforgettable experience. *BMJ* 1993;**306**:865. (27 March.)

Trainees need designated teaching posts

EDITOR,—I was saddened by the personal view about the Overseas Doctors Training Scheme.[1] I am not surprised that the author chose to be anonymous as the experiences that he or she describes on the scheme should make all doctors in Britain cringe with embarrassment.

Have we really learnt nothing over the years? It seems that we are still importing overseas doctors under the guise of training and then abusing them. Clearly, this doctor was thrown on the mercy of the system and ended up, as so many have in the past, in unsatisfactory jobs, gaining virtually no experience. As he or she says, "the [Overseas Doctors Training Scheme] is turning out to be one of those well intended training programmes which has failed to live up to expectation."

I feel deep embarrassment at the way the scheme works in my specialty. Doctors are led to believe that all will be easy; many clearly believe that finding a job in Britain will be no problem and that progress through a scheme will occur. In fact, they find a shambles: they have to compete in the job market with everyone else, and after completion of their first post or posts they then have to enter the market again to obtain further satisfactory posts. It is clearly unsatisfactory for overseas doctors who are not used to the British system, who are often forced to accept inadequate posts simply to have a salary. Surely we can do better than this.

I have written to my college and to its education adviser saying that we must make this into a scheme. We must take in these doctors to offer them the training, but we must offer them structured training. It is no use them coming to Britain and obtaining unsatisfactory posts with no scope for getting into a teaching hospital. It should not be beyond the wit of the colleges and the advisers to designate posts into which these doctors could be placed: it would be adequate for them to spend one year or perhaps longer in district general hospital if they then had a guarantee of some time in a teaching centre, which would give them the experience they need before they return to their home country.

Until we set up such a scheme whereby visiting doctors can be guaranteed the training they need we should be ashamed of ourselves. The recommendations in the personal view say it all.

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1 Overseas doctors training scheme: an unforgettable experience. *BMJ* 1993;**306**:865. (27 March.)

A satisfied customer

EDITOR,—I am sponsored by the Overseas Doctors Training Scheme under the auspices of the Royal College of Surgeons of England and have worked in Northern Ireland for over three years. I am therefore suitably placed to respond to the anonymous personal view about the scheme in the province.[1]

Having completed my masters degree in surgery in Bombay, I arrived in Britain with a specific interest in hepatopancreatobiliary surgery and obtained training in this at the Middlesex Hospital in London. I was encouraged to further my surgical experience and secured a post on the registrar rotation in Northern Ireland. I was apprehensive about my training initially, as my first post was in a small provincial hospital. My fears were unfounded as this peripheral post not only provided me with adequate exposure to general surgery but also afforded me the opportunity to learn more about this province and its people. I was to learn later that a peripheral post is applicable to indigenous candidates as well as to overseas doctors. It is a necessary part of any rotation scheme for surgeons in training.

The surgical training committee responsible for overseas doctors holds annual interviews and obtains references from their consultants. Further appointments are decided on the basis of the doctors' performance in these interviews and their surgical skills as assessed by consultants.

I have successfully obtained registrar posts in major teaching hospital units with special interests in vascular, hepatobiliary, colorectal, and breast surgery. It is not always feasible to acquire a posting with one's special interests in mind. During my training in Northern Ireland I never expected to do any vascular surgery, having had little experience and no specific interest in this subject. But doing vascular surgery has widened my horizons in general surgery. For this I am grateful to the surgical training committee as the decision to train me in vascular surgery was a result of its assessment of my surgical rotation. My skills have progressed to the level of those of any fully accredited and trained senior registrar in Britain.

I acknowledge that on a scheme such as the Overseas Doctors Training Scheme it is impossible to satisfy all the candidates. Dissatisfied customers must look at their own shortcomings before accusing a well recognised training committee such as the one that exists in Northern Ireland. The surgical training programme in this province is one of the most comprehensive and well established programmes of its kind in this country.

