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Profile of the GMC

Overseas doctors: diminishing controversy

Richard Smith

Fifteen years ago anxiety over the standard of overseas qualified doctors was one of the factors that led to the Merrison inquiry into the regulation of the medical profession.[1] At the same time many overseas doctors thought that the General Medical Council gave them a raw deal and resented that they were not better represented on the council. Now there is less anxiety over the standards of overseas doctors registered by the council but slowly growing concern about the number of doctors from the European Community who are coming to Britain to practise. The concern remains, however, that overseas doctors are underrepresented on the council and overrepresented among those appearing before the professional conduct committee,[2,3] and in a recent session of the committee that I attended seven of the eight doctors appearing had qualified overseas.

Overseas committee

The overseas division of the GMC is its largest, with a staff of 53. Accounting for almost a third of the council's expenditure (over £1m annually), the division is self financing—raising its money from fees for limited registration and for the test set by the Professional and Linguistic Assessment Board (PLAB). The division is overseen by the overseas committee, which has 25 members (including two lay members) and meets twice a year. Most of the work is done by two subcommittees—the F committee, which supervises applications from overseas doctors for full registration, and the L committee, which oversees applications for limited registration.

One of the council's busiest divisions, it is accommodated in cramped conditions round the corner from the headquarters. Its work was expected to diminish as it became more difficult for overseas doctors to come to Britain because of increases in home graduates and changes in registration and visa requirements, but this has not yet happened (fig 1).[4] The division continues to receive roughly 10 000 letters each year from overseas doctors interested in coming to Britain; most are eligible for limited registration if they take the PLAB test; a few (mostly from American medical schools) are eligible for limited registration without taking the test; some are eligible for full registration; and a few are ineligible because their qualifying examination is not recognised.

Two tiers of registration

The Merrison committee produced objective and subjective evidence to support its assertion that "there are substantial numbers of overseas doctors whose skill and the care they offer to patients fall below that generally acceptable in this country, and [that] it is at least possible that there are some who should not have been registered."[1] It then went on to criticise the GMC for relaxing its standards to admit much needed overseas graduates into Britain: "We believe that the present unsatisfactory situation is principally to be attributed to a willingness on the part of the GMC to allow its duty as the protector of medical standards to be compromised by the manpower requirements of the NHS."[1] That the council was lax in its standards when overseas graduates were desperately needed and is now harsh when they are not contributes to the impression among some overseas graduates that the GMC exercises a form of institutionalised racism. It also illustrates how the council may have put the health service's interest before the public interest.

Despite criticising the GMC the Merrison committee largely accepted the council's proposals for improving the system for registering overseas doctors, and the system proposed is essentially that which prevails today—a two tier system. Interestingly, the overseas committee would like to introduce a one tier system because it feels that the present system is unfair and over elaborate. Any change would require legislation.

Full registration

Full registration may be granted to graduates of 23 medical schools in Australasia, Hong Kong, Malaysia, Singapore, South Africa, and the West Indies (fig 2). To achieve full registration the doctors also have to be of "good character" and to have completed the equivalent of preregistration house jobs. Graduates from Australasian universities account for most of the overseas graduates granted full registration. (Since October 1987 British doctors wanting to practise in New South Wales have had to take a professional and

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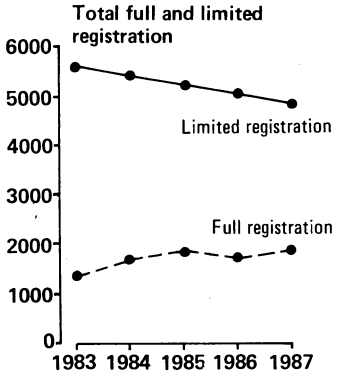

FIG 1—*Total grants of full and limited registration to overseas doctors, 1983-7*

