

Impact of International Medical Graduates on the UK Healthcare System: Current Contributions and Future Challenges

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ABSTRACT

The Professional And Linguistic Assessments Board (PLAB) examination and the International English Language Teaching System (IELTS) represent pivotal evaluations for International Medical Graduates (IMGs) aspiring to pursue medical vocations within the United Kingdom. The United Kingdom's National Health Service (NHS) leans significantly upon the expertise of medically trained professionals hailing from abroad, a fact further underscored by the substantial composition of IMGs within its workforce. The prevailing aftermath of the persistent pandemic has magnified the preexisting deficit of medical practitioners in the nation, thereby compounding the existing challenges. The intersection of circumscribed temporal constraints governing language proficiency assessments and the restricted worldwide capacity for the placement of IMGs has served to exacerbate this conundrum. This dual-pronged challenge has led to a noteworthy contraction in the pool of qualified physicians eligible to practice within the UK, thus catalyzing a climate of upheaval. These circumstances carry implications not solely for the medical workforce but also reverberate on the psychological equilibrium of these professionals. The exigencies imposed by their geographical separation from their homelands, coupled with the formidable task of surmounting the hurdle of examinations within an environment fraught with adversities, have underscored the urgency for timely and strategic intervention. Given the intricacies of this situation, the relevant governing authorities bear the imperative of instituting proactive measures to alleviate the predicament faced by these aspiring medical candidates. The call for timely interventions resonates strongly, aimed at ameliorating their predicament and restoring a semblance of equilibrium to this intricate situation.

KEY WORDS

International english language teaching system (IELTS), International medical graduates (IMGs), National health service (NHS), Medical workforce, Pandemic, Professional and linguistic assessments board (PLAB)

INTRODUCTION

International medical graduates constitute a substantial component of the National Health Service (NHS) workforce. According to a recent survey, approximately 70% of NHS trusts actively engage in recruiting medical professionals from overseas source.¹ Consequently, the NHS relies significantly on physicians who have earned their qualifications abroad, with 37 percent of individuals registered under the aegis of the General Medical Council possessing foreign medical degrees.² The United Kingdom's ranking, which positions it 27th out of 36 OECD countries in terms of physician count, serves as an indicator of the pronounced dearth of medical practitioners within the nation.³

In the midst of an 85% decline in PLAB candidates and the General Medical Council grappling with the exigencies of operational management amidst the current crisis, as it endeavors to orchestrate PLAB examinations within these challenging circumstances, a palpable insufficiency of medical doctors looms ominously on the horizon.⁴ This foreboding scenario is poised to unfold in the immediate future. In the context of the pandemic and its aftermath, this emergent reality foreshadows a momentous catastrophe.

IMGS IN NHS

International medical graduates constitute a significant portion of the National Health Service (NHS) personnel. Close to one-third of presently licensed medical practitioners within the United Kingdom have pursued their training overseas, as indicated by the latest dataset from the General Medical Council's registration statistics report.⁵

GMC MEDICAL REGISTRATION PROCESS FOR IMGS

The process by which international medical graduates (IMGs) attain medical registration with the General Medical Council (GMC) follows a structured route. The GMC acknowledges specific qualifications earned abroad, granting full GMC registration to some and specialist registration to others.⁶ Nonetheless, a considerable majority of IMGs find themselves necessitated to successfully clear the PLAB examinations, a pivotal step in achieving the recognition of their medical proficiency and the acquisition of a license to engage in medical practice within the United Kingdom.⁷

PLAB BACKGROUND AND CONTEXT

The Professional and Linguistic Assessment Board examination (PLAB) 1 assessment evaluates an individual's capacity to employ their knowledge for patient care. This examination encompasses a compilation of 180 multiple-choice questions designed to gauge comprehension and application.⁸ On the other hand, PLAB 2 assumes the guise of a clinical evaluation, manifesting in the form of an Objective Structured Clinical Examination (OSCE). Within this format, candidates engage with 16 distinct scenarios meticulously fashioned to mirror authentic medical settings. These encompass mock consultations, assessments, and acute ward management scenarios. The examination envelopes scenarios that a doctor established within the United Kingdom might reasonably encounter during their initial day within the second year of the Foundation Year Two (F2).²

