

MMC and International Medical Graduates

This submission is being made on behalf of the Royal College of Psychiatrists; a professional group of doctors which not only has a significant overseas membership but also attracts a large number of junior doctors into psychiatry every year.

Introductory Comments

It is well known that psychiatry has depended on the recruitment of 60% of its trainees from other countries around the world to fill training vacancies which arise because of the shortage of UK applicants. We regret that in many instances this has led to doctors coming from low and middle income countries who could ill afford to lose doctors from their own healthcare system. However, balanced with that is the fact that in many countries opportunities for training in psychiatry are limited, if available at all. A rich tradition has developed in which the UK has trained many of the psychiatrists working in the developing world and strong relationships with such countries have been forged, with doctors who trained in the UK both staying to work in the NHS, or returning to their own country but maintaining links with the UK.

In the longer term our College would welcome 10% of UK medical graduates choosing psychiatry and opportunities for IMGs being provided at a later specialist postgraduate stage, following adequate basic psychiatry training in their own country. We would also welcome more opportunities for UK trainees to spend time in other countries around the world, particularly in the emerging economies in order to better understand the cultural aspects of psychiatry as they relate to people living in those countries and to immigrants to the UK. We consider that globalisation in medicine is advantaged by such international exchange.

Sir John Tooke's excellent interim report is called "Aspiring to Excellence". In our view aspiring to excellence implies competition and it implies that the best candidates will be appointed and trained. We consider that for psychiatry, and we suspect for the whole of medicine, the future of British medicine will be enhanced by open competition to training positions. We consider that our graduates should be able to get jobs anywhere in the world and this would indeed be an advantage in their own development. Such doctors might then return to the UK with a competitive advantage. It does seem strange at this point of time, when globalisation is something all other professions are engaged in, that the medical profession should be considering taking a more inward looking approach to the training of our future doctors.

However if IMGs are not allowed to compete initially we suspect that psychiatry will be in the worst of all positions, because trainees tell us that they are more likely to emigrate than train as a psychiatrist if this is not their preferred specialty. Then we will find ourselves recruiting IMGs from LAMI countries again.

If this happens I think the UK government would have to reimburse the countries the money *they* have spent on training these doctors.

Do you agree with the Department's preferred option to re-implement the longstanding policy guidance, that doctors from outside the EEA with limited leave to remain in or enter the UK should be considered for post-graduate medical training places in the NHS, only if there is no suitable UK or EEA applicant and that this is a proportionate response to the problems outlined in this discussion document

Are there other options which would maximise the opportunities for post-graduate medical training in the NHS for UK medical graduates?

The Royal College of Psychiatrists' view is that whether IMGs should be able to apply on an equal footing with UK and EEA doctors is a political decision, and that the Academy should be cautious about being identified with this decision.

The overarching principles in considering the options set out in this document are those of fairness to individuals, adequate return on investment of taxpayer resources and short and long term needs of the National Health Service.

In considering the principle of fairness, it is unfair to change the rules of the system part of the way through an individual doctor's training course and this applies equally to International Medical Graduates. These young, highly motivated doctors have spent vast amounts of personal, emotional and financial resources in making their way over to the United Kingdom to train in what has always been perceived to be a fair system based on merit and not on country of origin or medical training. It would be highly unfair to implement any changes to immigration regulations that would create inequality when it comes to applying for training posts. It is also disingenuous to suggest that the DH policy on immigration is long standing. This was summarily introduced with twenty-eight days' notice eighteen months ago and was implemented retrospectively for those IMGs already in the UK and working in the NHS.

On the other hand, it is important that the UK taxpayer is receiving a high return on their tax investment. Considering the public investment made in UK undergraduate medical education, it is of paramount importance that UK medical graduates are not displaced from UK training positions and are retained within the National Health Service to provide UK taxpayers with a consultant led medical workforce.

While accepting that it is difficult to reconcile both of the above principles, the only acceptable outcome can be a compromise as set out in paragraph 3.2.8.3 which states that DH guidance should only be applied to new IMGs and those IMGs already in the UK should be allowed to compete with UK and EEA graduates on an equal footing. This proposal is recommended with a caveat. The document clearly identifies that if this option were to be considered, two thousand UK graduates will be displaced until 2009. This is not an acceptable outcome and the DH should increase training posts by a proportionate number to negate the predictable effect. Any short-term cost implications will be off-set by

the large positive impact this move will have on the longer-term morale and mental health of all doctors working within the NHS. This compromise of applying DH guidance prospectively and temporarily increasing training posts to negate any displacement of UK graduates is not only the only fair and morally and ethically acceptable solution but it is the one most likely to sustain the NHS's reputation as a just international employer.

From a speciality-specific point of view, it is important to highlight that only 4% of students graduating from medical school every year pursue psychiatry as a career whilst a minimum 10% uptake is required for the speciality to meet its workforce needs. The Department and the College have aimed to redress this imbalance through a variety of initiatives without bringing about any significant changes in these percentages. This implies that the speciality will continue to rely on overseas doctors to safely and effectively provide high quality patient-centred care. Implementing the DH regulation will have both short term and long term implications, not least because it will have the effect of creating pockets of overseas doctors in traditionally unpopular training locations. In the long term, unfairly implemented employment measures will reduce the attractiveness of the NHS as an international employer which will disproportionately affect shortage specialities such as psychiatry.

Considering all of the above, we support the option of implementing DH regulations for new immigrant doctors only as this will preserve the long term employment opportunities for UK/EEA doctors whilst in the short term being fair to those IMGs who are already here and are providing high quality clinical care to UK patients.

Needless to add, we do not agree with the Department's preferred option to re-implement the longstanding policy guidance, that doctors from outside the EEA with limited leave to remain in or enter the UK should be considered for post-graduate medical training places in the NHS, only if there is no suitable UK or EEA applicant.

Should doctors from outside the EEA who have trained in UK medical schools be exempt from the DH guidance and able to compete directly with UK medical school graduates?

Doctors from outside the EEA who have either already trained in UK medical schools or are currently training there should be exempt from DH guidance and able to compete directly with UK medical school graduates as it is again important not to change the rules partway through the career path for these students/doctors. Whether this exemption is applied prospectively for new students joining medical schools is more complex and will need to take wider financial/policy issues into account but the department should decide on a policy before the next set of overseas medical students apply for UK medical schools and should make it publicly available. The policy should then remain unchanged for medical students who are already in the system.

Should refugee doctors be exempt from the DH guidance and able to compete directly with UK medical school graduates?

Given their small numbers and exceptional circumstances, refugee doctors should be exempt from DH guidance and able to compete directly with UK medical school graduates. They should obviously meet GMC requirements that are beyond the scope of this discussion.

Should doctors from outside the EEA be able to apply in open competition for (i) LATs and (ii) FTSTAs?

Are there other issues that should be considered in re-implementing DH guidance for future foundation and specialty training?

Once again, IMGs who are already in the UK should be allowed to apply in open competition for ALL training opportunities including LATs and FTSTAs. Whether new IMGs are allowed to compete openly specifically for the shorter posts (i.e. LATs and FTSTAs) is a decision that requires further modelling of the predicted preferences and numbers of future UK/EEA medical graduates applying for UK foundation and specialty training posts.

The main principle here is that of applying new guidance prospectively for new doctors entering the system and not retrospectively for those doctors already in the system. The other issue to consider is the mental health of overseas doctors and the significant impact sudden unpredictable and drastic life events can have on this vulnerable professional group's mental health.

Professor Sheila Hollins
President, Royal College of Psychiatrists

Professor Dinesh Bhugra
Dean, Royal College of Psychiatrists