

The College

Career Survey of Overseas Psychiatrists Successful in the MRCPsych Examination

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The National Health Service at the present time depends on overseas doctors to maintain a reasonable standard of patient care; the presence of large numbers of such doctors in British hospitals, however, is not a recent phenomenon.

The immigration of doctors from the Indian sub-continent, for example, developed from Britain's historical links with ex-colonial territories so that British training and qualifications were highly valued by Asian doctors. This interchange of doctors between India and Britain has therefore occurred for at least a hundred years.¹ Until April 1985 the immigration controls in Britain exempted qualified overseas doctors and the DHSS pursued a policy of allowing the level of medical immigration to be determined by the employment opportunities, market forces being allowed to regulate the intake to Britain of overseas graduates. The expansion of the National Health Service would not have been possible without the substantial migration of such overseas doctors to the UK since the 1950s. Over 50% of hospital doctors in the grade of registrar and below² were found to be graduates of overseas medical schools.

Within psychiatry in particular there has been a persistent difficulty recruiting adequate numbers of British medical graduates and expansion of mental health services was only possible if overseas doctors were recruited. Between 1973 and 1978 for example the proportion of overseas doctors working in the grade of Registrar or below in psychiatry increased from 53.7% to 65.6%.

In the early 1970's, however, there was increased concern about the competence of many such doctors and the Morrison Committee in 1975 made several recommendations. A substantial proportion of overseas doctors coming to the UK were required to take the Professional and Linguistic Assessment Board examination (PLAB previously TRAB)—a test of professional competence at the level of a Senior House Officer and of formal and colloquial English, and no longer was there reciprocal recognition of medical qualifications between Commonwealth countries.

After publication of the Morrison Report, the Overseas Doctors Association, as well as other professional groups, began to make serious criticisms about the lack of training opportunities for overseas doctors and pointed out how many were being exploited by the National Health Service. Not only did they have difficulty passing professional

examinations but they also tended to be in less popular posts, where training facilities were not always available. Because of this overall concern about the problems of overseas graduates, the Royal College of Psychiatrists established a Working Party on Overseas Trainees (now a Sub-Committee of the Education Committee) with the following terms of reference:

- (a) The examination of the training facilities for overseas graduates and the suitability of these facilities for those intending to return to their country or to remain here;
- (b) the examination of employment opportunities, particularly in the light of the fact that overseas graduates are concentrated in non-teaching hospitals;
- (c) to assess the results of how overseas trainees perform in higher examinations in psychiatry.

Although overseas psychiatrists were known to have greater difficulty passing the MRCPsych examination than UK graduates, the Overseas Trainees Sub-Committee of the Royal College of Psychiatrists was concerned that many such overseas psychiatrists, even when they had passed the MRCPsych examination, seemed to have difficulty in obtaining adequate higher psychiatric training. There was also a possibility that they would be unfairly discriminated against when seeking higher posts.

With the encouragement of the Education Committee, as well as the Research Committee of the College, a small Working Party was established to prepare and finalise a questionnaire to survey all psychiatrists who had passed the membership examination of the College, and determine their subsequent career choice.

Although a prospective study of overseas and British medical graduates commencing from the time they obtained their MRCPsych was desirable, such a study would have been rather prolonged. We therefore decided to carry out a survey of psychiatrists who had passed the MRCPsych examination several years earlier (November 1981 or April 1982) to determine whether or not overseas doctors fared less well than home graduates in achieving their own career ambitions, and to identify any factors which contributed to any difficulties that they encountered.

Method and Response

In January 1984 a postal questionnaire was sent to all

TABLE I
Breakdown of grades of posts held (January, 1984)

Posts	Graduates of UK Medical Schools		Graduates of Asian Medical Schools		Graduates of Eire Medical Schools	
	N	(%)	N	(%)	N	(%)
Registrar	7	(7%)	9	(27%)	1	(12%)
Senior Registrar	70	(66%)	19	(58%)	4	(50%)
Lecturer	12	(11%)	0	(0%)	0	(0%)
Consultant	2	(2%)	2	(6%)	1	(12%)
Other	15	(14%)	2	(6%)	2	(25%)

TABLE Ia
Comparison between UK and Asian graduates

	Graduates of UK Medical Schools N	Graduates of Asian Medical Schools N
Registrar	7	9
Senior Registrar/ Lecturer	82	19

$\chi^2 = 8.68$ df $P < 0.01$.

graduates who had passed the MRCPsych examination in November 1981 or April 1982 ($n=249$); this sample included UK/Eire graduates and also those who had acquired their basic medical training overseas. The questionnaire asked for a detailed curriculum vitae and elicited information concerning number of attempts at the membership examination, satisfaction regarding posts held, number of applications made for posts as well as reasons for failure in obtaining posts. Two reminders were sent to non-respondents and by the summer of 1984, 207 (83%) had returned completed questionnaires. Of the respondents 60% were British graduates, 10% were Irish, 17% Asian, 4% Australasian and 7% from African countries.

