

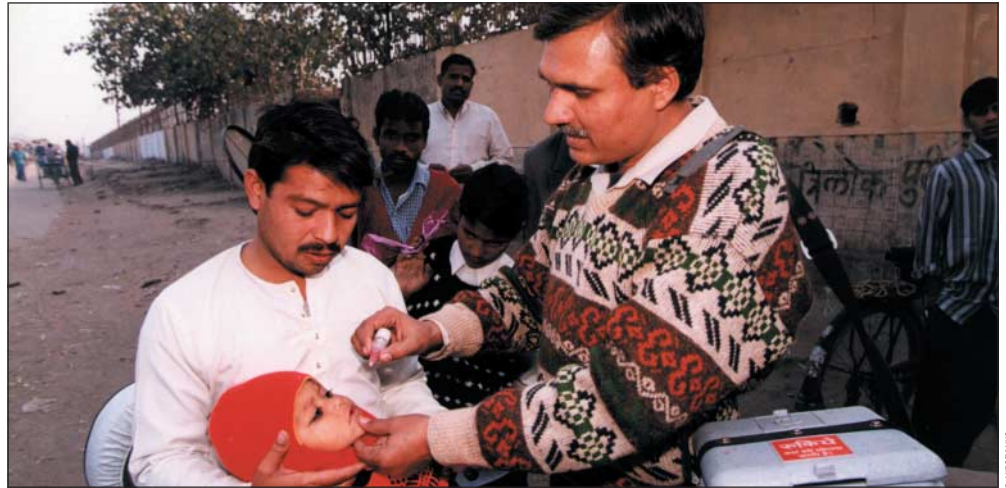
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The last time we published an edition of Career Focus containing articles aimed at helping overseas doctors aspiring to work in the United Kingdom, we received a complaint. Why, demanded our appalled correspondent, do we encourage overseas doctors when there is already mass medical unemployment in the UK and insufficient training posts for British graduates? Well the short answer is that we see our job as supporting all doctors in their careers in the NHS—wherever they trained. Recently, for example, we've run several articles focusing on the "lost tribe" of senior house officers (SHOs), many of whom are local graduates. But for the moment at least, overseas trained doctors are free to try their luck in the UK, they come here for all sorts of reasons, and they face particular challenges when they come. The NHS relies heavily on international medical graduates. So we will continue to highlight their plight, try to give them realistic information about their chances, and offer what practical support we can (p 187).

I think that hearing from so many doctors—local and from overseas—struggling desperately to get on in medicine, has influenced my decision to return to general practice. I have been out of clinical medicine for four years now; the pull to medicine is proving irresistible, and I am lucky enough to qualify for a well supported return to practice via the GP returner scheme next year. Career Focus is a great publication to edit; I've enjoyed real editorial freedom (and the responsibility that goes with that), creative challenges, working with a top team of people, and producing something that many readers say they appreciate. If you're interested in the job, see the advert in the special appointments section. ■

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Most overseas doctors coming to the UK are from South Asian countries

## Changes to postgraduate medical training for overseas doctors

*Shaz Mahboob* assesses the impact for overseas doctors

Hundreds of hopeful medical graduates from across the world will be preparing to sit the Professional and Linguistic Assessments Board (PLAB) examination this year. Most come from south Asian countries. Some will take part 1 in their home countries in places such as India or Pakistan, while others will travel to centres nearby. Most of these doctors do not seem to be aware of several changes being made this year to postgraduate medical education in the United Kingdom and the impact it may have on them.

### Modernising Medical Careers and foundation programmes

In August 2005 the foundation programmes were started, an initiative taken by medical educationalists to improve the decades old system of British postgraduate medical training ([www.dh.gov.uk/assetRoot/04/07/95/32/04079532.pdf](http://www.dh.gov.uk/assetRoot/04/07/95/32/04079532.pdf)).

Foundation programmes ([www.mmc.nhs.uk/pages/foundation](http://www.mmc.nhs.uk/pages/foundation)) were designed to ensure that during the first two years of their medical careers doctors gain generic and fundamental skills that are necessary and applicable while dealing with patients, regardless of the specialty. The best example of this would be a trainee pathologist attending a medical emergency in an elderly diabetic patient on board an airliner. Being a doctor, he or she should be able to deal with the emergency with confidence, identifying the underlying cause and managing it to the best of his or her ability with the available resources. The rationale behind the curriculum of the foundation years is to equip doctors with such generic and invaluable skills.

During foundation year 1 and year 2 (F1 and F2 respectively) doctors will rotate through various specialties, including in some cases general practice. In addition to learning basic skills, this will serve as an opportunity to sample different specialties, which will

eventually help doctors choose a particular specialty. F1 corresponds to preregistration house officer posts and F2 to senior house officer (SHO) posts.

