



editorial

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The NHS International Fellowship Scheme in Psychiatry

Reply to Khan

Naturally one has great sympathy with many of the points made by Dr Khan, as developing countries can ill afford to lose valuable medical specialists to rich countries (Khan, 2004). Colleagues in the Department of Health are keenly aware of this problem, and indeed obtained permission from the Indian government to recruit in India. The reason the Indian government agreed to our request is that India overproduces doctors, who cannot all find consultant positions in their own country. We have not recruited in Africa, nor have we recruited in Pakistan. However, the programme is advertised on the Internet, and eligible doctors are free to apply provided they fulfil the requirements of the International Fellowship programme.

The UK leads the way in developing and implementing the types of international recruitment policies called for by the World Health Organization. The UK is:

- the first country to produce international recruitment guidance based on ethical principles, and the first to develop a robust code of practice;
- the only country to produce a list of developing countries from which active international recruitment to the National Health Service (NHS) should not take place – because we are concerned to protect the health care systems of developing countries;
- the only country to publish an approved list of commercial recruitment agencies and to monitor their activities;
- the only country to commit publicly to recruiting through intergovernmental agreements.

Dr Kahn is correct in saying that the programme has recruited more psychiatrists than other specialists – of the six medical specialties the programme is aimed at, 124 of 202 appointments have been to psychiatric posts. However, it is not correct to say that Pakistan has lost many psychiatrists to the programme: of the 124 psychiatrists who have been appointed so far only 6 are from Pakistan (Table 1).

The UK has always been a major exporter of medical personnel, and still loses doctors to many of the countries listed in the table. We are facing a severe staffing shortage, which the programme aims to remedy. It would have been unthinkable to prevent doctors from Pakistan from coming here, and indeed we have always had – and

Table 1. Region of origin of psychiatrists appointed under the International Fellowship Scheme

Region of origin	<i>n</i>
India	84
European Community	12
Australia	6
Pakistan	6
Americas	4
Eastern Europe	4
Africa	3
Other	5

still have – many consultants from that country, even before the programme started. We are proud of our record in training doctors from Pakistan, and many of my former trainees have returned and enriched that country as a result of their experiences in the UK.

There are also many examples of NHS trusts putting a great deal back into developing countries. Much of this work is voluntary and receives little publicity. Countries in which NHS volunteers have helped improve services include India, Ghana, Uganda, Iran and China. The Department of Health has recently set up a Support for Humanitarian Aid Fund, administered through the British Medical Association. Grants from the fund are allocated to multidisciplinary teams (or individuals) who reflect the range of skills and experience within the NHS.

Doctors coming to the UK from developing countries are often obliged to resign from their posts, which is a short-sighted policy on behalf of their employers, since it effectively severs their ties with their home country, making it more difficult for them to return. It is not the intention of the NHS to keep doctors beyond the 2 years that the programme runs, although Dr Khan is correct in saying that it is not possible to oblige doctors to go home if their employers wish to retain them.

Dr Khan is seriously misinformed about the conditions of the programme, since standards are extremely high and doctors are scrutinised by the same kinds of appointments committee faced by other consultants who live in the UK. Applicants' medical qualifications must be



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approved by the General Medical Council, and they must be granted approval by the Specialist Training Authority using the same standards as are current in the UK. In granting such approval, the latter authority is advised by the Royal College of Psychiatrists. It is necessary for applicants to send full details of their training, and only a small minority of the large number of applications that we receive pass the scrutiny of the College. Dr Khan is correct that it is also necessary for doctors from countries outside the European Community to pass the International English Language test – but this is in fact the lowest of the four hurdles they must pass, the other three being General Medical Council approval, specialist approval and

the Consultant Appointments Committee. Let me assure him that no rules are being bent.

Reference

KHAN, M. M. (2004) The NHS International Fellowship Scheme in Psychiatry: robbing the poor to pay the rich? *Psychiatric Bulletin*, **28**, 435–437.

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