Findings and Discussion

The Asian doctors formed the largest group amongst the overseas graduates. Of the total sample 60% were males and 40% females: although there was a higher proportion of males in the Asian and African group (77% and 70%) and a lower proportion from Eire (30%).

The posts held by respondents on the survey date are shown in Table I. A major finding of this survey is that four times as many overseas than UK graduates were still in registrar posts (27% overseas; 7% UK) despite having obtained their membership examination. The difference proved significant ($P < 0.01$). (See Tables I and Ia).

Amongst those doctors who were still in registrar posts, three times as many Asian trainees than UK graduates had tried to change their post. There is, therefore, a large disparity between the Asian and the UK graduates when it comes to considering career prospects.

In the Senior Registrar grade, however, the posts were evenly distributed between home graduates and Asians; although there were no Asians in Lecturer posts at the time of the survey compared with 11% of the UK group. Analysis of the Senior Registrar posts by speciality revealed further interesting findings (Table II); twice as many British graduates (60% UK compared to Asians 30%) were successful in obtaining posts in general psychiatry and in child psychiatry. Whereas the proportion of Asians in Mental Handicap Senior Registrar posts was 40% this compared with only 3% of British graduates, a difference which was highly significant ($P < 0.001$). (See Table II).

Analysis of the number of attempts at the Membership examination was similar to that reported previously by Professor Cawley;⁴ 79% of UK/Eire graduates were successful at their first attempt, compared with only 40% of Asians.

The questionnaire also attempted to elicit information about whether or not discrimination had been experienced by the overseas graduates, but doctors were reluctant to commit themselves on this controversial topic. Indeed several implied that they feared their response to the questionnaire might have adverse repercussions when applying for posts in the future, and could not be reassured about the confidentiality of a College sponsored research undertaking. However, our finding that over a quarter of the Asian members of the Royal College of Psychiatrists were still working as registrars, and many had not even been short-listed in spite of their many applications for more senior posts (one overseas doctor had applied for 50 posts without being short-listed), would suggest that discrimination against overseas doctors does indeed exist.

Although consultants are on appointments committees and therefore responsible for short-listing, they will not usually have any detailed knowledge about the medical training received by overseas doctors and it is likely that

TABLE II
Breakdown of Senior Registrar Posts by Speciality* (January, 1984)

	Graduates of UK Medical Schools		Graduates of Asian Medical Schools		Graduates of Eire Medical Schools	
	N	(%)	N	(%)	N	(%)
General Psychiatry	46	(61%)	6	(30%)	4	(67%)
Child Psychiatry	17	(28%)	5	(25%)	2	(33%)
Mental Handicap	2	(3%)	8	(40%)	0	(0%)
Other Specialities			Small numbers			

* χ^2 Comparison between graduates of UK and Asian Medical Schools = 22.46 df2, $P < 0.001$.

many will share the widely held belief that such training is inferior to that provided in the UK. If this bias exists then the PLAB examination does not appear to have reassured UK consultants about the basic medical knowledge of overseas doctors. The overrepresentation of overseas graduates in Mental Handicap compared with UK graduates is also broadly consistent with the view that overseas doctors tend to be channelled to the less popular branches of medicine.

It is important to realise, however, that in recent years there has been a marked change in the job market for all doctors, and that the spectre of medical unemployment now becomes a real possibility. There will therefore be more applicants competing for posts in future so that, if racial discrimination does occur to the extent that we think it does, the opportunity for doctors to obtain more senior posts will become substantially worse.

The Policy Studies Institute's earlier report, and the more recent publication by Colin Brown³, confirmed that racial discrimination continues to have a great impact on the employment opportunities of 'black people'. They also argue that those who discriminate will continue to do so, as there is only a minimal risk of being detected. There is, therefore, a need for a more definitive study of racial discrimination within the medical profession, and also the

need to increase awareness of the legal powers of the Race Relations Commission. The Overseas Trainees Subcommittee would welcome correspondence and detailed documentation from doctors who believe they have been discriminated against on the grounds of race.

Our study suggests, but does not prove, that such racial discrimination may have occurred within our own speciality.

ACKNOWLEDGEMENT

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- ⁴CAWLEY, R. H. (1986) Overseas graduates and the MRCPsych. *Bulletin of the Royal College of Psychiatrists*, **10**, 60-63.

The College Library

The Librarian would like to thank those Members of the College who have so generously donated copies of their works to the Library. Books have been gratefully received from the following:

- Professor T. D. H. Arie *Recent Advances in Psychogeriatrics*
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