COVID-19 PANDEMIC AND IT'S INFLUENCE ON INTERNATIONAL TRAVEL

Amidst an escalating surge in coronavirus cases that strained the nation's healthcare infrastructure, Britain instituted an extensive lockdown encompassing a prohibition on non-essential travel on 23 March 2020.⁹

The ramifications of this lockdown significantly reverberated across the plight of International Medical Graduates (IMGs) in the UK. The deterioration of their financial circumstances rendered many without shelter. Geographically distanced from their countries of origin and separated from their families, they found themselves alarmingly unprepared to

navigate the unfolding uncertainties. Imposed restrictions precipitated financial deficits, leaving them in a state of vulnerability and disempowerment within an unfamiliar land. While they might have exhibited greater resilience within their native contexts, the absence of familiar support networks intensified their experiences of anxiety and stress.

As the pandemic's impact escalated with the emergence of variants across the globe, the situation deteriorated further, particularly in regions such as Africa and South East Asia, from where numerous PLAB examination candidates originate. This context poses significant challenges. The General Medical Council (GMC) maintained an in-person format for both Part 1 and Part 2 of the PLAB examinations, a decision that has proven arduous for candidates to navigate.

Traditionally, PLAB 1 examinations have been administered across a limited number of global locations.¹⁰ However, since the preceding year, only a meager assortment of these examination centers have remained operational, amplifying the apprehensions of those whose IELTS/OET certifications hovered on the brink of expiration. The escalating delays have further exacerbated the predicament of these aspirants, compelling some to voice grievances or even consider withdrawing from the PLAB journey. Such actions cast doubts upon the NHS's response and resilience in the face of this challenge.¹¹

CHALLENGES OF STRANDED SITUATION IN THE UK

On March 19, an Indian junior doctor reached out to the British Association of Physicians of Indian Origin (BAPIO) with a harrowing tale. She found herself marooned and vulnerable, ensnared by the repercussions of the General Medical Council's (GMC) proclamation on March 17. The cancellation of the Part 2 examinations of the Professional and Linguistic Assessment Board (PLAB) had been swift and immediate, driven by the UK government's imposition of a lockdown in light of safety concerns for candidates, examiners, and personnel at large. This abrupt development left many bereft of financial resources, severed from familial and communal support systems, thrusting them into a dire predicament.

Within this context, tales of mental anguish surfaced alongside the tangible aftermath. The spectrum of implications, coupled with the cascade of mental health repercussions, painted a daunting picture. Stranded and distanced from the comfort of home, these medical professionals grappled with the rigors of each passing day, hoping against hope for a more sanguine tomorrow. An astonishing 30.6% of doctors, when questioned by the appointed team, confessed to a sense of hopelessness that reverberated through their responses.³ Stripped of basic necessities, ensnared by travel bans, engulfed in the fog of

uncertainty, and haunted by the specter of the unknown, these circumstances had left them scarred to a critical extent.

BOOKING EXAM SLOTS DURING THE PANDEMIC

Securing an examination seat during the COVID-19 pandemic has proven to be a formidable undertaking for prospective candidates. This ordeal is further compounded by the intricate web of lengthy and costly visa procedures, accommodation arrangements, and travel logistics, leaving many to grapple with reservations about embarking upon a career journey in the UK.

