

The anticipated influx of east European psychiatrists – a sample of colleagues' views from East Sussex, England

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Summary

The entry of east European countries to EU has raised hopes and fears in a number of debates. Doctors from the entrant countries are at the forefront of debate if not only for widely acknowledged shortages of doctors, in particular – psychiatrists, in UK. We conducted a small survey aiming to explore the opinion of local psychiatrists at East Sussex in terms of the perceived numbers and characteristics of their peers from eastern Europe. Since neither real numbers nor the characteristics of potential arrivals were known at the time of this study, this survey may serve as a test of attitudes towards them, of their UK counterparts.

The survey had an 89% response rate. The opinions varied according to respondents' grades and personal characteristics with consultants – more than other grades – sceptical about the numbers of likely arrivals and unreservedly in favour of an immediate absorption of east European colleagues into the UK system.

Key words: influx, UK, east European psychiatrists, arrival

Introduction

The entry of East European countries to the EU on 1st May 2004 raised many fears and hopes. In particular, and with reference to medical force, this anticipated “intra-EU migration” [1] causes concerns about the numbers of east European workers that would enter the labour market whether skilled or unskilled and implications this would have to the local workforce in both the host countries and their countries of origin [2, 3, 4]. Other sorts of fears pertain to east European doctors' clinical safety [5] and potential proneness to exploitation by the UK health systems [6].

The EU has powers and responsibilities in the area of public health, while the organisation of healthcare facilities remains the concern of member states. An individual practitioner has the right to travel and work freely throughout the EU [7].

It seems that the healthcare practitioners in the UK and other EU countries have had a very little say in this matter and it is only fair and of interest to explore their

views of this issue. It is self-evident that whatever these views or attitudes are, they will be of interest to the doctors contemplating arrival to work in UK.

Material and methods

A questionnaire was handed and sent to most psychiatrists at Eastbourne and some other psychiatrists at East Sussex in April 2004, just before the official entry of the fifteen east European countries to the EU. The sample included all grades of psychiatrists and the questionnaire was completed anonymously. The questionnaire asked about:

1. Personal details including; age, gender, grade, number of years in psychiatry, year and place of graduation and if the respondent had to do PLAB¹ or similar test.
2. The estimated number of doctors from the new joining countries who will come to the UK in the next two years.
3. The expected range of experience of the coming doctors.
4. The expected level of education compared to the UK and the relevance of their experience to the NHS work.
5. The views of the respondent regarding any need for formal and/or informal testing, before joining the workforce in the UK.
6. Any personal thoughts or feelings about the whole issue of influx of East European doctors.

Results

Twenty eight questionnaires were handed and sent out to all grades of psychiatrists at Eastbourne and East Sussex. Twenty five completed questionnaires were returned (89% response rate). Respondent were 7 females (28%) and 18 males (72%). The average age of the respondents was 36 years with age range from 24 to 62 years. Ten respondents had less than three years in psychiatry (40%) while 56% had more than three years experience in psychiatry (one was missing data). The grades² of respondents as shown on table one are five consultants (20%), eight non-consultants carer grade

¹ Stands for Professional and Linguistic Assessment Board – the examination body, which are qualifies doctors to register for practice in UK. This exam is no longer required for doctors from Eastern Europe since 1 May 2004. It is in this political context that the question of the desirability of this or similar exams [Polish – *nostryfikacja*] was posed to the UK respondents by the present authors.

² For use of non-UK readers. Consultants correspond [roughly] to Ordinators, Specialist Registrars – to combined Assistant and Senior Assistant position [they passed their speciality exams and attained a title of the Member of the Royal College of Psychiatrists [MRCPsych] and carry out their practical specialisation training to become Consultants. SHO i.e. Senior House Officer is the equivalent of Junior Assistant – they completed their internship [pre-registration year = apprenticeship= Polish “*staże*”] and work towards their speciality exams. These are all training grades. Other grades mentioned in this paper under “Hospital Grades” are in order of growing seniority: Clinical Assistant, Staff Grade and Associate Specialist. They have no obligation to take exams, hence rarely achieve a Consultant grade.

doctors (32%), and twelve doctors in training (48%). Twenty-one of the respondents graduated overseas (84%) of those seven had to do PLAB test (33%).

Table 1. Grades and gender of respondents

Grade	N (%)	Male	Female
Consultants	5 (20)	5	0
Carer grades	8 (32)	5	3
Training grades	12 (48)	7	5

67% of respondents thought *the numbers* of east European psychiatrists (EEP) coming to UK in the next couple of years would be counted in thousands rather than hundreds. This prediction was not related to any of the independent variables other than SHOs and carer grade doctors; but Consultants anticipating hundreds rather than thousands of arrivals.

