



RemedyUK Response to Department of Health Consultation

“Recruitment to foundation and specialty training - Proposals for managing applications from medical graduates from outside the European Economic Area”

Executive Summary

- RemedyUK, and 73% of respondents to our survey, do not support the Department of Health's proposal that non- EEA graduates already in the UK should be considered for training only after UK and EEA applicants.
- RemedyUK, and over half of respondents to our survey, believe there are other options to consider
- 73% of respondents believe that if this policy was implemented, non- EEA nationals graduating from UK universities should be exempt, and that non- EEA graduates should be allowed to compete openly for LATS and FTSTA's.
- 69% of respondents support limiting further recruitment of overseas graduates to the UK
- Only 12% of respondents believe the Departments favoured policy is well thought through, with 73% believing that the Department should not implement it.

Introduction

RemedyUK recognise that overseas graduates have been crucial in supporting the NHS for decades. As recruitment into medical school has increased, and the Government moves away from a commitment to a consultant delivered health service, a surplus of trainees has developed. The systematic changes associated with MMC and the failures of MTAs have compounded and precipitated this problem.

The current state of medical recruitment and training is a result of poorly implemented government policy. Indeed, only a year ago the Workforce Review Team were recommending and expansion of training posts¹.

The RemedyUK committee believe that the proposed policy to exclude non-EEA graduates already in the UK from competing for training posts is morally reprehensible. Thousands of doctors, regardless of origin, have been subjects of the most appalling failures of Government policy. Approximately 14,000 doctors have been forced out of training this year alone. This is a failure of Government, not the responsibility of overseas graduates

We believe that a thoughtful and considered immigration and employment policy is required, in conjunction with solutions to the failures of MMC.

¹ WRT guidance on SHO/ trust doctor grade post conversion- view at <http://www.remedyuk.org/documents/WRT.pdf>

We present a survey of views on the issue under consultation. Views were assessed via an online survey and emails. We drew attention to both the consultation document, a view from the British Association of Physicians of Indian Origin (BAPIO) and an article in the British Medical Journal, in order that respondents had an opportunity to present an informed view. Nearly 72% of respondent had read both the Department Consultation and the BAPIO view, with only 8% having read neither.

The region of graduation of respondents is presented in Table 1 and Figure 1.

Region of Graduation	Number of respondents
UK	275
EEA	18
Non- EEA	365
Total	658

Table 1: Respondents by Region of Graduation

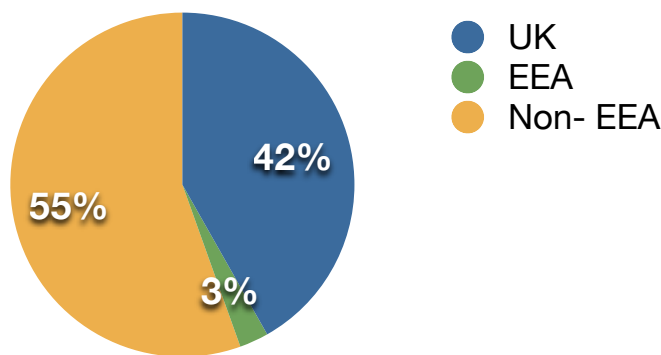


Figure 1: Respondents by Region of Graduation

Question 1

Do you agree with the Department’s preferred option to re-implement the long- standing policy guidance, that doctors from outside the EEA with limited leave to remain in or enter the UK should be considered for post-graduate medical training places in the NHS, only if there is no suitable UK or EEA applicant and that this is a proportionate response to the problems outlined in this discussion document?

RemedyUK do not support the Department of Health’s proposal. This is the view of 70.4 % of respondents to our survey, 61.3% of our members and 70.4% of non-members (See Table 2)

There is a statistically significant difference between the views expressed by UK graduates and non-EEA graduates in our survey, with 50.7% of UK graduates supporting the proposed Department of Health Policy and only 5.8% of non-EEA graduates ($p < 0.0001$ Fisher's Exact Test) (See Table 3). However, the majority of RemedyUK members, and indeed the majority of non-RemedyUK members, responding to this survey do not support the proposed policy.

