

RESEARCH ON HEALTH MANPOWER

by Oscar Gish\*

In 1967 an organisation in the United States, Education and World Affairs of Washington D.C., received Rockefeller Foundation support for a study of the international migration of high-level manpower. The Science Policy Research Unit of Sussex University was commissioned to carry out the study in the United Kingdom.

Interest in the "brain drain" has been spurred by the increasing numbers of highly qualified people who have been moving from less to more developed countries in recent years. This movement has been encouraged by the new American immigration laws, which have made possession of a skill a major criterion for entry into the country.

An increasing proportion of the high level manpower being gained by the United States is coming from the developing countries. Thus, of the 32,000 scientists, engineers and medical personnel who either entered that country as immigrants or changed their status in the country to that of immigrant (in the fiscal year 1967), 20,000 had come from developing countries.

Virtually all countries are involved in the international game of "beggar thy neighbour", with regard to skilled personnel. Some countries lose very few people while gaining many, others virtually only lose people. Britain is one of those countries which experiences large movements in both directions - in and out. This is particularly true in the case of doctors.

A. Research Findings

The major findings of the Education and World Affairs<sup>1</sup> study in the medical field follow.

Britain has been benefitting from the inward migration of almost 2,000 doctors per year, of whom some 500 to 600 represent a net addition to the stock of overseas born doctors already in the country. The 1,900 medical graduates who entered the country in 1967 (excluding Irish graduates) were equal in number to the graduates of British medical schools in that year.

In February 1968, at the height of the 'Kenya Asians' clamour, the Ministry of Labour announced a number of changes in the way in which work vouchers would in future be issued under the Commonwealth

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Immigrants Act. These changes became operational on June 1st, 1968. The following table shows the effect upon the issuance of vouchers resulting from those changes.

Category B Vouchers Issued Under Commonwealth Immigrants Act

	<u>Total</u>	<u>Doctors</u>	<u>Dentists and Nurses</u>	<u>Others*</u>
1966	5425	1974 (36%)	495 (9%)	2956 (55%)
1967	5370	2031 (38%)	376 (7%)	2963 (55%)
1968 (Jan-May)	2217	936 (42%)	77 (3%)	1204 (55%)
1968 (June-Dec)	3014	2146 (71%)	157 (5%)	711 (24%)

Source: Ministry of Labour

\*Includes members of professions ancillary to medicine who amount to perhaps 20% of the numbers shown.

Note: The author has calculated that over 200 doctors from old Commonwealth countries enter Britain annually without benefit of a work voucher, and so are not included in the figures shown in the table.

Between January 1966 and June 1968, an average of 171 doctors per month received vouchers. The new figure, based upon the data for the last seven months of 1968, is 307 per month. Of course, not all the doctors who receive vouchers in fact come to Britain. In 1967, the 938 Commonwealth doctors who actually entered Britain with vouchers were equivalent to only 46% of those receiving them in that year. Thus, at the present rate of issuing vouchers to Commonwealth doctors, about 1,700 per year will enter Britain in future, almost double the number in 1967.

There are also many non-Commonwealth doctors entering Britain. In 1968, around 800 such doctors took up employment in this country. The largest numbers came from countries such as the United Arab Republic, Greece, and Iraq.

At the end of 1967, the National Health Service was employing 12,000 of the 14,000 overseas born doctors in Britain. These doctors constituted 25% of the total medical employment of the N.H.S.

About 8,500 of the overseas doctors were born, and mostly trained, in developing countries, over 6,000 of them having come to Britain from the Indian sub-continent alone. These doctors, from the underdeveloped parts of the Commonwealth, are heavily concentrated in the junior grades of English hospitals where they make up the majority of such staff in large parts of the country (51% for the country as a whole). There are also 4,000 to 5,000 senior hospital staff and general practitioners in Britain who

were born abroad. A majority of these doctors are from non-Commonwealth or old Commonwealth countries.

Less than a third of the over 1,900 graduates of medical schools from outside the British Isles who entered Britain in 1967 represent a net addition to the stock of such doctors in the country. The broad picture is that, in spite of a growing stock of such doctors, only a relatively small minority become permanent migrants. The increasing numbers of overseas-born doctors in Britain stem from an increasing circulation of such doctors; more enter the country than leave, but in time, as still more enter, most of the others will also leave.

The circulation pattern of each group of doctors entering the country is different. The number of Indian, Pakistani, and Ceylonese doctors is growing, since substantially more enter than leave each year. The numbers from the other new Commonwealth countries are increasing only slowly, while doctors arriving from old Commonwealth countries and South Africa tend only to replace each other in Britain. There is also a slow growth in the number of doctors from certain non-Commonwealth countries such as Egypt.

It is clear that overseas doctors come to Britain because they consider a stay here to be advantageous to their career prospects. The other side of the question is why Britain and the British medical profession in particular are willing to accept so many graduates from medical schools outside the country. It is no secret that professional chauvinism (perhaps particularly in medicine) is likely to exclude outsiders trying to break into the 'club'. It is also likely that doctors, like other people who market their skills, know that a skill in short supply is likely to see its price rise. At present, there is also tremendous pressure upon British political leaders further to curtail immigration, more specifically non-white immigration, into the country. Yet Britain continues to accept an increasing number of overseas medical graduates for employment in the National Health Service. The basic reason for this is, of course, Britain's own critical need for them.

There are essentially two reasons for the present shortage in the supply of British doctors. The first is the decrease in medical school output between 1953 and 1968 which cost Britain 2,700 graduates.

The second basic reason for the shortage of British doctors is that while the cut in medical school output has created a shortage of doctors, the emigration of 7,000 British doctors between 1951/2 and the present date has exacerbated that shortage and made it critical. Although controversy surrounds the question of exactly how many British doctors are actually emigrating, it can be shown conclusively that the net inflow of immigrant doctors

over recent years has been basically equivalent to the net outflow of British doctors.

## B. Current Research

Since October 1968, the Social Science Research Council has been supporting further research into the questions surrounding the presence of thousands of overseas-born doctors in Britain.

It is impossible in the space available to mention all the areas of interest which will be explored in the course of the project.

The major areas of interest are:-

1. The collection of statistical data about overseas doctors (demographic and migratory information as well as training experiences).
2. An analysis of the experiences of doctors born overseas who did their undergraduate medical training in Britain.
3. The influences which flow from the presence of overseas doctors in Britain upon the health services of the countries from which those doctors come.
4. The influences which flow from the presence of overseas doctors upon the health service of Britain.
5. Some questions related to the emigration of British doctors.

## Methodology

Only the most important methodological procedures to be followed will be mentioned, and only in a generalised way.

1. We are assembling statistical data from materials at the Ministry of Health.
2. We are conducting a survey of medical schools in order to gather information about overseas-born graduates of British medical schools.
3. Visits will be made to India, Pakistan and other countries for purposes of locating doctors who have left Britain for those countries in recent years. After locating these doctors an attempt will be made to relate their present medical work to the training they received while in Britain.

The emphasis of the research will shift from that of migration to that of the relevance of medical training received in Britain by doctors from developing countries, to the conditions of health care in their own countries.