Contemporary Themes

Overseas doctors: future training and employment

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The Royal Commission on the National Health Service assumed that "the expansion of entry to United Kingdom Medical Schools will eventually result in a reduction of overseas doctors employed in the NHS."¹ This would happen, it thought, because of the formidable difficulties overseas doctors would have finding jobs, but it did not propose policies for controlling the immigration and training of overseas doctors. Surprisingly, perhaps, an increasing number are still trying to come to Britain, and it seems short-sighted and cruel to leave overseas doctors to discover for themselves the harshness of postgraduate medical life in Britain. Something more effective and humane needs to be done.

In many ways the problems of overseas doctors are those of British doctors writ large. Finding good training posts and career jobs once trained remains a testing obstacle course for home graduates. David Smith in the rather idealistic conclusions to his very practical study of overseas doctors in Britain thought that if the ratio of consultants to junior doctors was greatly increased and if all training jobs were gathered together into organised schemes then the problems of both overseas and British doctors would be much reduced.² The Central Manpower Committee has been looking at these problems for many years, but has made only painfully slow progress. Meanwhile, the Department of Health and Social Security is studying the feasibility of providing a computer-based information service on training jobs available in the NHS. Such changes are not achieved overnight, however, and there is a need to improve the relationship between overseas doctors and the NHS right now.

Linking immigration and training

Most overseas doctors come to Britain for postgraduate training intending to return home, and those that stay are often the ones who have not fulfilled their training aspirations.³ Many arrive in Britain without jobs arranged, and most have had no contact with the bodies that arrange British postgraduate medical education. The majority, nevertheless, receive a satisfactory training and go back home, but some have been disappointed with their experiences in Britain. Now as competition for medical jobs is becoming more intense the percentage of overseas doctors who will be disappointed is likely to increase, and the need to organise their training is every bit as urgent as the need to improve the training and career prospects of British-trained doctors.

The number of overseas doctors coming into Britain should broadly match the number of training posts available. Similarly, in a properly planned system there should be a job available for

Possibilities for improving the relationship between overseas doctors and the National Health Service

Provide overseas doctors with realistic information before they come to Britain, in particular pointing out that a permanent career here is unlikely.

Link immigration with jobs; only those overseas doctors with jobs to go to should be allowed long-term entry.

Improve the organisation of postgraduate training for all doctors in Britain, and allow overseas doctors to compete for places in training schemes.

Initiate a study of those overseas doctors who are staying in Britain but whose career prospects are poor.

Strengthen the constitution and powers of the Central Manpower Committee.

every expensively trained British graduate. It is reasonable that priority in job allocation should go to British graduates, but for some time yet there are likely to be extra junior jobs available for overseas graduates seeking postgraduate training. The numbers will have to be controlled, however, and there are various options for doing this.

The first option is to make clear to overseas graduates thinking of coming to Britain what conditions here are like. David Smith's study showed, and the Overseas Doctors Association confirms, that many overseas graduates come here with little or no knowledge of British postgraduate medical life. The implication is that far fewer would come to Britain unsponsored if they had better knowledge of the conditions. Somehow realistic information needs to be got through to overseas doctors. The National Advice Centre, the body primarily responsible for providing information, does its best, but it doesn't reach nearly enough overseas doctors. It needs to provide more doctors with realistic information. There are sometimes difficulties in the NAC advertising itself in overseas medical schools as they would interpret this as a poaching exercise, but when the schools realise that much of the information is likely to discourage their graduates from leaving their own country they will perhaps allow advertising. The profession, too, could surely contribute in helping overseas doctors to understand British conditions. The BMA, the royal colleges, and the medical schools, with their extensive contacts abroad, can surely disseminate useful information.

The second option is to link immigration with jobs in some

way: only those doctors with jobs would be allowed a prolonged stay in Britain. Steps to control immigration would obviously need action by the Government. Dr Korlipara, the secretary of the Overseas Doctors Association, thinks that overseas doctors should not be accepted here on false pretences: only those who have a job arranged should be allowed to come to Britain. He thinks that it should be made clear to overseas doctors that they are unlikely to be able to stay and work indefinitely in Britain. In his paper presented to the BMA's manpower committee Dr M Hamid Husain suggested that the number allowed into Britain should be controlled, and that there should be sufficient training posts available for those who do come. David Smith thinks also that they should not be admitted for longer than a limited period unless they have a job to go to or good prospects of finding one. He would like to see a system whereby overseas graduates competed—while in their own country—for places in British training schemes. Organising such competition, however, could be very difficult.