### Impact of Modernising Medical Careers on overseas doctors

The foundation programme rotations for both years are planned and guaranteed when doctors are recruited to the programme, which ensures that UK trained doctors are not left worrying about jobs every six months. However, this also means that doctors wishing to join F2 will find that most places are already allocated.

Another serious issue affecting overseas doctors' career aspirations is F2 placements. Postgraduate medical education deaneries, which are responsible for supervision of junior doctors' training, have been informed that there will be additional places available for overseas doctors, but they have not announced the exact number of additional F2 posts that they will approve in order to allow NHS trusts to recruit overseas doctors. Without these figures, it will be nearly impossible for NHS trusts to conduct workforce planning for provision of training and service delivery.

Implementation of the European Working Time Directive will reduce doctors' hours considerably. Therefore to provide adequate cover for operational service delivery, individual trusts might be forced to create trust grade non-training positions. Since most UK qualified doctors will have already been allocated F2 posts, overseas doctors will end up being recruited to these non-training posts. Doctors who would have spent months preparing for the PLAB examination will not want to wait months for an F2 placement and will be forced to take up these non-training posts to recover from the financial strain that most of these doctors feel while waiting for their first SHO job, hoping that at some point they might be able to join a specialist training programme. ▶

Overseas doctors who already possess competencies equivalent to those who have completed the F2 programme will be eligible to apply for specialist training posts directly. The downside of this is that doctors who demonstrate a higher level of experience and competence would be encouraged to apply for specialist training posts at advanced levels. Such posts might be few in number and, again, would be fiercely contested.

### Introduction of general practice experience to foundation programmes

As already stated, foundation programmes will also include rotations within general practice. Since family medicine or general practice is now gaining popularity and is becoming a respectable specialty in south Asia, there may be a surge of overseas applicants wanting to enter general practitioner vocational training schemes (GP VTSs). This may also result from the imminent establishment of the international membership of the Royal College of General Practitioners (MRCGP (Int)) examination for south Asia and a separate one for southeast Asia (Philippines and Brunei among other countries—[www.rcgp.org.uk/international/mrcgp\\_int.asp](http://www.rcgp.org.uk/international/mrcgp_int.asp)). Overseas doctors who find it difficult to enter hospital based specialties such as surgery may try this area of medicine hoping to gain general practice experience and perhaps go back to their home countries to practise as family doctors. The competition for GP VTS programmes is already getting tougher each year for UK graduates. Overseas doctors may therefore find that their chances of getting on these programmes are as slim as the chances of getting into acute medicine specialties.

### Overseas PLAB part 2 centres

The General Medical Council plans to pilot PLAB part 2 examination centres in India. This would have a considerable impact on the number of doctors coming to the UK, sitting the exam, and staying on afterwards, applying for and waiting endless months for SHO posts. On the other hand, such a pilot might prompt even more doctors to take the PLAB examination—those who are presently put off by the costs of travelling and living in the UK. For such doctors this might be a more economical alternative, since they would be able to sit

the PLAB part 1 and 2 examinations in India, and would travel to the UK only when and if they are invited for an interview.

### Role of the GMC, Department of Health, and NHS

The main bodies responsible for providing guidance for overseas doctors wishing to work in the UK are the Department of Health, NHS employers, and the GMC. As yet, they have not issued any joint guidance for overseas doctors wishing to come to the UK to complete their postgraduate training, informing them of their chances of gaining entry to F2 posts or directly to specialist training programmes. The guidance and warnings issued to overseas doctors come from various sources and are rather vague and often prone to misinterpretation by hopeful individuals keen to gain a foothold in UK postgraduate medical training. Perhaps guidance and advice issued jointly from the above mentioned bodies would be beneficial for doctors thinking of completing their postgraduate training in the UK.

### Role of overseas doctors representative groups

Numerous overseas doctors groups have talked to leaders at the Department of Health, NHS, and General Medical Council, trying to find a solution to the unfortunate situation that overseas doctors will face when recruitment to F2 posts begins next year. Organisations such as the British Indian Doctors Association, British Association of Physicians of Indian Origin, and the Pakistan Medical Association (UK) need to double their efforts in order to provide support and guidance for overseas doctors aspiring to come to work in the UK.

### Key considerations for overseas doctors

Doctors should consider their financial circumstances before making plans to further their postgraduate medical careers in the UK. Choice of specialty must be carefully considered, with particular attention given to the prospects of being able to join a specialist training programme—the only approved and recognised means of becoming a UK hospital consultant or a primary care general practitioner.

Doctors should have clear short term and long term plans with objectives and milestones for both. Failure to achieve set goals at prescribed times should prompt them to reconsider their career aspirations and avoid losing valuable time and energy.

Before preparing for their training in the UK, doctors need a realistic backup plan in case they are forced to return home. This plan could include achieving postgraduate level qualifications or at least ensuring their eligibility for training programmes in their home country.

In summary, overseas doctors need to consider seriously any guidance issued by the NHS, GMC, and Department of Health when planning to take PLAB exams or applying for jobs. ■

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