Amidst the prevailing stress and the mercurial nature of professional trajectories within the UK, a subset of graduates has conveyed a struggle to perform at their optimal capacity within the context of the PLAB examination. They admit that their performance may not align with their inherent capabilities. This phenomenon of exam-related anxiety has been noted for its debilitating cognitive consequences, encompassing afflictions such as memory lapses and difficulties in retaining knowledge. This interplay between academic accomplishment, motivation, success, and anxiety has revealed significant correlations. Positive associations with achievement, motivation, and success are evident, while conversely, a negative correlation with anxiety is observed.¹²

COMPARING UK HEALTH SERVICES TO EUROPE

Undoubtedly, the pandemic has exacerbated the challenges faced by the UK's healthcare system in addressing the escalating demands for unmet healthcare needs within the population. Even prior to the outbreak, the UK exhibited one of the highest proportions in Europe of individuals who reported requiring medical attention but remained unable to secure access to it. Post-pandemic, these figures have surged significantly, potentially tripling or even quadrupling. Such circumstances have prompted a growing number of individuals to seek medical recourse from fellow European nations. Pertinent studies underscore that, in 2017, the UK allocated a lower expenditure per person for health-related long-term care in comparison to a majority of other northern and western European counterparts, amounting to approximately £560.¹³

Additionally, an insightful report unveils that the UK ranks second-lowest in terms of healthcare spending per capita within the expansive economies of the G7 nations. The analysis conducted by the Health Foundation brings to light a concerning scenario: the UK maintains fewer active physicians and hospital beds per individual than the EU14 average. A contrasting paradigm is observed in the Netherlands, which exhibits a higher proportion of care

provision in community-based settings yet boasts similar bed counts to the UK. Consequently, the UK assumes a distinctive position by showcasing not only a dearth of beds but also a scarcity of physicians below the national average. Furthermore, the UK registers fewer nurses per capita compared to the EU14 norm, with a ratio of 8.7 nurses for every 1,000 inhabitants as opposed to the EU14's average of 9.9 nurses.¹⁴

This narrative draws attention to the pre-existing healthcare system characterized by resource limitations and operating for over a decade, a system profoundly impacted by the pandemic's onset, resulting in persistent disarray. Insights gleaned from the research elucidate that the UK's expenditures on day-to-day healthcare and capital investments trail behind the average EU14 country.¹⁵ The systemic deficiency in capacity and physical resources further accentuates vulnerability to unforeseen surges in demand, particularly during the pandemic's height. The National Health Service (NHS) currently grapples with an expanded backlog of medical treatments, a consequence of considerable financial shortfalls in comparison to its European counterparts.¹⁶

CURRENT SITUATION

Despite the availability of the PLAB examination four times annually, candidates continue to grapple with reserving seats due to the infrequent release of bookings by the General Medical Council (GMC). Many students, compelled to wait for GMC to initiate the booking process, found themselves needing to retake their English exams. This predicament stands as a testament to the lackluster management exhibited by GMC, which persists in navigating the lingering aftermath of COVID-19 without demonstrable action taken.

The repercussions of this crisis have permeated the fabric of the NHS, beset by insufficient funding, personnel scarcities throughout the nation, and the evolving healthcare requisites of an aging demographic. The NHS confronts an escalating staffing conundrum, with the tally of vacant positions spanning health services in England surging to 110,192, a figure that authorities warn is still rising.¹⁷ A disconcerting report from the BBC underscores that Accident and Emergency waiting times have now reached a nadir, nearly two decades since the commencement of records. Urgent responses, including those necessitated by heart attacks, now demand three times the anticipated duration, while patients languish for up to 10 hours before receiving assistance.³

This dearth of frontline personnel inevitably extends appointment delays and imperils the quality of care accessible to the general populace.¹⁸ Within a fragile infrastructure, where both IMGs and current doctors contend with inadequate remuneration, the National Health Service finds itself in a gradual state of disarray.¹⁹

The junior doctor strike staged in April 2023 contributed to the cancellation of a staggering 200,000 appointments, resulting in a distressing excess mortality toll within the NHS. David Strain, in his article, established a linkage between the junior doctor strike and this catastrophic surge in deaths.²⁰ The lack of synchronicity within the medical council and the insufficient provision of PLAB examinations for IMGs have collectively thrust the NHS perilously close to the brink of collapse.

The prospect of when this unparalleled disruption will abate without compromising patient well-being remains a subject of contemplation. Given the NHS's profound dependence on Internationally Trained Medical Graduates, the solution appears ostensibly simple, although it may have remained disregarded by those in power.