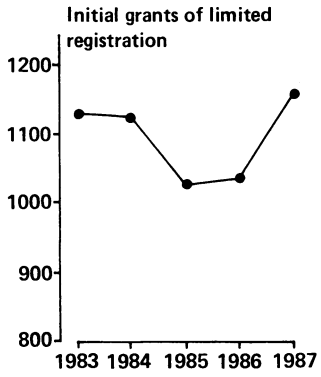

FIG 3—*Initial grants of limited registration, 1983-7*

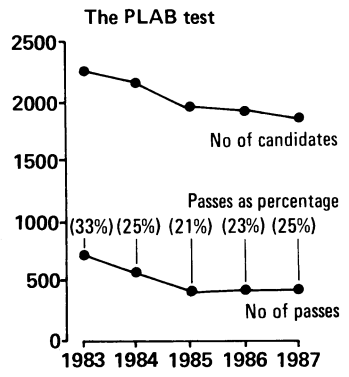

FIG 4—*Numbers of candidates and number (percentage) of passes for test set by the Professional and Linguistic Assessment Board, 1983-7*

linguistic examination, but the GMC has resisted a "tit for tat" reprisal—partly because the Medical Act does not permit it.[4])

The medical schools whose graduates are eligible for full registration must reach a standard equivalent to that of approved British medical schools. All the schools were visited in the 1970s or early 'eighties, and each year they must submit examination returns and other information about themselves. In addition, the council conducts regular reviews—"which are sometimes light and sometimes heavy." Approval has not been withdrawn from any school under the current legislation, but the University of Malaya is being "kept under close scrutiny." The Chinese University of Hong Kong was approved in 1987; the council is not expecting any other medical schools to apply for full approval.

The recognition of South African medical schools has been questioned several times in the council. Some members are worried that these graduates will be inculcated with unsuitable ethical standards because of education in conditions where the rules of apartheid apply. The committee looked at this question in 1986 and found no need to withdraw approval from the schools. The question is now being investigated once again, but the South African schools have supposedly relaxed their admission policies—leading to more racial mix within them.

The numbers of overseas graduates granted full registration because they graduated from approved schools continue to increase, and the council is expecting a flurry of applicants from Hong Kong "as an insurance policy." (Some of these people, it should be noted, may not actually have come to Britain to practise.) Generally, granting full registration to graduates of approved schools "presents few problems"; granting limited registration creates many more difficulties.

Limited registration

Limited registration is available for graduates of roughly 850 medical schools around the world if they have also been offered a job in Britain, have passed the PLAB test, are of "good character," and have had 12 or more months' experience in a teaching hospital (fig 3). The qualifications of these medical schools are accepted without the committee visiting them, although some were visited years ago. Each year the L subcommittee considers roughly 12 schools for such approval and usually accepts about half—some for three to five years, some indefinitely. To gain approval the schools must submit large quantities of information and reports from British graduates who know the school. (The whole process smacks slightly of the old boy network: who you know may be as important as the quality of your school's education.) The GMC did conduct a "gargantuan review" of these schools in the late 'seventies, and this led to some schools having their approval withdrawn. No further such review is contemplated, and it could not be achieved without extra resources.

