

Plight of Immigrant Doctors in UK: Grass is not that green

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Medical migration is a complex and multifaceted world wide phenomenon which is intimately intertwined with medical education.¹ Medical migrants make up a considerable proportion of the medical workforce in many developed countries known as recipient countries and pose a threat of "Direct Wastage" of health care professionals to the donor countries.²

A desire for increased income, greater access to enhanced technology, an atmosphere of general security and stability, poor job satisfaction level, higher level of stress at workplace and improved prospects for one's children are the primary motivating factors for physician migration.^{3,4}

National Health Service (NHS) of United Kingdom (UK) is one of the largest employers in Europe providing training and benefiting from services provided by the international doctors. Immigrant doctors account for 30% of NHS staff. The number of overseas doctors in the training grades has been increasing over the past 10 years.^{5,6} The number of medical graduates from the European Economic Area who did not qualify in the United Kingdom but are being trained in the NHS is increasing slowly and accounts for 9% of senior house officers and 7% of specialist registrars.⁶ Passing PLAB is one of the prerequisite to get registration with General Medical Council (GMC) and to become eligible to work in UK but does not provide a guarantee for any job. Many Pakistani doctors seek honorary clinical attachment before and after clearing PLAB exam, in a desperate mental and financial condition, in order to get local referees to increase chances of getting into their first job. Overseas doctors finding their first job in UK is deteriorating in last few years. According to the results of surveys conducted by GMC in 2003, which polled doctors having passed PLAB examination in 2003, revealed that 77% of doctors got a job within six months of passing PLAB test, 17% got their first job within 6-12 months, 6% waited more than a year before taking up employment or were unemployed at the time of survey. Regarding preferences, 71% gained employment in their desired speciality and 60% got a job in their preferred location.⁷ Lokare et al reported in their survey of 800 applicants for one Pre-registration house officer (PRHO) post, that on an average 11 months were spent out of work.⁸

Most of the Pakistani doctors come to UK with an aim to achieve a postgraduate qualification and return to their native country as a specialist. With the passage of time

and frequently changing training programme in United Kingdom, soon they realise that achieving a post graduate qualification does not mean achieving enough training to work as a specialist in their native country, hence they change their goals and start another career struggle. Chances of obtaining a career post in a desired speciality is minimising day by day, specially after the introduction of Modernizing Medical Career (MMC), and Foundation Programmes and Implementation of European Time Working Directives (ETWD) in NHS. Majority of specialists end up in a non-career grade post i.e. trust doctor, staff grade, and associate specialists or return to their country with the development of a sense of failure.

Department of Health and other authorities have shown interest in helping overseas doctors in providing support. GMC recognises the difficulties that overseas doctors face when entering the UK job market. GMC is publishing statistics to provide practical and realistic information to overseas doctors to help them in making important decisions while planning to work in UK.

In absence of a well organised government policy in the health care system, doctors in Pakistan should be advised to make plans at individual level. Obtaining information directly from an appropriate organization is more reliable than from many other unreliable sources. Individual's personal, financial and social circumstances and academic merits and practical experiences are variable. The capability of dealing with unaccepted circumstances and reacting to failing situations is also variable. Inaccurate and ambiguous information could well be counterproductive when it is inappropriate for individuals need. A useful strategy would be to make plan B and if necessary plan C in the case of unaccepted results. Rather than isolating oneself, contacting friends and senior colleagues to develop a support system is a useful strategy in order to seek appropriate career advice. Consulting the specialist organisation e.g. regional college advisors, college tutors, Banks, British Medical Association (BMA), Overseas Doctors Association, College alumni, etc. may provide useful advices.

One should be realistic and should not under or overestimate their own capabilities. If progress is not achieved after a significant time and effort, one should be prepared to consider the alternatives at an early stage.

Paying fees for exams and courses and frequently

moving houses, adds up to the financial burden in addition to debts or responsibilities they might bring with them. Obtaining visa and work permit is an expensive and frustrating business. Cultural translocation is a painful process to go through. There are many compelling reasons to stay at home. Opportunity of achieving extensive experience in a relatively shorter period of time, avoidance of going through an expensive and painful process of qualifying exams, living with families and relatives with all the accompanying social and cultural benefits, and the joy of serving their own poor and needy community and gratitude from them are among the few.⁹

Brain drain is a significant problem in Pakistan like many other developing countries.^{2,9,10} Authorities in Pakistan need to realize that despite many problems mentioned above and current environment of rapidly changing geopolitical situations, majority of our doctors presume that the grass is greener across the sea. Besides creating more autonomous health care institutions at private and government level, there is a need to create better working environment for qualified doctors at local level and increased col-

laboration and links between health ministries and authorities of developed countries for the long term better health care system of the nation.

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