Overseas Doctors Training Scheme

Opportunities for training are limited

EDITOR,—I wish that Tessa Richards had reconsidered the title of her article, "The Overseas Doctors Training Scheme: failing expectations."¹ In the article she correctly identifies that the faults lie not so much in the scheme but in the constraints within which it operates.

Why can we not meet the demand for posts? The royal colleges have no power to make appointments. We have to compete with a large pool of experienced, overseas trained, doctors based in Britain who have local referees and are available for interview. British surgeons prefer to select from these rather than appoint someone arriving from abroad "sight unseen." If a single trainee from the scheme disappoints them they determine never again to employ a trainee offered by the college.

Why are expectations often unfulfilled? I recently visited southern India and met enough excellent trainees to fill all our requirements for a year. Unfortunately, Britain has a limited capacity to offer training to all the trainees who wish to come. This is not the fault of the scheme. We should be proud that our standards and training are still prized.

How can we improve matters? I believe that the Department of Health and the General Medical Council should cooperate to reduce the floating pool of overseas graduates who are merely filling service needs and no longer receiving training. Some of those with rights of residence deserve staff grade posts to give them stability, which would free more training posts. I believe that awarding full registration and rights of residence to doctors who have not been in approved career training posts raises expectations that cannot be fulfilled as these doctors are condemned to second class status.

All overseas doctors who come for training should be placed under the aegis of a royal college so that they can be guided and counselled, whether they come as sponsored trainees or gain limited registration by passing the Professional and Linguistic Assessment Board's examination. This service would need to be funded by the Department of Health as the royal colleges could not fund it.

What of the positive aspects? Most of those who join the scheme arrive with an approved post awaiting them. They do not need to sit the Professional and Linguistic Assessment Board's test or take unsuitable posts to gain British referees.

They are supervised throughout their training in Britain. We cannot, and should not, attempt to offer a full training: this is best acquired in the place where they will practise.

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1 Richards T. The Overseas Doctors Training Scheme: failing expectations. *BMJ* 1994;308:1627-31. (18 June.)

A successful example

EDITOR,—The articles by Tessa Richards¹ and Stella Lowry and Heather Cope² were well researched and much overdue discussions on a matter on which hardly any discussion has taken place to date.³ They gave details of training schemes for overseas doctors and were to the point on their shortcomings.

Any system set up on a nationwide basis will have problems, as does every new scheme, but we should be using them to fine tune the system for it to work successfully. In my own experience and in my hospital and anaesthetic department, the Overseas Doctors Training Scheme has been an unqualified success. Over the past seven years I have kept closely in touch with senior professors and consultants in the leading teaching hospitals in the Indian subcontinent and have made regular visits to lecture and discuss current developments and practices in anaesthesia. I also formally interview prospective candidates who have been initially shortlisted by their consultants. From the time I return, our human resources manager sets the ball rolling on the necessary paperwork. This then sits on file until a suitable senior house officer vacancy is imminent. From that point onwards it takes a maximum of two months to complete the formalities to get the selected doctor in post.

To date there have been a dozen such appointments. They have all been of the highest calibre. They usually obtain their parts I and II of the anaesthesiology fellowship within two years of being with us and their part III within three years. They then proceed to join the registrar rotation scheme as non-career registrars. Details of this system and successes were presented to the Royal College of Anaesthetists' adviser in postgraduate studies, who replied, "Yours sounds like the ideal scheme, which is to be encouraged elsewhere."

Like most things in life, we get results commensurate with effort put in. It would be a shame to abandon the scheme when it can produce results of such mutual benefit.

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1 Richards T. The Overseas Doctors Training Scheme: failing expectations. *BMJ* 1994;308:1627-31. (18 June.)

2 Lowry S, Cope H. Postgraduate training for overseas doctors in Britain. *BMJ* 1994;308:1624-7. (18 June.)

3 Rowley D. Do overseas doctors receive appropriate training? *Br J Hosp Med* 1990;43:182.

Feedback from past trainees will help

EDITOR,—Stella Lowry and Heather Cope provide all the information that a foreign doctor wanting to train in Britain would need to know.¹ We agree with Tessa Richards that the Overseas Doctors

Training Scheme has not met the expectations of many of its participants.² Most doctors on the scheme have already completed three years or more of structured training in their chosen specialties. The same is true of doctors who come to Britain through independent arrangements. These doctors are looking for jobs that give them experience at the level of senior registrar or above; instead they end up doing senior house officer or registrar jobs for a few years, which do not give them the specialist training they hoped for. The present system seems to force them to repeat their basic training again in Britain.

If the royal colleges could develop a scheme of fellowships lasting one or two years and offering higher specialist training to these well qualified doctors it would further the doctors' careers in their countries of origin. Otherwise the number of "stuck doctors" will gradually build up. Short term, concentrated high level training would also help to reduce the waiting lists for the overseas doctors training scheme.

It would be useful to collect some systematic feedback from the overseas doctors who return home regarding the usefulness of their training in Britain. Perhaps the royal colleges should carry out a questionnaire survey of doctors settled in their native countries. This information could be used to formulate the changes in the overseas doctors training scheme that are necessary to reduce the mismatch between expectations and reality. The needs of overseas doctors from different countries vary widely—for example, obtaining the MRCP or FRCS is no longer a priority for Indian doctors wishing to rejoin their state or national health system. These degrees are no longer registrable as postgraduate qualifications in India; instead Indian doctors would prefer to obtain some higher grade, practical training to supplement their experience.

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1 Lowry S, Cope H. Postgraduate training for overseas doctors in Britain. *BMJ* 1994;308:1624-7. (18 June.)

2 Richards T. The Overseas Doctors Training Scheme: failing expectations. *BMJ* 1994;308:1627-31. (18 June.)

A marriage of convenience

EDITOR,—The Overseas Doctors Training Scheme is unique in that Britain and overseas doctors are both purchasers and providers—thus requiring both to understand each other's needs.¹ We would like to highlight some areas in addition to those outlined in Tessa Richards's pragmatic and overdue article.²

Firstly, there is a common discordance between the priorities of overseas doctors and those of clinical tutors, who, having appointed "unknown quantities," expect them to successfully take Part I examinations to allow progress to registrar posts. The examination thus becomes a rite of passage, which it is clearly not designed to be.³ Also, not many are aware that, although being by far the

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