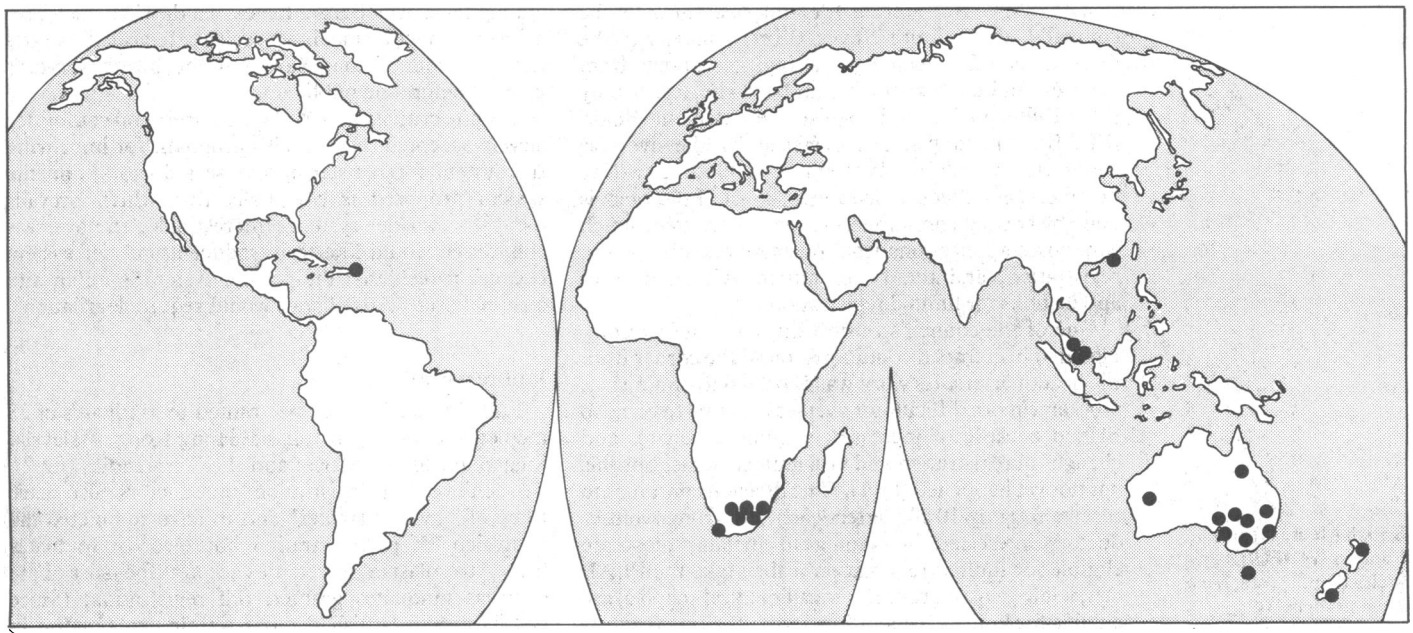

FIG 2—*Overseas medical schools whose graduates are eligible for full registration with the General Medical Council*

Doctors who fulfil the requirements for limited registration are registered for a year. Originally, consultants supervising the trainee were asked for a report after a year before registration was granted for another four years; this process is now waived because so few adverse reports have been received.

The five years of limited registration is more than the four year period of the visas introduced by the government for overseas doctors in 1985, and the GMC expects to see a decline in those who have been on the limited register for five years. The overall numbers with limited registration are so high because many doctors leave the register when, for instance, taking a course, to make maximum use of their five years of limited registration.

Professional and Linguistic Assessment Board test

Doctors who want to be granted limited registration have to pass the PLAB test. The pass rate fell to as low as 21% in 1985 and has risen slightly since (fig 4).[5] Of the 1734 candidates who took the test in 1987, none achieved an "excellent" pass and 660 failed "severely."[5] Figure 5 shows the numbers taking the test from various countries and the proportions passing.

The medical component of the test consists of a multiple choice paper, a clinical problem solving exercise on paper, an examination of projected material, and an oral examination; the language component consists of comprehension of spoken (recorded) English, a written paper, and an oral examination. The clinical problem solving exercise replaced a medical short answer examination in January 1988 because analysis of examination results had shown that four fifths of the candidates passed the medical short answers and that they accounted for only 2% either way to the overall results.[5] The preliminary impression—from both examiners and candidates—is that the clinical problem solving exercise is much preferable.

This episode of changing the examination illustrates that the test is moderately advanced, but one major criticism is that it does not include a clinical examination. Both the assessment board and the council would like to include such an examination,[4] but it is not possible "on logistical and financial grounds." This is one of various examples of the council's work being restricted by resources. Another philosophy—one perhaps that placed the public interest higher than the professional interest—might argue that doctors wanting to practise in Britain would have to foot the bill.