Response	UK	EEA	Non EEA	ALL
Yes	139 (50.7)	12 (67.7)	21 (5.8)	173 (26.3)
No	119 (43.4)	6 (33.3)	337 (92.6)	462 (70.4)
Rather Not Say	16 (5.8)	0 (0)	6 (1.6)	22 (3.3)

Table 2: Responses to Question 1 by Region of Graduation. Total responses presented with percentages in parentheses.

Response	Members	Non- Members	Unknown	ALL
Yes	55 (31.8)	78 (23.1)	39 (26.9)	172 (26.2)
No	106 (61.3)	250 (70.4)	106 (73.1)	462 (70.4)
Rather Not Say	12 (6.9)	10 (3)	0 (0)	22 (3.4)

Table 3: Responses to Question 1 by RemedyUK Membership Status. Total responses presented with percentages in parentheses. (Unknown membership status are those respondents who elected not to indicate status)

Question 2

Are there other options which would maximise the opportunities for post-graduate medical training in the NHS for UK medical graduates?

The majority of respondents indicated that other options exist (see Table 4). We can supply anonymised free text comments received during our consultation, if requested.

Response	Members	Non- Members	Unknown	ALL
Yes	97 (55.7)	185 (55.4)	86 (60.1)	368 (56.5)
No	15 (8.6)	46 (13.8)	22 (15.4)	83 (12.7)
Rather Not Say	62 (35.6)	103 (30.8)	35 (24.5)	200 (30.7)

Table 4: Responses to Question 2 by RemedyUK Membership Status. Total responses presented with percentages in parentheses. (Unknown membership status are those respondents who elected not to indicate status)

It is the view of RemedyUK that the consultation document presented by the Department of Health presents a biased view of the current situation and presents limited options. There are other policies that should be explored, recognising that non- EEA graduates working in the UK are a heterogeneous group. Clearly, any proposed solution must be consistent with employment law.

Question 3

Should doctors from outside the EEA who have trained in UK medical schools be exempt from the DH guidance and able to compete directly with UK medical school graduates?

Respondents to our survey show that 73% support those UK graduates who are non-EEA citizens should be exempt from the proposed policy. This view is consistent amongst UK and non- EEA graduates (see Table 5) and RemedyUK members and non- members (see Table 6).

As stated in our response to Question 1, RemedyUK do not support the Departments proposed solution. However, if this proposal was implemented, we believe that non-EEA citizens graduating in the UK should be exempt.

Response	UK	EEA	Non EEA	ALL
Yes	200 (73.5)	7 (38.9)	269 (74.3)	476 (73.0)
No	63 (23.1)	7 (38.9)	56 (15.5)	126 (19.3)
Rather Not Say	9 (3.3)	4 (22.2)	37 (10.2)	50 (7.7)

Table 5: Responses to Question 3 by Region of Graduation. Total responses presented with percentages in parentheses.

Response	Members	Non- Members	Unknown	ALL
Yes	125 (74.7)	245 (73.1)	105 (72.9)	475 (73.0)
No	35 (20.3)	64 (19.1)	27 (18.8)	126 (19.4)
Rather Not Say	12 (7.0)	26 (7.7)	12(8.3)	50 (7.7)

Table 6: Responses to Question 3 by RemedyUK Membership Status. Total responses presented with percentages in parentheses. (Unknown membership status are those respondents who elected not to indicate status)

Question 4

Should refugee doctors be exempt from the DH guidance and able to compete directly with UK medical school graduates?

The majority of respondents (51.3%) support exemption for refugee doctors, with 31.0% not supporting and 17.7% non-expressing an opinion.

RemedyUK believe that, if the policy is implemented, refugee doctors should be exempt.

Question 5

Should IMG's be able to apply in open competition for (i) LATs and (ii) FTSTAs?

