factor.

United Kingdom government ruling that, in effect, will jeopardize the careers of thousands of doctors of Indian origin currently seeking work or already working in Britain. The Department of Health, with Labour peer and Minister of State Lord Warner as their official mouthpiece, announced abruptly in March this year that from July 2006, all doctors wishing to work in the UK from outside the European Union will need to have a work permit. This will effectively end the existing permit-free training arrangements for all international medical graduates (IMGs) and will also imply that individual NHS Trusts that want to employ such a doctor will have to prove, before hiring, to the UK Home Office that they could not fill up the vacancy with a graduate from the UK or European Union. Unfortunately, this law was brought in without prior consultation with any official body representing either junior trainee doctors or doctors’ organizations representing overseas ethnic minorities in the UK; and no distinctions were made amongst those who have already passed the Professional and Linguistic Board Examination (PLAB) test (conducted as a mandatory entry examination to practice medicine in the UK) and are still without a job and those who have already entered the system and are in some stage of their training, mostly in senior house officer (SHO) grades.

It is quite evident that this new ruling has serious implications for Indian nationals who desire to benefit from further postgraduate medical training in UK. In effect, it is virtually the end of the road for those who have passed their PLAB Test and have not yet been able to secure any recognized posts within the NHS, as there is very little chance that they will be able to get a training post in the future and climb up the steep training ladder, especially in highly competitive specialties like Surgery and its allied sub-specialties, pediatrics, anesthesia and critical care, radiology, cardiology, neurology, etc. For those who are already working as an SHO, either in a stand-alone post or as part of the soon-to-be-disbanded basic medical/surgical rotation programmes, it will become increasingly difficult for them, if not impossible, to further their training and secure a coveted training number that will enable them to move on to the fiercely competitive higher specialist training posts that eventually lead to a certificate of completion of training with a view to eligibility for a Consultant post in the UK.

These momentous changes, however, are not solely the result of the newly imposed immigration law. The entire postgraduate medical education in the UK is being radically revamped through the implementation of the government-led modernising medical careers program which, at its heart, proposes seamless training from graduation to achieving completion of higher specialist training. The UK is now producing more doctors than they ever did before, thanks to the new injection of government funds into building more medical schools all over the country; and currently, supply outstrips demand. The Home Office ruling, suspiciously coincidental in its timing of implementation with expansion of the EU and smacking of opportunism, has left many non-European Union doctors facing expulsion from the UK—despite years of
dedicated service to the NHS. According to a survey carried out on more than 1,000 overseas doctors by the British Association of Physicians of Indian Origin (BAPIO), a nonprofit NGO protecting the interests of Indian doctors overseas and currently at the vanguard of protest against the injustice to IMGs resulting from the proposed immigration changes, more than a third of them faced an end to their existing contract in August 2006 and 17% by February 2007, while 29.1% had job applications rejected because of their immigration status, and 77.8% of the respondents were planning to leave the UK without completing their training. The government remains confident that the NHS can cope without them. With a new source of labor available from the EU, replenished by the swelling ranks of former eastern bloc nations, our Commonwealth medical graduates, despite years of steadfast service to the NHS in the face of innumerable trials and tribulations, have unfortunately passed their sell-by date.

Though it is difficult to predict whether this situation will lurch back to the all-to-familiar shortage of workforce personnel prevalent in the NHS as predictable cycles, the current scenario certainly makes UK a very hostile place for those in India who might have contemplated coming over to Britain to gain some experience in any medical speciality. Going by our experience of talking to a considerable number of prospective trainees hanging around the fringes of the fast dwindling job-market in the UK, we would certainly implore all our junior colleagues in India to indefinitely postpone any tentative plans of traveling to Britain with the prospect of gaining further postgraduate training in this country. Honestly, what good is it to spend huge sums of money; waste significant time; and leave family, friends and peace of mind to travel to a country which does not wish you to be there?

REFERENCES


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