The test was set 14 times last year, and, although part of it may be conducted abroad, this has happened only three times. Some overseas doctors object that it is not easier to take the test abroad.[6] There are rules on how many times candidates may take the test, with a severe fail leading to a ban for six months. By "historical accident" the Professional and Linguistic Assessment Board is not a subcommittee of the GMC but is made up of representatives of the non-university bodies offering a qualification in medicine, which is ironic as the council has been critical of these bodies.[7] The GMC has followed up the doctors who have passed the test and satisfied itself that almost all are acceptable in the NHS but has not followed up those who have failed, to check for what might be called "false negatives." In addition, a working party of the GMC on the test was generally satisfied that it is doing its job.[8] Although some failed candidates are unhappy with the test, there seems to be a rough consensus that it is fair.[9] The main objection is that doctors from the European Community, whose first language is unlikely to be English, do not have to take the test.[10 11] Overseas doctors also object to the examination becoming harder as they are needed less.[10 11]

Sponsorship: the other route to limited registration

Overseas doctors may be granted limited registration without taking the test if they are sponsored by the royal colleges, the British Council, or the World Health Organisation. Alternatively, they might be sponsored by a "double ended" arrangement, by which a consultant in their home country and a British consultant take responsibility for them. Doctors being sponsored are required to have had more experience than those taking the test—they must have practised for three years overall with at least one year in a teaching hospital and one in their specialty.

The number of courses offered by the royal colleges is growing very fast; sponsorship is expected to increase and the numbers taking the test are expected to fall. The numbers taking the test are not falling fast (fig 4), but the numbers being sponsored have risen from about 250 in 1986 to around 400 in 1988. There might be some anxiety about this being another back door for doctors with the right connections, but the GMC demands full reports on those granted limited registration through sponsorship. If the system is abused the door will be closed.

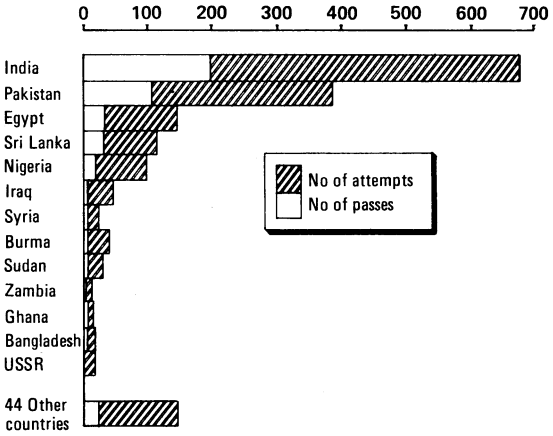

FIG 5—*Numbers of attempts and passes in test set by the Professional and Linguistic Assessment Board by country of origin, 1987*

Through both the overseas committee and the education committee the GMC is concerned that overseas graduates should be given good and appropriate training in Britain. But neither committee has much power to ensure that this happens, although the overseas committee will grant limited registration only to those doing jobs approved by the royal colleges and faculties.

From limited to full registration

There are two ways to pass from limited registration to full registration—either by passing the qualifying examination of the non-university bodies or by making a submission to the GMC. The council has recently criticised the examinations of some of the non-licensing bodies,[7] but improvements are in train. To gain full registration after limited registration a doctor has to submit substantial evidence of his or her work and achievements—"a high standard of practice demonstrated during extensive professional experience is needed." The GMC is not supposed to pay attention to manpower needs in making its decision.

If the application is open or shut the decision whether to grant full registration may be made in the office, and, in 1988, 360 doctors were given full registration and nine doctors were refused in this way.

A total of 282 cases was referred to the F committee, and 230 were granted full registration.

A doctor who is unhappy with the decision can appeal to the review board for overseas qualified doctors; 45 doctors did so in 1987. The board supported the decision in 37 cases and overturned it in the remaining eight.

Disciplining overseas doctors

Overseas doctors who are fully registered or who have over six months to run of their limited registration are dealt with by the usual disciplinary or health procedure if they run into problems, but those with fewer than six months to run are dealt with by a subcommittee of the overseas committee. The logic for this is that the disciplinary and health committees take six months to do their work. The hearings of the subcommittee of the overseas committee are not held in public and are less formal than the hearings of the disciplinary committees, which has caused some to suggest that these overseas doctors receive "rougher justice."[3] The GMC naturally resists this charge, arguing, firstly, that for overseas doctors registration in Britain is a privilege not an entitlement and that, secondly, the committee can be more compassionate because it is less legalistic.

