Reviewer's report

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

Version: 1 Date: 13 January 2007

Reviewer: Jane Salvage

Reviewer's report:

General
In the light of the global health worker crisis, any new evidence that improves understanding of the complex push and pull factors that drive doctors to seek work overseas is a welcome addition to what has historically been a somewhat neglected field. This survey of doctors who move from outside the European Union to work in the UK's National Health Service is therefore welcome. However, its small scale and lack of commentary require further work to validate and mine the data collected.

The on-line survey described in this article collected 1619 replies from 54,656 possible respondents. Over 90% of the sample came from India. As the authors state, this is an over-representation, and although they say a 'large majority' of non-EU doctors in the UK come from the Indian subcontinent, they should give the actual figure to help interpret this bias. They fail to acknowledge other possible influences on the survey: for example, the largest groups of respondents qualified at home in 1999-2002 and there are almost none who qualified before 1990. Yet there are many older Commonwealth doctors working in the UK: are they not represented because they have become UK citizens, or are not active in the overseas doctors' organizations used to recruit respondents, or are less likely to complete an on-line questionnaire?

The two stated aims of the study have been met but in a perfunctory way. First, it proposes to create a demographic, training and employment profile of non-EU doctors in the UK. The data contributes to such a profile but leaves many questions unanswered, and little other evidence is cited. Second, it aims to assess why they migrate, citing 'training' as the main factor. However, understanding the complex interaction of reasons for migration requires a great deal more qualitative analysis. It would have been interesting to know more about the respondents' views on these issues.

Another key issue that could be addressed more fully is respondents' fears that changes in UK immigration policy would affect them negatively. Short-term NHS cash flow problems, combined with a new influx of labour from the European Union, have recently led the UK government to clamp down on the immigration of doctors and nurses whom it has hitherto been desperate to recruit - a typical example of the quick-fix, ad hoc measures that usually comprise workforce planning. The authors' simplistic conclusion that newly qualified overseas doctors should be discouraged from coming to the UK makes superficial sense, but fails to explore the deeper issues that drive global health inequalities and workforce migration. The authors misguided claim that 'factors driving this migration of medical professionals to the UK have not been studied' - they should deepen their analysis by familiarising themselves with relevant work (eg Global Health Watch 2005, WHO 2006).

References


Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
It is not true that 'factors driving this migration of medical professionals to the UK have not been studied'. The authors should conduct a literature review and use other evidence to shed further light on the interesting data they obtained.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
Discretionary Revisions (which the author can choose to ignore)
This survey provides a useful addition to the evidence base but the findings require far more thoughtful and extended discussion to justify publication.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.