Viewpoint

Registering refugee and asylum-seeking doctors

J B Eastwood, A G T W Fiennes, F P Cappuccio, J D Maxwell

Developed nations have a responsibility to assist refugee and asylum-seeking doctors who wish to continue their careers. On the other hand, it is important not to encourage doctors to migrate from developing countries for solely economic reasons; the countries that trained them cannot afford to lose their skills. Clearly, therefore, a balance has to be struck.

The UK has a long tradition of offering sanctuary to refugees and asylum seekers, many of whom have made major contributions to science and medicine. In the 1990s, refugees have come mainly from developing countries. Many are university graduates, among whom doctors are well represented.[1] Those coming to the UK generally hope to remain but they rarely have an immediate right to practise medicine and so have to seek full registration with the General Medical Council (GMC). For many, an appropriate route is via the United Examining Board (UEB), which offers the only non-university primary qualifying examination in the UK. However, the Education Committee of the GMC takes the view that the UEB examination does not conform to the standard of proficiency required by the Medical Act 1983, and there is a serious possibility that this examination will be abolished.[2] An alternative route is by the test run by the Professional and Linguistic Assessments Board (PLAB). PLAB does not cover those who have not completed their medical course; for individuals on the verge of qualifying before migration the only route to the Medical Register is the UEB.

For many years the UK had three non-university licensing bodies: the Society of Apothecaries, the Conjoint Examining Board in England, and the Scottish Triple Management Board. In October, 1992, the GMC encouraged the three to combine, and the UEB was formed in October, 1993. Doctors wishing to sit the UEB examination have to undertake a course of tuition at a UK medical school, which has the duty of signing individuals up when assessed as ready to take the examination. Overseas doctors already living in the UK were invited to register with the UEB and 62 did so. The UEB held its first examination in February, 1994. The examination consists of written papers, multiple-choice questions (MCQ), and oral and clinical parts and is similar to the final medical examinations in universities—indeed UEB examiners are usually university examiners too. As more doctors became aware of the examination the numbers waiting for medical-school attachments rose, to a peak of 472 in November, 1996. The waiting list grew in part as a consequence of the strict regulations, which allowed attachments at main teaching hospitals but not at district general hospitals.

Of the 420 on the register in December, 1997, 54 were refugees or asylum seekers. 60% of the remainder had indefinite leave to remain in the UK. Our experience is that once such a doctor is attached to a medical school he or she is likely to be ready to qualify through the UEB in just under a year. Once they have passed the examination (which is inspected by the GMC) doctors can obtain provisional registration; full registration follows after satisfactory completion of the preregistration year.

The PLAB test is run by the GMC. Successful examinees obtain limited registration (for up to 5 years) once they start working in a recognised post and many of them return to their own countries after completing their training. Others apply for full registration when they have obtained suitable NHS experience; often they have a higher qualification. 4047 doctors obtained full registration by this route in 1996 and there were 2039 exemptions from the PLAB test.[3] How many of those with full registration remain in the UK is not known; some return home but remain on the UK register. In the same year 3822 doctors obtained full registration through UK medical schools, and 41 did so through the UEB examination. The fact that 61·6% of 1996 registrants were overseas graduates is worrying, and suggests that the UK, by failing to maintain its medical workforce through its own universities, is encouraging doctors to migrate to and remain in Britain.

The UEB route provides a period of medical-school training and assessments and an examination designed to test knowledge and clinical skills appropriate to a qualifying examination, and full registration follows after the preregistration year. This is not unlike the experience of UK medical graduates. The PLAB provides none of these components. It is the examination of choice for overseas graduates seeking specialist training with a view to returning home; it is unsuitable for overseas graduates planning to stay in the UK who have not done a preregistration year or for those whose final year of medical studies has been interrupted by civil or military disturbance. Doctors other than refugees and asylum seekers can have their medical careers cut short by warfare or national calamity; they too are refugees even though they are not recognised as such.

