To consider

International Medical Graduates

Issue

1. Employment issues for international medical graduates.

Recommendation

2. To endorse our contribution to plans for addressing employment issues for international medical graduates (paragraphs 8 to 22).

Further information

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Background

4. The Professional and Linguistic Assessments Board test is aimed at doctors qualifying outside the UK and EEA who wish to practise medicine in the UK. The test assesses a doctor’s ability at the equivalent of the end of Foundation Year One (FY1) in a UK NHS hospital, the point at which a UK graduate normally achieves full registration. Doctors passing the PLAB test are eligible for limited registration. Once they have satisfactorily completed a period of UK experience, usually one year, they can move from limited to full registration.

5. The PLAB test is in two parts:
   a. Part 1 is a three-hour, 200-item computer-markable test of the application of clinical knowledge.
   b. Part 2 is a 14-station objective structured clinical examination, which assesses clinical and communication skills.

6. In May 2004, Council discussed the sharp rise in doctors sitting and passing the PLAB test. In 1998 about 1,000 doctors passed the test. By 2003, this had risen to about 3,700. In 2004, the number of doctors passing the test rose again and we expect the rise to continue in 2005. It seems clear that the increases were at least partly stimulated by the Department of Health’s international recruitment campaigns for consultants and GPs. IMGs looking for training posts may have thought that those campaigns signalled the available of training posts also.

7. In May 2004, we described the steps we were taking to improve our guidance to doctors who were considering taking the PLAB test:
   a. Undertaking regular surveys to improve the information we had about the success of doctors who had passed the PLAB test in gaining substantive and continuous employment in the UK.
   b. Clarifying the target audience for the Department of Health recruitment campaign.
   c. Providing one clear source of information about the availability of jobs.
   d. Providing a means of learning about the NHS before applying for posts.

Discussion

8. Since May 2004, we have held several meetings with DH and others such as NHS Employers and the Conference of Postgraduate Medical Deans to explore additional measures to address the situation. We have also undertaken a number of initiatives of our own.

9. We have revised and relaunched the information we provide for potential PLAB candidates. We recruited a group of past PLAB test candidates as advisers, and together we rewrote all the information we provide. The updated guidance is considerably more user-friendly than before and the section ‘Before you apply’ contains fuller information on job prospects, finding work and life in the UK.

10. Our aim was to help potential candidates assess the risks they need to consider before coming to the UK. The information also includes links to others’
websites, including the British Medical Journal Careers website, which has an analysis of applications for posts by specialty and location in the UK, and the BMA site which includes helpful information for doctors new to the UK, including advice on how to obtain clinical attachments and how to apply for posts.

11. We have strengthened the warning statement that all candidates must confirm they have read before being allowed to book a place on part 1 of the PLAB test. A copy of the current warning statement is at Annex A. This provides an overview of the current employment position in the UK for IMGs and advises them to ensure they have fully researched the job market before they embark on the PLAB test.

12. In early 2004 we initiated a regular survey of doctors who had passed the test, to collect information about their experience in gaining employment in the UK. All candidates are surveyed one year after passing the test. Each month we conduct and publish the results of the survey, in which we ask, for example, how long doctors had to wait after passing the test before they secured a job; whether the job was in the specialty and geographical area of their choice; how long they had waited between completing a clinical attachment and securing their first employment in the UK; whether they had experienced a gap in employment between their first and second post, and if so how long this gap had been. The survey is published on our website.

13. There is some evidence that these communications initiatives have caused potential candidates to reflect on whether taking the PLAB test would be appropriate. Over the past year there has been a significant drop in the number of doctors taking Part 1, with numbers down about 40% compared with previous years. This fall is beginning to feed through to the numbers taking Part 2. To reflect this decrease, we plan to reduce the number of days per week on which we run Part 2, from four to three days during 2006.

14. Despite the reported fall in candidates, the numbers are still considerably higher than five years ago. As our surveys show, the vast majority of IMGs do secure employment in the UK, albeit after an interval. This has undoubtedly a level of demand that remains high by historical standards.

15. There are further changes in the pipeline that may have an impact on the numbers of, and competition for, training posts:

   a. The number of UK graduates is increasing. This year, there was extensive publicity about UK graduates unable to secure posts.

   b. The changes in working hours, as a result of the European Working Time Directive, have increased the numbers of posts available to IMGs. Expansion may not continue at the same rate or at all.

   c. Foundation Programmes are being introduced. There is already some evidence that increasing numbers of IMGs are seeking to come to the UK immediately upon graduation, based on the perception that this is the best way of securing a training post.

16. The recent publicity has led, in some quarters, to renewed calls to limit the number of IMGs coming to the UK. And as part of that, it continues to be said by
some that we should ration PLAB test places, particularly for Part 2, on the basis that this would help to secure a better match between demand for, and supply of, jobs.

17. Rationing test places would, self evidently, deny some IMGs the opportunity to demonstrate that they had the knowledge and skills required for registration, with the result that they would be unable to compete fairly in the job market. The Medical Act 1983 provides no justification for this.

18. In any case, it is unclear how rationing could be operated. On what basis would we allow some doctors to take the test but not others?

19. On the other hand, it is very clear that we need to continue to work with other organisations to address current deficiencies in the arrangements, or lack of them, for matching people with posts.

20. We have had a number of discussions with the Department of Health, who are considering the possibility of a revised system for the recruitment and induction of IMGs. They have asked us to consider whether we could:

   a. Conduct Part 2 of the test outside the UK. This would enable some IMGs to defer entry to the UK until they had been selected for employment here.

   b. Consider whether, and if so by when, we could use Part 1 of the test to rank successful candidates. Currently, doctors are given a pass/fail result. Ranking would enable more effective screening in terms of employment prospects; and this might discourage those with little realistic prospect of securing a post from coming to the UK.

We have agreed to look at these two issues.

21. We will also continue to work with others to ensure that IMGs have access to adequate, good quality, information to enable them to make informed decisions. There continues to be a scarcity of market information and commentary for IMGs. To this end, we are planning to produce and publish a market report, which would build on our own survey results and other material, including the NHS census. We would make this available to all IMGs booking Part 1 of the PLAB test.

22. We will also continue with various communications initiatives; and will continue to review the currently available information with groups of past PLAB candidates who can provide feedback on its effectiveness.

   **Recommendation:** To endorse our contribution to plans for addressing employment issues for international medical graduates

**Resource implications**

23. The additional market reports we have planned will require some expert analysis and advice. We will need an appropriate analyst in the Health sector to author the report. And there may be some collection costs in terms of information. We estimate these costs at around £10,000 per year.

**Equality**

24. It is important that we consider the consequences for both UK graduates and IMGs in any policies we develop.