It is the view of RemedyUK and of the majority of respondents, that IMG's should be able to apply in open competition for LATs and FTSTA's (see Table 7)

Response	Members	Non- Members	Unknown	All
Yes	111 (63.8)	256 (76.9)	109 (75.7)	476 (73.1)
No	45 (25.9)	64 (19.2)	28 (19.4)	137 (21.0)
Rather Not Say	18 (10.3)	13 (3.9)	7 (4.9)	38 (5.8)

Table 7: Responses to Question 5 by RemedyUK Membership Status. Total responses presented with percentages in parentheses. (Unknown membership status are those respondents who elected not to indicate status)

Additional questions

We asked our respondents several additional questions using the Likert Scale. Whilst recognising the inherent issue of central tendency bias, we felt that this was a better method of assessing respondent views than a binary yes/no questioning.

We first assessed the level of support for proposals set out in the consultation document. It can be seen from Figure 2 that there is support for 'open competition for non-EEA graduates already in the UK', with over 75% of respondents marking agree or strongly agree. There is no clear support for open competition for all non-EEA graduates (i.e. including those graduates not already within the UK). There is also support for limiting the further recruitment of overseas graduates, with 69% either agreeing or strongly agreeing with this statement. 73% of the respondents to this survey either disagree or strongly disagree with the proposed Department of Health policy.

