

John Rennie asks
how Christians should
respond to the crisis



Medical unemployment and the **BRAIN DRAIN**

key points

The unemployment crisis amongst juniors has been exacerbated by the influx of international medical graduates (IMGs) lured here from disadvantaged countries only to face long soul-destroying periods without work. A Christian response must involve striving for justice for IMGs and being prepared to withstand the moral resentment of those who feel that these doctors have no innate right to employment in our country. A key to reducing the brain drain from poor countries is on-going education and fulfilment in their own country through links mechanisms, short courses, mentoring and electronic links. Christians should be in the vanguard of such projects, willing to go at our own expense and with no thought of reward.

The issues surrounding medical unemployment have been rehearsed endlessly in the Christian and secular medical press.^{1,2} Our UK graduates have become articulate as they contemplate unemployment at the start of the two year Foundation Programme. Meanwhile the UK, with one of the highest dependencies on overseas graduates compared to other European countries (30% compared with France at 5%),³ continues to accept International Medical Graduates (IMGs) who today are faced with long and depressing periods of unemployment. Having passed their PLAB examinations they have to join long queues of well-qualified doctors hoping to be offered even the lowliest post (see box).

We must ask ourselves, 'Is there a distinctive Christian attitude to medical unemployment in the UK today?' Whilst supporting doctors who have

Professional and Linguistic Assessments Board (PLAB) test part 2

- Administered by the General Medical Council
- Enables IMGs to gain limited registration
- 79% of candidates passed in 2003
- 93% of these doctors obtained employment within 12 months (but figures have now worsened considerably)
- Those who undertake a clinical attachment find a post more quickly
- Competition for posts is greatest in Wales

Source: www.gmc-uk.org/register

International Medical Graduates (IMGs)

- There are 210,000 doctors in the UK of whom 80,000 are in hospital practice
- Each year 13,000 register for the first time with the GMC
- Of these 40% are from UK medical schools, 15% are from the European Economic area (EEA) and 45% are non-EEA doctors from overseas (IMGs)
- IMGs make up 40% of the UK workforce and 25-30% join the UK workforce permanently
- BMA figures estimate about 3,000 unemployed juniors in the UK at present

Figures from bmjcareers.com

come to the UK, can we aid those who stay in their home countries to gain education and fulfilment?

You may think our main concern should be for the futures of those who today are passing through our medical schools and who are now contemplating periods of unemployment during their early years as junior doctors. If the government has got its calculations horribly wrong, and we are simply training too many doctors, is this just a fact of medical life that we have to get used to? The next few years are crucial but few of us are in a position to influence government policy.

A sense of injustice

You may think the scandal of overseas doctors being lured to this country when their own countries can scarcely afford to lose their expertise, should be of

May 2004 - May 2005 average number of applicants per post across SHO, PRHO and Foundation posts:

Medicine	154
Surgery	143
All specialities	130

Figures from *bmjcareers.com*

equal concern. We have a distinguished history in the UK of welcoming trainees from abroad and particularly from developing countries for periods of appropriate training and acquisition of skills before their return home. Many of these trainees will choose to stay in the UK. But for the present how can we assist those doctors who, having 'burnt their boats' in their home country, have made the UK their destination?

We as Christians must have a conscience about this unfolding dilemma affecting as it does so many like-minded and hitherto disadvantaged colleagues. Firstly we should feel a sense of injustice that these doctors have been lured to the UK from countries that are already at such a disadvantage; and having allowed them to come and to qualify for practice in the UK that they should face such long and soul-destroying periods of unemployment before they can begin to train.

Justice is the highest moral ideal from the perspective of society. We as Christians in society must strive for justice for these doctors even if we are forced to use self assertion, coercion or resistance,⁴ and we must be prepared to withstand the moral resentment of those who feel that these doctors have no innate right to employment in our country.

How do we marry that sense of injustice for the sending countries and for the individual doctors who find themselves facing long periods of unemployment in the UK, with the individual needs of those doctors and our desire to share the good news of God's kingdom with them? Do we see any opportunity in the dilemma that has unfolded? Do we see any opportunity for the gospel in the plight of these hundreds of doctors in terms of hospitality and encouragement?

On the one hand we have to campaign to make it possible for these doctors to remain in their countries and to feel that their gifts are recognised and their futures secure. On the other hand if they have come to the UK we have the opportunity to be hospitable, to welcome them into our general practices and hospital firms. Often the time span may have to be stretched to support them through the debilitating and depressing period of unemployment.

Stemming the flow

One of the keys to reducing the brain drain from poor countries has to be on-going education and fulfilment in their own country. If these numerous doctors can be encouraged to stay in their own countries and can be promised continuing education and mentoring then appropriate skills could be taught and learnt in the home country and links established that can be maintained over web sites, email and teleconferencing. What is it

that makes these links so special? It is the recognition and affirmation that comes by offering something to them freely, that is acquired in the privileged country and generously offered to those in less privileged countries.

Many university and trusts around the UK have established 'Links mechanisms', and they offer teaching and training in a wide range of specialties.⁵ Short courses are well-received, short term exchanges are established, and repeat visits offer continuity and friendship in an unparalleled manner. Christians should be in the vanguard of such projects, relying upon the rich medical heritage we have benefited from and willing to go at our own expense and with no thought of reward. Offering this educational input and affirmation would begin to address the disparities between the West and poor countries. At present there are many and varied projects spread thinly, but to make a difference the input needs to be multiplied on a grand scale.

A vital aspect of renewing educational efforts needs to be a new emphasis on enabling the disadvantaged to make full use of their potential. Provisions must be made to help these doctors and nurses support themselves not in the spirit of benevolent remedial activity but in an attempt to share resources, insights and gifts.⁶

By our labour of education we will be affirming the integrity of those we seek to educate. Affirmation is vital for nurses and doctors working in remote areas of the developing world. Teaching opportunities abound to pass on something of the rich heritage we have in medical education in the West. By passing any knowledge on to someone who has a low salary and many dependents, that in itself becomes a powerful tool in the ability of that person to be appreciated, to improve their status with their work colleagues and to give them incentives to return to acquire new knowledge. The Continuing Medical Education programme in the UK has become an important tool in the on-going assessment of doctors. This programme has been rolled out and

Post PLAB 2 Conference for International Medical Graduates

This is a day conference to be held by CMF on Saturday 21 January 2006 in London.

Topics to be covered include writing a CV, interview skills, NHS orientation, finding jobs, transcultural medicine. Further details, when finalised, will be posted on the website.

become invaluable for affirming doctors in many African countries who have willingly participated in similar programmes which are culturally and sensitively appropriate. There is a great need to roll out such programmes in nursing and the allied professions where low salaries and poor status predominate, and where on-going education, on site, has been shown to improve clinical standards and affirm and retain staff.

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