



THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

Terry Hanafin
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Modernising Medical Careers
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Tuesday 30th October 2007

Dear Mr Hanafin,

GAT response to the DOH / MMC document entitled, "Recruitment to foundation and specialty training - Proposals for managing applications from medical graduates from outside the EEA."

We write as the elected Officers of the Group of Anaesthetists in Training (GAT) Committee of the Association of Anaesthetists of Great Britain & Ireland (AAGBI), the elected body that represents more than 95% of anaesthetic trainees, some 3500 individuals, across the UK. Indeed, GAT is the only body that democratically and accurately represents the views of trainees in anaesthesia, the single biggest hospital-based specialty. We have set out below our thoughts on this document:

1. The proposals to restrict access to training for international medical graduates (IMGs) outlined in this document run contrary, in our view, to the ideals of aspiring to excellence as set out by Sir John Tooke in his interim MMC Inquiry report. Nevertheless, we must safeguard, to an extent, the career prospects for UK graduates. There is good evidence this is the practice in other countries.
2. In order to be 'world class', the NHS must seek to provide the best doctors for our patients no matter which country they have been trained in. We are at risk of forgetting that many of our specialist centres have historically been reliant upon overseas graduates who have competed successfully on merit for premium positions in healthcare. Reducing the selection pool will inevitably lead to a reduction in overall performance. The idea that the UK and EEA can produce identical quality from a smaller base is naive.
3. The financial argument in this document is flawed. We, as taxpayers, do not pay for the undergraduate training of IMGs who have been trained

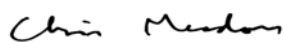
abroad and yet do benefit from them if they take up posts in postgraduate training. The net gain or loss by the NHS is therefore zero, i.e. for every £250,000 'lost' when a UK graduate fails to take up a training post and an IMG is successful, an equivalent amount is gained as the IMG has effectively been provided for free. In fact, as many unsuccessful UK graduates do not choose to exit medicine or go abroad, and instead take up various Trust doctor, locum or Clinical Fellow posts, there is a good argument to suggest the NHS is still benefiting from taxpayers' investment in their training. Clearly, from a manpower point of view, this argument is dependent on IMGs continuing their careers in the UK and eventually moving into consultant or SAS positions.

4. The self-sufficiency argument is also flawed. Without major fluctuations in medical school numbers, and co-existing static employment opportunities post-registration (Training posts plus SAS), any variations in IMG applications can be absorbed. One of the major unanticipated issues with MMC was the huge number of IMG applications from those in non-training posts. With time-limited Core Specialty posts and a rejuvenated SAS grade (both Tooke recommendations), there simply will not be this enormous lost tribe in the future. We would also question which other professions within healthcare are achieving self-sufficiency or practice ethical international recruitment.
5. On a wider scale, if the proposals are adopted, we risk isolating ourselves from the benefits of international medical graduates and becoming a medically insular nation. The current cultural, educational and skills mix within our workforce will be lost to the eventual detriment of NHS patients who are themselves culturally diverse. Removing the NHS from the global healthcare market of medical excellence can only be a retrograde step which will undoubtedly put reciprocal training for UK graduates in jeopardy. The political decisions motivating these proposals will be damaging to medical international relations and will potentially alienate the significant numbers of IMGs already within the service.

We would propose that it is reasonable to protect a number of training places for UK and EEA graduates. For the remainder, we believe in equivalent-level competition between UK, EEA and international graduates and believe this is the essence of a well motivated, educated, diverse and excellent medical workforce. Maintenance of the cross-fertilisation between the UK and overseas training programmes is essential for the protection of international knowledge dissemination.

In the future, more doctors will be needed to deliver healthcare. As the NHS Plan of 2000 states, trained consultants in greater numbers is the answer to the delivery of election promises, and not the stifling of competition and innovation that would be associated with protecting all training places for UK and EEA graduates.

Yours sincerely,



Dr Chris Meadows
Chairman, GAT



Dr Paul Johnston
Vice Chairman, GAT