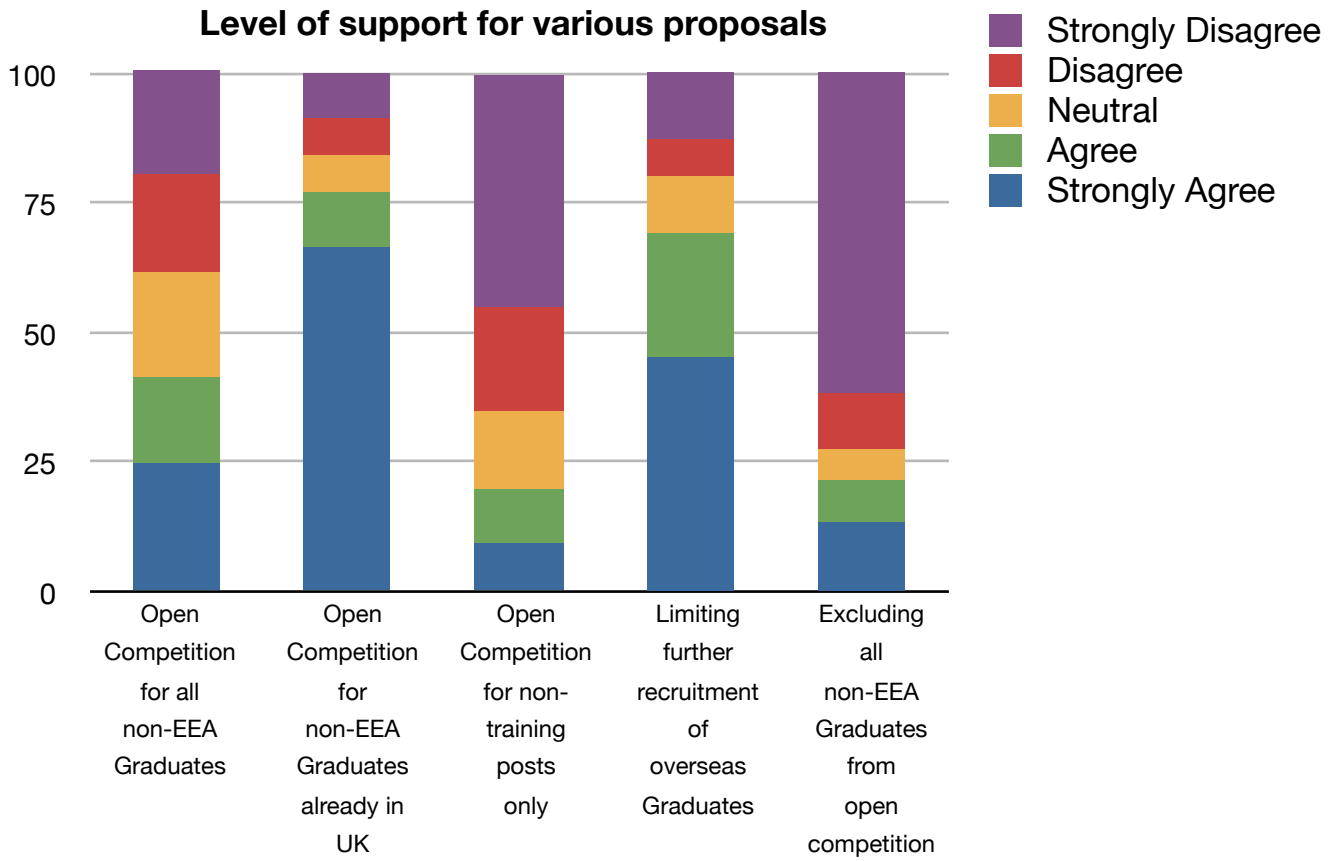


Figure 2: Level of support for some options presented in the consultation. Bars indicate 100% of responses subdivided by Likert Scale

The next question focused on the proposed Department policy. Only 12% of respondents thought that the policy has been ‘well thought through’, with 70% reporting it to be ‘unfair’. Only 10% felt it was in the interest of patients whilst 75% believed it to be in the interest of Government (see Figure 3).

The proposed policy is...