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1 Overseas doctors training scheme: an unforgettable experience. *BMJ* 1993;**306**:865. (27 March.)

Scheme set up to fill unpopular posts

EDITOR,—The anonymous personal view about the Overseas Doctors Training Scheme is a severe indictment of the scheme, but, as the author acknowledges, his or her experience is not unique.[1] But I do not agree that the scheme is a well intended training programme that has failed to live up to expectations. I suspect that it was never intended to train doctors who had qualified overseas. It was intended to provide a regulated and reliable supply of trained doctors, for a limited number of years, to fill the unpopular posts that no doctor trained in Britain would dream of applying for.

Before the Overseas Doctors Training Scheme was introduced the British health department operated a clinical attachment scheme, under which a doctor who had qualified overseas would be attached to a specialised unit for four weeks, at the end of which he or she would be free to apply for jobs. More experienced doctors could apply for exemption from the clinical attachment. I went through this scheme in the 1970s. Before I left for the United Kingdom my local supervisor, who knew the country well, told me, "The United Kingdom does not want you, but it needs you to fill those unpopular posts." Forewarned, I went to the United Kingdom to pass the FRCS part II, which I did at my first attempt, and then returned home to continue my training.

But this scheme created problems, as many overseas doctors on the scheme did not leave the United Kingdom at the end of three or four years as expected. They stayed on, and many got real training posts and competed for the limited number of consultant posts, while others became general practitioners. So the scheme was axed, many Commonwealth degrees were declared unsuitable for full registration, and the Professional and Linguistic Assessment Board examination was started. Unfortunately for the United Kingdom, this dried up the supply of doctors needed to fill those unpopular posts. So a scheme was needed that promised a steady and controlled supply of trained and experienced overseas doctors but did not give them the opportunity to stay on. If they gained some experience and training that would be a bonus. Enter the Overseas Doctors Training Scheme, which was primarily introduced to solve some of the United Kingdom's manpower problems, not the specialist training problems of the Commonwealth countries.

Anyone who looks up the statistical data will soon realise that the developing Third World (Commonwealth) countries contribute massive sums of money to the United Kingdom in the form of trained professional and technical manpower; these easily outstrip the small amounts that Britain doles out to these countries as aid. If the author of the personal view had realised this before going to the United Kingdom, as I did, he or she would not have had a reason to write the article.

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1 Overseas doctors training scheme: an unforgettable experience. *BMJ* 1993;**306**:865. (27 March.)

Not the whole story

EDITOR,—An anonymous article in the personal view of the *BMJ* has just been brought to my attention.[1] The article, by an overseas doctor, is critical of the Overseas Doctors Training Scheme (ODTS) and of various surgeons in Northern Ireland. Despite the anonymity of the article, the author's identity has been widely recognised throughout the province, and, as he worked in my hospital at one stage, this has been brought to my attention.

In the article the author alleges that one of the surgeons was "persistently critical of my management" and "no attempt was made by him to understand my background, surgical knowledge, and position as an ODTS trainee." He goes on to say that the posting was "so unsatisfactory it was—thankfully—shortened to six months."

To enable your readers to make a balanced judgment I think the other side of the story needs to be told. The standard of work of the doctor concerned was very unsatisfactory (not the posting as he alleges), and because of this his time was curtailed by the surgical staff. This has never happened to my knowledge to any other doctor who has worked at this hospital. Towards the end of this six months, the doctor was solely responsible for a very serious case of medical mismanagement, which was subsequently not defended by him or the hospital's medical board and was settled in full out of court. To me, the worst feature of this was the doctor's total lack of insight of the serious error he had made.

In the light of these comments, I hope any readers who read the original article will reconsider any conclusions they may have come to regarding the ODTS or surgery in Northern Ireland.

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1 Overseas doctors training scheme: an unforgettable experience. *BMJ* 1993;**306**:865. (27 March.)