St George's Hospital Medical School, London, appointed a subdean in 1994 to devise a course for UK-based overseas doctors wishing to qualify in the UK via the UEB. In 1995–97 18 individuals passed the UEB examination an average of 9·5 months after enrolment in the scheme. Six had official status as refugees or asylum seekers (Sudan two, former Yugoslavia two, Afghanistan one, Iraq one). 16 intend to pursue their medical careers in the UK and two have now obtained higher specialist

Lancet 1998; **352:** 647–48

St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE, UK (J B Eastwood FRCP, A G T W Fiennes FRCS, F P Cappuccio MD, J D Maxwell FRCP)

Correspondence to: Dr J B Eastwood (e-mail: jbeasdtwood@compuserve.com)

qualifications. We have subsequently enrolled a further 16 students (four refugees or asylum seekers) and five have passed the UEB examination. These 34 overseas doctors, from 26 medical schools (23 in developing countries), have proved to be unusually well motivated and hard working, and have taken full advantage of the benefit to be obtained from a structured retraining programme.

Of the 18 at St George's during 1995–97, 12 were eligible to take the PLAB test and eight had taken it; only one had taken it more than three times. The PLAB was the wrong exam for them because, unlike that of the UEB, it is not preceded by any educational guidance in the UK and does not prepare doctors for permanent integration into the UK medical workforce. This educational component is the main reason why many individuals who have leave to remain in the UK and are eligible to take the PLAB test opt for a medical-school attachment and the UEB examination—despite the fact that a year's tuition fee is about £15 000. Despite the widening of the criteria for PLAB eligibility, the queue for medical-school attachments and the UEB examination has not diminished; most of those waiting have opted not to take the PLAB test.

Medically qualified migrants arriving in a host country having undergone a full or nearly full undergraduate medical training ought to be viewed as a valuable resource. It costs about £200 000 to train a doctor in the UK.[4] How such people can be integrated into the medical workforce is an important issue. One option is to expect them to start from scratch—a depressing prospect that will be unrealistic for those with limited financial resources and also unfair since the interruption to their medical careers is no fault of theirs. Furthermore, anyone taking this option would have to compete with UK school-leavers for a place, though some doctors have done this. This option seems unnecessary since we have shown that, with a structured multidisciplinary retraining programme, overseas graduates can be prepared for the UEB qualifying examination quickly and successfully.

In the USA, refugee doctors, like other overseas doctors, have to take an examination in English followed by the US Medical Licensing Examination. In the Netherlands and Sweden, the medical component is a university clinical attachment but with assessment rather than a formal examination. The UK has the UEB and PLAB routes. The diversity of the 34 foreign graduates attached to this medical school suggests that certain important elements are required. 13 had studied medicine in a language other than English using non-Roman script (Arabic four, Russian two, Bulgarian one). This makes formal assessment essential, preferably before any qualifying examination so that difficulties can be identified—for example, the seven who had trained in Arabic, Russian, or Bulgarian had a difficulty with written papers that would not have been predicted from MCQ, oral, or clinical assessments, and written language is likely to remain at the core of clinical medicine, so this must be carefully assessed. There are probably several acceptable models of training for refugee and asylum-seeking doctors but in the UK the most appropriate at present is the UEB.

The GMC sets standards in and inspects UK medical schools and it inspects the UEB examination too. That the GMC is considering putting a stop to the UEB, after only 4 years, is puzzling since the examination has been evolving and improving under GMC guidance and any concerns about quality could be addressed by strengthening it. The GMC should define in more detail what in-course assessment medical schools should undertake and certify when signing their candidates up for the UEB examination. The GMC should also consult widely with those who have graduated via the UEB but as far as we know, no-one has sought information on the progress of successful UEB candidates. How have they done in their preregistration house-officer, or subsequent posts? How have they fared in higher examinations?

Can the Education Committee of the GMC, in recommending revocation of the right of the UEB to award a registrable medical qualification, be seen as acting disinterestedly? The GMC both inspects the UEB and itself administers the alternative—yet the PLAB test has never been subject to independent external scrutiny. Removal of the UEB examination would leave refugee and asylum-seeking doctor with three unsatisfactory choices—taking the PLAB test, applying for a second full medical course in competition with school-leavers, or giving up medicine. Such hardship should not be imposed by a civilised society without just cause and wide public debate—and the GMC Education Commitee's proposal lacks both.

References

1 Pile H. The asylum trap. London: Low Pay Unit/World University Service, 1997: 8.
2 Beecham L. GMC tells Privy Council about exam concerns. *BMJ* 1998; **316:** 1754.
3 Gibberd FB. GMC must not recommend abolition of United Examining Board's examination. *BMJ* 1998; **316:** 1386.
4 Medical Workforce Standing Advisory Committee. Third report: planning the medical workforce. London: Department of Health, 1997.