A third option for limiting the number of overseas doctors in Britain might be to make the Professional and Linguistic Assessment Board test (PLAB) more difficult or to cut back on exemptions to it. A theoretical obstacle to this is that the General Medical Council is concerned not with manpower problems but with standards and presumably is satisfied with the current standard of PLAB. But even if PLAB could be made more difficult or its range extended (some have suggested to me privately that the GMC, although primarily concerned with standards, is interested in reducing the numbers of overseas doctors in Britain) the result might be many overseas doctors wasting their time, money, and confidence in London in fruitless attempts to pass the test. And a policy of registering them regardless of whether any jobs were available would be available would be even more cruel and wasteful—but that effectively is the policy at the moment.

What kind of training for overseas doctors?

One of the questions that rarely surfaces in the debate on overseas doctors is whether the training offered in Britain is suitable for them. Many come from poorer countries where the pattern of disease and the facilities available for treatment are radically different from those in Britain. Surely those doctors, for instance, who intend to practise in provincial India would receive a much more appropriate training in Bangalore than in Scunthorpe. The Indian Government seems to think this too and does not recognise British postgraduate qualifications. Hence it is easy to understand why an Indian doctor who has found himself training in geriatrics or psychiatry might find it more sensible to stay in Britain.

Nevertheless, many overseas doctors want to come to Britain to train. Should they compete with British doctors for posts in training schemes or should there be special training schemes for them? Superficially, the idea of special training seems attractive. The Royal Commission on the NHS was in favour of a few experimental training schemes specifically designed for overseas doctors. These were to be outside the NHS and financed by overseas countries or by a body like the Overseas Development Administration. Such limited schemes might be acceptable, but it is hard to imagine who will have the money, initiative, and spare organising capacity to start them in these hard times.

Nevertheless, special training jobs within the NHS for overseas doctors are undoubtedly a bad idea. These would almost certainly become second-class jobs. Moreover, many of the overseas doctors who come to Britain do so for advanced training. The Indian doctor who comes, for instance, will find it difficult to return to India and work in the government service—most are returning to work in private practice, where British qualifications will be an advantage. Consequently they will not want inferior training, and nor will Arab or white Anglophone doctors. Overseas doctors should be offered the same training as British graduates.

Whatever training is offered some organisation will be needed. The Government will be needed to control immigration, but which professional body will oversee the training of overseas doctors? Overseas doctors who are sponsored by bodies such as the British Council at least have some of their training organised for them, but unsponsored doctors—like many British doctors—are left to organise their own training. This is one of the points where the problems of overseas doctors overlap with those of British doctors. Having a body to oversee the postgraduate training of overseas doctors when there isn't such a body for British doctors would be patently absurd, but surely such bodies are necessary.

Will overseas doctors stay permanently in the NHS?

Most of the overseas doctors who are already consultants or principals in general practice will, of course, stay in Britain and their contribution is invaluable. But should it be made clear to overseas doctors who come in the future that they are unlikely to be able to stay permanently in Britain? In the near future there will be enough British graduates to fill most career posts, and both Dr Korlipara and Dr Husain think that it should be made clear to overseas doctors who come to this country that they are unlikely to be able to stay. What this means in practice is allowing overseas doctors into Britain for only a limited period—say, five years.

Undoubtedly a good many overseas doctors in Britain are not in a career job, have little chance of getting one, have not gained postgraduate qualifications, and for a variety of reasons will be staying in Britain. Quite how many such doctors there are is not clear—as the last article discussed—but there may be more than a thousand. How can these doctors be helped?

An urgent question is why are these doctors stuck in their careers? Is it because they are below standard? If so it would be ridiculous to create any kind of special posts for them, but it might be appropriate to offer refresher courses. Or have they, in response to repeated disappointments, simply settled for life in a professional siding? The only conclusion possible when considering these doctors is that nothing effective can be done until their problems have been studied. We must know how many there are, what their skills are, and how they view their problems and possibilities.

Conclusions

The problems of overseas doctors cannot be settled in isolation from the problems of all doctors in Britain. This large group of doctors has rendered valuable service to British medicine by doing much of the NHS service work—particularly in undesirable areas and specialties—and has saved the profession, the universities, and the Government from the full consequences of inept or absent manpower planning. Overseas doctors—many of whom justifiably feel that they have been misled and used—have provided a conveniently large expansion joint in the bridge between the service needs of the NHS and the training requirements of home-produced graduates. But the time is overdue for more effective policies. The aims of manpower planning must be good services for patients coupled with good professional prospects and a flexible training system. A comprehensive effort to plan the admission, training, and employment of overseas doctors would benefit not only overseas doctors themselves but also the NHS. If the present muddle continues both will suffer and tensions will increase. The Government, the National Advice Council, the sponsoring organisations such as the British Council, the departments of health, the GMC, the BMA, the royal colleges, and the Councils on Postgraduate Medical Education will need to pull together. This could well be achieved quite quickly by strengthening the constitution and the powers of the existing Central Manpower Committee and its regional network.