Author's response to reviews

Title: Non-European Union doctors in the National Health Service: Why, When and How do they come to the UK?

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On behalf of the authors, may I express sincere gratitude to the reviewers, especially Ms Salvage for her very helpful comments and suggestions?

We agree with Ms. Savage that our statement about 'large majority of non-EU doctors in the UK ' needs further clarification and the manuscript has been amended to reflect this. As of 1st April 2006, the General Medical Council (GMC) had 22690 doctors who had qualified in India registered to practice in the UK. Doctors who qualified from all South Asian countries including India add up to 31302, while all other Non European regions contributed with 21757 registered doctors. It is in this context that we should assess the relative over-representation of Indian Doctors.

Introduction of European Working Time Directive curtailing the working hours of doctors along with the increased resource investment in the NHS at the end of last century resulted in an influx of relatively junior doctors to the UK. The frequency of the final part of Professional and Linguistics Board (PLAB) test, the UK Licensing examination for Doctors had to be increased several times to cope with the demand, with the GMC finally opting to set up a custom built examination centre to hold these tests on a daily basis. As referenced, some NHS trusts had more overseas doctors than locally trained graduates. These doctors are younger, more likely to respond to an online survey and are more active in organisations for overseas doctors, especially in light of immigration policy changes highlighted by our reviewers. This, in our view, explains the sample under-representing older Non-European migrant doctors in the UK.

This being an online survey of doctors about self-reported reasons for immigration, we agree with reviewers that the complex interaction of various factors would be difficult to assess. We specifically asked the respondents to highlight the 'main reason' (among all their reasons) behind their migratory move to the UK. Moreover, respondents were given another opportunity to list 'other reasons' for coming to the UK and this data is presented in the manuscript. In an environment of global immigration, doctors have many reasons to migrate and many destinations to migrate to. We believe our data identifies a group of young doctors whose motivation for migration is assessed in the paper. With evolving immigration policies aiming to manipulate international migration, we believe our data can give valuable insight to workforce planners as well as international doctors.

The WHO document on Health Worker Crisis referenced by Ms Savage covers the many interesting facets of international migration of health professionals and in most parts, from the perspective of donor countries. These references and the many important documents it in turn refers to haven't studied the specific immigration issues of doctors of Non-European origin to the National Health Service in the UK. Despite multiple Medline and other reviews, we have been unable to find other work addressing this specific issue. However, we understand the possible ambiguity of our description of the background and have hence
edited this further.

Thanking You,

Dr. J T George