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Correspondence

'Achieving a Balance' and visiting doctors: some unanswered questions

DEAR SIRS

The developed countries have traditionally relied on overseas doctors to service the less attractive specialties and hospitals. In the UK, generally over 30%, and in some specialties more than 70%, of junior doctors are from abroad. By and large these overseas doctors coming to Britain for postgraduate training have found themselves in 'NHS backwaters', taking jobs which British trainees find unattractive.

In the last decade, however, there has been a steady decline in the number of these overseas doctors arriving in Britain. Initially this was attributed to the heavy failure rate in the entrance examinations. The subsequent imposition of a restriction on the maximum number of years an overseas trainee could spend in Britain (1985 immigration rules) seems to have accelerated this trend. These considerations may have played a relatively minor role in the creation of the *'Plan for Action: Achieving a Balance'*. However the implementation of this plan will have far reaching consequences for the overseas doctors.

Achieving a Balance has introduced two categories of junior doctors. Career registrars' who are British (or EEC) qualified doctors and entitled to become consultants; and 'visiting registrars' who are overseas graduates eligible for a limited postgraduate training on a sponsorship scheme and not entitled to become consultants. The substantial reduction in the number of career registrar posts ensures that every local trainee will be assured a consultant post. At the same time *Achieving a Balance* allows for a continuous supply of overseas doctors who will make up for the service shortfall but yet never be able to take up a consultant post. The most cynical view of this position is that overseas doctors will be used as "cannon fodder in the service wars" (Yager & Borus, 1987).

In order to facilitate this continuous supply of overseas doctors and to counteract the previous declining trend, the usual entrance examination, which includes proficiency in English, is being waived. This could well result in employment of doctors who are not able to provide a service of reasonable quality.

Psychiatry is one of the 'unattractive' specialties that has relied most heavily on overseas doctors for its service needs (Walton, 1986). It is therefore at particular risk with the new laws of not meeting its manpower requirements. It is thus not surprising that various new schemes have arisen around the country in order to attract overseas doctors. These training schemes are in keeping with the long tradition of providing postgraduate education and training for overseas doctors. Recruitment of doctors to these training schemes should not prove difficult given the huge disparities in salaries and conditions of employment worldwide, as well as inadequacies in the training programmes of many countries.

In return for the services provided by these doctors, who come "... to the UK in good faith", there is a "... moral debt" in terms of providing good quality and appropriate training (Walton, 1986). "Unfortunately they have sometimes obtained inappropriate jobs which have offered limited training or training with little relevance to the needs of their own countries" (Sims, 1989).

There seems to be almost unanimous agreement by world experts that *basic* training in psychiatry should be delivered locally. The 1986 WHO workshop on Collaboration in Psychiatric Training held at the Institute of Psychiatry, London, with representatives from Europe, Asia, Africa, North and South America, Middle East and Australia, reiterated this view. "The modelling, which results from training in a foreign setting, is of great potency, and while there is much that is good in it, there is much that is destructive and which serves to effectively entrench irrelevancy.... In an extreme form, such modelling can render the subject unfit professionally – and emotionally – for life and practice in his own surroundings" (German, 1986). "Training experience in industrialised countries for psychiatrists from the third world is therefore a bad joke as far as appropriate skills and attitudes for service development are concerned" (Harding, 1986). An eminent professor from Pakistan said of his six years' training in the UK: "When I returned to Pakistan I felt cheated because of the inappropriateness of the training I had received" (Mubbashar, 1989). For some doctors reinsertion back into their own countries can be a painful process with immeasurable consequences for the countries of origin and the individual doctors alike.

It is against this background that the Overseas Doctors Training Scheme and others have been introduced. "The College Scheme is intended to facilitate the training of postgraduates from overseas by placing well-selected candidates in good training posts, and ensuring that the training offered is of a high standard, providing appropriate preparation for work in their own countries" (Sims, 1989). It is

unclear how the Overseas Desk is going to monitor not only the quality of training but the appropriateness of the training provided to these overseas doctors. "Mutual trust" as proposed by the Overseas Desk does not seem to be reasonable, given what is at stake. It is not clear whether there will be strict guidelines for those institutions which propose to take advantage of this scheme.