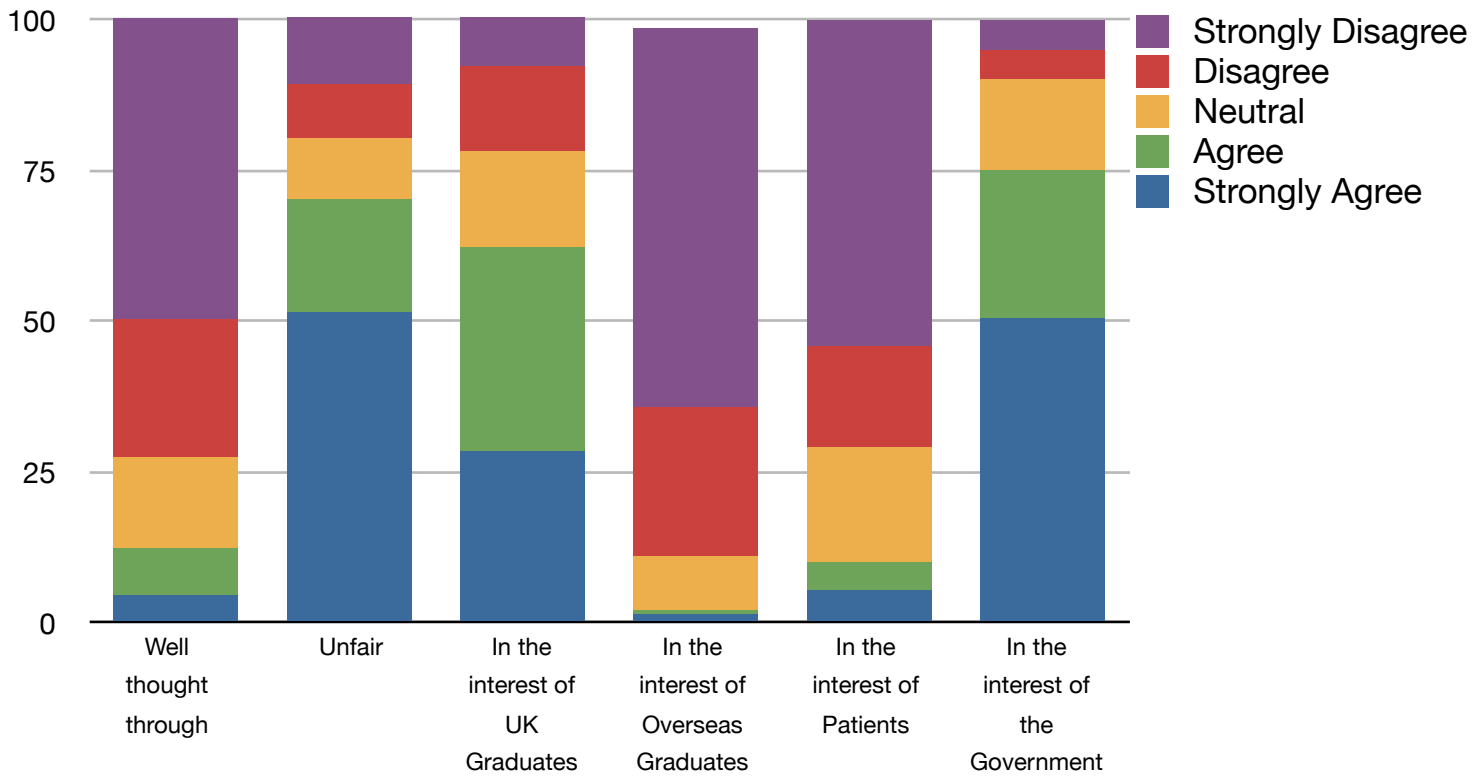


Figure 3: Views on the proposed policy. Bars indicate 100% of responses subdivided by Likert Scale

Next we assessed respondents views on which factors have contributed to the exclusion of 14,000 doctors from training. 98% of respondents reported poor workforce planning, 91% the failure of MTAS and 87% the MMC reforms. 66% identified the increase in medical school intake whilst 48% and 44% identified competition from EEA and non-EEA graduates respectively as contributing factors (see Figure 4).

The following have contributed to 14,000 doctors failing to secure a training post in 2007