In 1987 the subcommittee heard 11 cases on complaints ranging from "convictions for theft and obtaining property by deception, to allegations of incompetence, unregistered practice, forgery, fraud, false claims as to registration, postgraduate qualifications, or professional experience, improper behaviour towards a colleague or patient, sexual relationships with a patient, and neglect of responsibilities to patients."[4] In three cases registration was refused and in one it was made subject to restrictions; in the seven other cases registration continued.

Overseas doctors unhappy with the decision can appeal to the review board for overseas qualified doctors or a doctor could apply for judicial review. This has not happened.

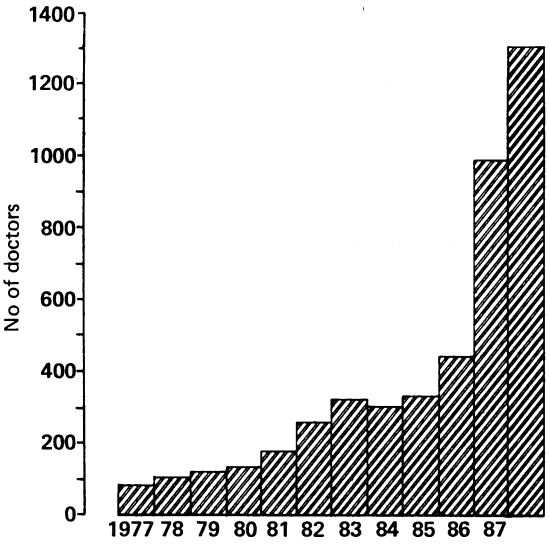

FIG 6—*Doctors from European Community registering in Britain, 1977-87*

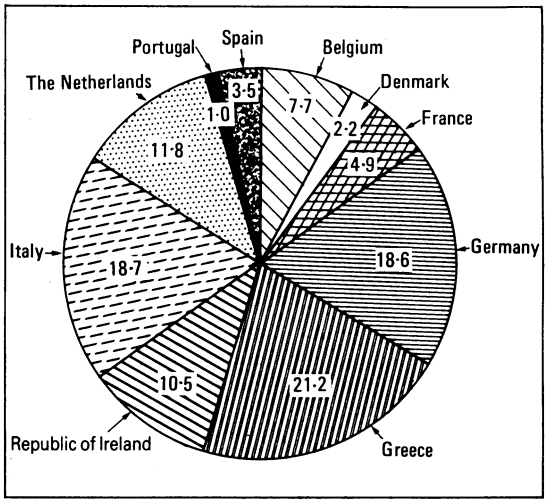

FIG 7—*Country of qualification of 3301 doctors from the European Community registered in Britain in 1987. Figures are percentages*

European Community doctors: a Trojan horse?

Under the Treaty of Rome the GMC has to recognise the medical qualification of a national from the European Community; it cannot administer a test of linguistic or professional competence, and it cannot refuse full or provisional registration. This has upset overseas doctors from countries such as India and Pakistan where the medical training is in English and has also worried members of the council. Furthermore, the worries are growing as more countries enter the European Community (Greece, Spain, and Portugal in the past few years, and the proposed membership of Turkey) and as more nationals from the European Community take up their option of registering in Britain. Figure 6 shows how the number has grown consistently from 85 in 1977 to 995 in 1987, and 1309 in 1988, and figure 7 shows where the doctors came from in 1987.

British xenophobia may have given rise to worries about the quality of these graduates, but the worries may be more firmly rooted, and certainly there must be legitimate worries over language. The traditional emphasis of the GMC has been on ensuring the quality of doctors coming on to the register. The council's inability to be certain about the quality of graduates from the European Community makes it still more important that it improves its mechanisms for dealing with incompetent doctors on its register. It should also keep a close eye on the number of graduates from the European Community entering its disciplinary processes.

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