42% of the respondents envisaged junior doctors as main bulk of arrivals, 4% thought it would be mainly experienced doctors and the remainder thought it would be doctors of all ranges of seniority. Four out of five (80%) consultants, however, envisaged EEP juniors as the main bulk of arrivals. No further correlates of views on this issue were found.

70% of respondents thought that the EEP education would be no different to that of UK psychiatrists, 30% thought it would be lower. The latter trend was significant for Hospital Grade Doctors of whom 80% envisaged lower than UK education of the arriving EEP and, independently, close to significance for women doctors. Whether or not respondents had taken PLAB themselves did not influence their opinion on the issue nor did the country of graduation.

42% of respondents envisaged the experience of EEP will be relevant to NHS and 58% – that, it will not. However 80% consultant respondents expected the experience of EEP to be relevant to the NHS. No other correlates of responses to this question were found among the group characteristics.

About 60% of the respondents thought that a formal exam like PLAB should be applied to all entries. None thought that a language test alone would do. 16% did not think any testing formal or informal is required. 52% considered an adjustment course as an appropriate idea to introduce EEP's to the British system and were split in half as to whether it should be voluntary or compulsory. (In either case it would not entail an exam but fair feedback and self-assessment, as it was put in the original question). 5% did not give any reply to question 5. (Note: some people, despite what was requested, took more than one choice hence cumulative percentage over 100). More specifically, whether or not respondents "required" PLAB of the EEP did not depend on their age and experience in psychiatry or on whether the respondents graduated in UK or elsewhere.

As far as the grade is concerned all 5 consultants did not think PLAB was required for EEP, 66% of the training grade doctors wanted it and so did 75% of Hospital Grade Doctors. The respondents' gender mattered in that over 80% of the women psychiatrists would want EEP to take PLAB and this was independent on whether

or not the respondents had PLAB themselves. In contrast to this, 60% of men would prefer informal checks/adjustment courses or no action. Majority of them did not take PLAB themselves; the minority who did, wanted it for EEP too.

The main personal thoughts volunteered were:

33% had no thoughts to volunteer. 18% wished to make a point that EEP will be a positive contribution to the NHS saving money from locums and covering the shortage of psychiatrists in UK. 28% stated that all foreign doctors should be treated in the same way wherever they come from. 21% reiterated that individual assessment by employers or the Royal College of psychiatrists should be the way forward.

Discussion

Although the response rate was high to this survey, the number of psychiatrists involved was small and this limits the conclusion that can be drawn. The survey explored psychiatrists' views only in East Sussex and mainly in Eastbourne which further limits any generalization of these views. The survey looked at both statistical expectations as well as qualitatively at the opinions of local psychiatrists. However gaining colleagues' thought was given a priority here rather than statistical suitability.

Still, some, tentative and mainly descriptive patterns seem to have emerged wherein great majority of respondents see PLAB and/or adjustment course as a necessary entry criterion. Though one would logically expect this view might be associated with that on anticipated irrelevance of EEP's experience for work in the NHS (another majority view though – like the previous one – not shared by consultants), the two were not statistically correlated. The expectation of UK suitability screening was not correlated with the anticipated level of education either. It would therefore seem, that for those respondents that were concerned about the quality of arrivals and their right not to be screened, the respondents' personal characteristics rather than the anticipated attributes of the EEP's, could have been at work. Among those female gender, Hospital Grade position and having themselves to take entry exams emerged through further tentative analyses. Consultants, on the other hand, emerge as a group who seem to expect (or wish for that matter?) an arrival of a small, well educated and adequately experienced group of EEP's, virtually ready to work in UK. We contacted the GMC and were able to get hold of numbers of all doctors registered with the GMC from the fifteen joining countries between January and August 2004. Clearly there has been a significant increase in the number registered after May the first 2004. Between January and April 2004 there were 45 newly registered doctors from the fifteen joining countries while between May and August the number increased to 274 newly registered and by November 2004–428 (over 50% from Poland). However we were not able to find out how many of those are working in psychiatry. It appears from these numbers that the expectations of consultants of the entrance of hundreds of psychiatrists in the next two years rather than thousands will be more accurate. The respondents' accuracy as to the projected numbers and characteristics of EEP's are here of secondary importance though. It remains to be seen if and how those projections or attitudes will reflect on

the working relationship with the EEP's and their host peers in the UK. This is an issue worth investigating at a later stage.

Conclusion

We, a small sample of UK psychiatrists, are somewhat divided and ambivalent on this matter but overall keen to see the East European colleagues come and help us and the UK mental health system. Not unreservedly though – at least here in Eastbourne!

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