IMPACT ON NHS

A pervasive sense of uncertainty shrouds the future prospects of numerous IMGs, casting shadows of doubt upon their career trajectories. The consequential decline in PLAB examination participants carries the potential to reverberate through the quality and quantity of doctors joining the ranks of the NHS. In the wake of COVID-19's global impact, the collective anxiety experienced by PLAB aspirants has been amplified by the fragmentation and inadequacy of systems in countries that have yet to adopt appropriate measures to alleviate the distress among IMGs. A notable illustration is the refusal to entertain the proposal for extending the validity of English examination scores, a disheartening outcome for those navigating the PLAB journey. Although glimpses of efforts to mitigate the doctor shortage crisis can be discerned within healthcare policies, questions linger about the sufficiency of these strategies.

While commendable reports emanate from entities like BAPIO, the overarching absence of a cohesive national approach to address the plight of stranded doctors underscores the vulnerabilities within the national healthcare system. Policy interventions, such as extending the duration of English exam validity, could serve as a remedy for those queuing up for PLAB 2. Similarly, transitioning the paper-based nature of PLAB 1 to an online format could markedly transform the plight of these candidates. Expanding and diversifying the testing centers for PLAB 2, perhaps on a temporary basis in regions impacted by the pandemic, would be a considerable boon. Finally, the appointment of a dedicated support team for IMGs by the GMC could navigate the complexities of these students' predicaments.

Thus, amidst the backdrop of an unprecedented pandemic calamity on one end and the vacillating responsiveness of the national healthcare structure on the other, one can only cling to the hope that the rectification of policies, albeit potentially arduous, is on the horizon.

CONCLUSION REMARKS AND FUTURE PERSPECTIVE

In conclusion, the vitality of International Medical Graduates (IMGs) within the United Kingdom's National Health Service (NHS) cannot be overstated. Their integral role is pivotal in maintaining the efficacy of the healthcare system. The outbreak of the COVID-19 pandemic has cast an even deeper shade upon the extant scarcity of medical practitioners, thrusting the NHS into the crucible of intensified strain. This prevailing milieu underscores the significance of the PLAB and IELTS examinations for IMGs, serving as pivotal gateways to their integration within the UK healthcare ecosystem.

The pandemic's resonance reverberates across the challenges and vulnerabilities experienced by IMGs in the UK. Mental health struggles, financial precarity, and barriers to accessing essential resources have come to the fore. Amidst this backdrop, securing examination slots has become a progressively arduous endeavor, amplified by the ongoing pandemic-induced uncertainties faced by aspiring medical professionals. Moreover, the UK's healthcare apparatus lags behind its European counterparts in terms of resource allocation, staffing, and financial commitments. Consequently, the NHS finds itself grappling with the cascading effects of the pandemic, where inadequate funding, personnel scarcities, and an aging populace converge to intensify the crisis. In addition, a conspicuous lack of coordination between the medical council and the insufficient availability of PLAB examinations for IMGs has propelled the NHS perilously close to a precipice of collapse.

On a brighter note, legislative adaptations could potentially mitigate the crisis's reverberations on the NHS and ameliorate the circumstances for IMGs. Endeavors on the horizon encompass extending the validity period of English language proficiency tests, transitioning PLAB 1's examination format to an online realm, broadening and augmenting testing venues for PLAB 2, and instituting dedicated support teams tailored for IMGs. These strategic measures may offer a semblance of relief to the NHS as it grapples with its burdens, while concurrently extending the much-needed support to IMGs navigating these trying times.

Utilizing esteemed sources such as PubMed, the BBC, the NHS, British Medical Journals, and the official website of the General Medical Council for data collection, the inquiry at hand reveals a notable scarcity in articles that address this particular concern. A limited corpus of articles touching upon the issue has been uncovered. Anticipations are set for forthcoming research endeavors to delve deeper into the spectrum of challenges that IMGs encounter within the UK.

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