If guidelines are developed, will they dictate the nature of the training offered in order to ensure "... appropriate preparation for work in their own country"? Currently the College has an accreditation and approval system which reviews all training schemes. Is the College abdicating its responsibilities to overseas doctors by not providing a special accreditation and approval system, which would include individual arrangements between consultants and other training schemes, as exists for the career posts? Will there be an independent body monitoring all schemes with foreign doctors which has the power to withdraw accreditation should it be found that the training offered is inadequate?

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References

GERMAN, A. J. (1986) Psychiatry, training and collaboration between countries. *WHO Workshop on Collaboration in Psychiatric Training*. London: Institute of Psychiatry.

HARDING, T. W. (1986) Teaching skills of service development. *WHO Workshop on Collaboration in Psychiatric Training*. London: Institute of Psychiatry.

MUBBASHAR, M. H. (1989) It Hits You in the End – Delivery of Mental Health Services in Developing Countries. Lecture delivered at the Institute of Psychiatry.

SIMS, A. C. P. (1989) The work of the Overseas Desk. *Psychiatric Bulletin*, **13**, 260–262.

WALTON, H. (1986) Overseas doctors in psychiatry. In *Education and Training in Psychiatry*. Oxford: Oxford University Press.

YAGER, J. & BORUS, J. (1987) Are we training too many psychiatrists? *American Journal of Psychiatry*, **144**, 1042–1048.

DEAR SIRS

I wish that Drs Araya and Moodley had asked the College Overseas Desk to send them documents of the Overseas Doctors Training Scheme before writing their letter. They would have found that several of their questions have already been answered. Please note that the phrase in their third paragraph – cannon fodder – refers to American psychiatry and not British.

The PLAB test is not waived for doctors coming on the ODTS, they have exemption on the grounds of (a) qualifying at a medical school recognised by the GMC, and, (b) having their proficiency in English guaranteed by their sponsors. This is both more reliable and more appropriate than the PLAB test for trainees who have been working in psychiatry at home.

The Overseas Doctors Training Scheme of the Royal College of Psychiatrists was set up before publication of *Achieving a Balance*, and of course *Achieving a Balance* has not yet been implemented. It is unfair to suggest that the ODTS was a response to attract overseas doctors purely for manpower reasons.

Drs Araya and Moodley quote my more recent *Bulletin* article on the Overseas Desk but take it out of context. In fact the aim of the ODTS is to make sure that training is now appropriate for overseas doctors. We would agree that basic training in psychiatry should be delivered locally and we require for the ODTS that doctors from overseas have worked for a year, and preferably two years, in psychiatry in training centres in their own countries. This, of course, was not possible for the previous generation of pioneers from overseas, who received all their initial training in psychiatry in Britain and then returned to their own countries.

There is clear and readily available information about how the Overseas Desk will monitor the quality of training which Drs Araya and Moodley could easily have obtained. The Overseas Desk will be asking the scheme organiser about the trainee's progress at regular and stipulated intervals; the trainee is asked to comment on the quality and relevance of the training received; and the overseas sponsor is also asked to make a comment when the trainee returns home. What is also completely clear is that there are strict guidelines for training scheme organisers receiving doctors on the ODTS. These are available to College members.

Guidelines have been developed and do aim to make training appropriate for doctors returning home. However, this is not an easy matter to resolve for many different reasons. The doctors on the College ODTS are placed only on schemes that are fully approved for training and only on those schemes that also have career registrars as well as visitors. The College is not abdicating its responsibilities; the needs of overseas doctors are being considered by the approval teams. The College is able to withdraw approval from training schemes; it may decide that training schemes should not receive College sponsored doctors on the ODTS; it is able to withdraw its sponsorship from the overseas doctor; it could refuse to accept a senior psychiatrist as overseas sponsor. The safeguards are there; it is up to all of us concerned