International Medical Graduates in the UK: past, present and ?future.

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The promise of better training and salaries has always exerted a strong pull on doctors, often stronger than the pull of their home country's health needs. The result over the years has been a steady flow of graduates from poor country to rich country and overseas graduates now make up 30% of the UK medical workforce[1]. Some return home with skills acquired in the UK but many stay, and there is concern now as there has been for 40 years for the effect of medical migration on global health[2].

This year saw the publication of the WHO Health Report (2006) on medical migration. The report emphasizes the need for a more global responsibility for workforce issues[3]. The doctor's right to mobility must be protected but so also must the delivery of health care to poorer nations. Medical staff must be retained by donor countries, self-sufficiency established in recipient countries, and a reverse flow of volunteers, technical advisers, and trainers established.

Over and above these global concerns, recent changes in UK medical practice have caused immense difficulties for newly qualified International Medical Graduates (IMGs) in the UK and great concern to those who work with them.

First, there has been a large increase in the numbers of IMGs passing the Professional and Linguistic Assessment Board (PLAB) exam. This has led to very high levels of unemployment amongst IMGS. Five years ago, 1,120 IMGs passed part 2 of the PLAB examination; last year the number was 6,315, 2,000 more than the total number of newly qualified UK graduates[1]. Factors underlying this include an increase in the number of graduates qualifying from private and government medical schools abroad, improved pay and conditions and training for UK junior doctors and the announcement of the 2002 NHS plan for "increases of at least 15,000 GPs and consultants" by 2008[4]. All these played a part in encouraging IMGs to come to the UK. The lack, indeed absence, of workforce planning for IMGs and the lack of any information on job prospects have resulted in IMGs spending 18 months or more unemployed[5] with hundreds of "doctor years" wasted[6].

This year the situation was likely to deteriorate further with a 20% increase in graduates from UK medical schools and MMC first year foundation posts being restricted to those who had not worked at all in this country or abroad, so the first year internship, which forms part of many IMGs' degree bars IMGs from Foundation Year 1 posts. In addition many Trust Posts, traditionally the starting posts for IMGs, have been subsumed within MMC rotations.

In 2004 the RCP working group on IMGs was established to inform IMGs of the very poor job situation, reduce the numbers coming to the UK and lessen unemployment. The group issued a warning in 2005 and a second in January 2006[5]. The second, issued jointly with the Department of Health, GMC, postgraduate deans and Academy of Royal Colleges pointed to the 493 applicants for each junior doctor advertisement, the 47% of IMGs still unemployed 6 months after passing part 2 of the PLAB examination and the many posts that were attracting more than 1000 applicants. The College IMG group also publishes regular updates in BMJ Career Focus giving the level of competition for posts in different specialities and in different parts of the country [5].

The number of PLAB applicants was declining by March 2006 but the unexpected

development in March was Lord Warner's announcement withdrawing permit-free training from all IMGs[7]. From April 2006 all IMGs not having "leave to remain" which for most would be a dependant's visa or Highly Skilled Migrant Programme (HSMP) visa would need a work permit to be appointed to a training post. A work permit would not be issued if any UK or EEA graduate or doctor with leave to remain satisfied the person specification for that post no matter how meritorious the IMG. Applied prospectively, this would be a fitting if harsh way to protect posts for UK (and EEA graduates) and discourage IMGs from coming to the UK when there are so few vacancies, but applied retrospectively it has resulted in great distress to IMGs already here who have not yet qualified for HSMP. IMGs without leave to remain are now actively discriminated against when applying for training posts. Many who completed posts in August have had to leave the UK even though half way through their training and post graduate exams. Some spent long periods unemployed before obtaining posts in the UK and will find it difficult to continue training at home. The DoH ruling stands despite demonstrations and petitions. It is disappointing that no period of grace has been offered to those who have served the NHS in junior grades as well as contributing to the UK economy through PLAB, registration and visa fees.

A legal challenge was to be heard in December 2006 but whether successful or not, we must look to the future; a future where the DoH ruling on work permits and the rigidity of MMC training posts will make it difficult if not impossible for IMGs to come to the UK for training even if their intention is to return to practice in their home country. The ruling applies to those on exchanges, those from developing as well as developed countries and those sponsored by their own governments or UK institutions.

The UK has benefited enormously from overseas doctors. They have enriched its culture and been involved in all its significant advances and many have used the skills acquired here to benefit patients back home. These traditions must be continued. The DoH and Home Office have acknowledged their importance and in September 2006 a new visa category named Medical Training Initiatives (MTIs) was established[8]. Individuals applying for an MTI visa must be sponsored by a Royal College or Deanery and will be offered a visa for a maximum of two years to study and work in the UK after which they must return to home. More needs to be done to establish host hospitals and in particular resolve issues of funding. Graduates can be self-funding or funded from outside government or charity sources, but not from additional NHS sources. Salaries are likely to be much lower than those enjoyed by UK graduates and ways need to be found of making sure the posts are not seen as exploitive and like-for-like "work" such as on-call (as opposed to study or observing) must be paid at the same rate as local graduates. The GMC has agreed the terms for registration (3 years experience overseas, or PLAB part 2, plus recognised sponsor) although the Home Office and the Post Graduate Deans have yet to agree details particularly about salaries. The scholarships could assist graduates take post graduate exams or gain specific experience or competencies at higher level for use in their home country. Progressing these scholarship posts could offer real advantages to trusts as well as IMGs as the doctors will be registered to practice and able to contribute to the working of hospital departments in a way that Clinical Attachments were not able to. More important, the posts would keep alive the tradition of overseas exchanges built up since the inception of the NHS. The cooperation of individual consultants and Trusts will be needed to help establish these posts but they will

be a fitting recognition of the contribution of IMGs to the NHS over the past 50 years. MTIs could help put the NHS back on the global stage, they are in the spirit of the WHO 2006 report and will help undo some of the adverse publicity caused by unemployment amongst IMGs and the removal of permit free training.

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