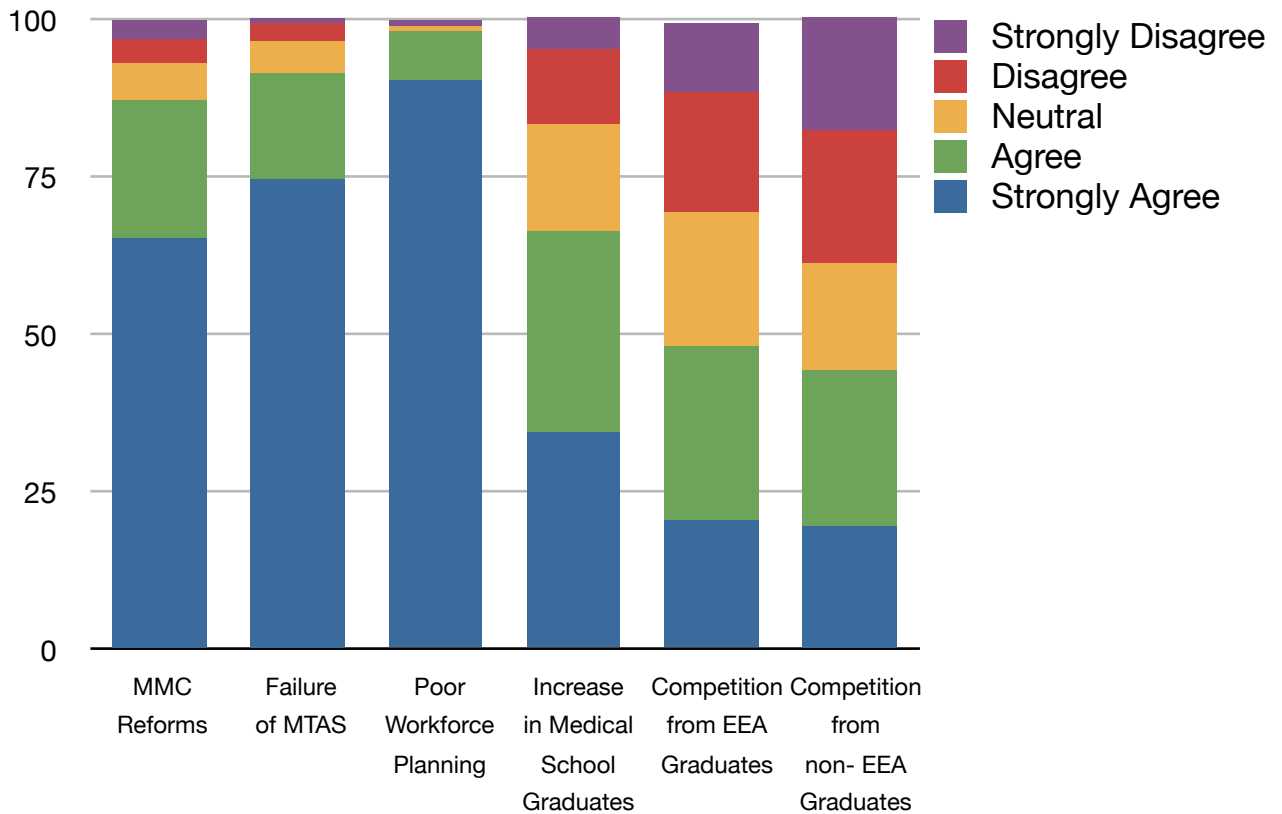


Figure 4: Views on factors that have contributed to 14,000 doctors being forced out of training. Bars indicate 100% of responses subdivided by Likert Scale

Summary

Overall, 73% of respondents felt that the Department should not implement this policy, with 22% supporting it (see Figure 5). 86% believe that the Department should develop a policy that manages the recruitment problems whilst recognising the commitment that doctors, regardless of origin have made to the NHS.

RemedyUK would like to see the Department of Health developing policy that is compatible with the complexities of the current workforce issues. Workforce planning and the problems precipitated by MMC must be addressed. Some specialties rely heavily on overseas graduates. Such factors, and many others, must be considered and modeled if we are to avoid further turmoil to medical recruitment and training.

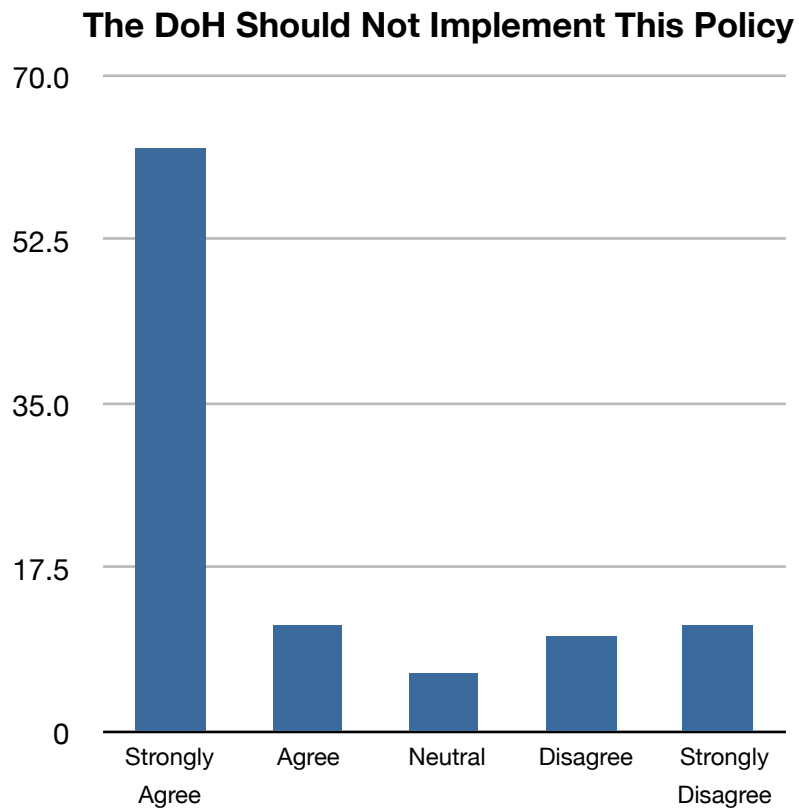


Figure 5: Agreement with the statement ‘The DoH should not implement this policy’. Data presented as percentage of total responses.