The structure and format of postgraduate medical training is a dynamic process that keeps changing every few years in the UK. Modernising Medical Careers (MMC) is a programme for postgraduate medical training introduced in the UK in 2005 which is making radical changes with the aim of bringing more structure into the career path.¹ The recent edition of the “The Gold Guide 2010” published in last June, provides guidance and replaces all the previous editions for the specialty training in the UK.² The format of training and the organization to certify the completion of training has changed as well. The old fashioned structure of qualification and personal references of the competency has shifted to assessment of work based experience and performance of proficiency of skills.

The Postgraduate Medical and Education Training Board (PMETB) was established by ‘The General and Specialist Medical Practice Order’ in 2003 to develop a single, unifying framework for postgraduate medical education and training in UK. It began operating on the 30th of September 2005. It is accountable to the Parliament of the United Kingdom and acts independently of government. GPs and specialists both working within the National Health Service (NHS) and privately in England must comply with the standards it establishes. It took over the responsibilities of the Specialist Training Authority of the medical Royal colleges and the Joint Committee on Postgraduate General Practice Training. Now The PMETB merged with The General Medical Council (GMC) on the 1st of April 2010.³

The introduction of the European Working Time Directive (EWTD) in UK in 2007 has influenced medical training significantly. August 2009 was the UK deadline for introducing a 48 hours maximum working week and related hours controls for doctors in training.⁴ Specialist colleges were not keen, and revealed concerns regarding reducing the number of training hours to affect the training.⁵ These concerns have been compounded by the fact that immigration policy has changed as well.

The role of Advanced Nurse Practitioners (ANP), which has been emerging in the UK, provides some relief. Some clinical work, which is used to be performed by junior doctors, is moving towards ANPs. Specialists Nurses and Theatre Scrub Nurses are also being used to lift some of the work load from the senior doctors. Though it is expected to provide relief to the stress of the intensity of work within given working hours, which junior doctors are under but it has reduced the opportunities for the IMGs for the training and experience in UK.

The picture painted here is not rosy, however, the introduction of The Medical Training Initiative (MTI) provides an opportunity through which Pakistani medical graduates can find places in the UK for post-graduate training. This initiative allows doctors to work in the United Kingdom for a limited period of time to satisfy primarily non-economic objectives. The purpose of these posts created under MTI is to allow overseas doctors to come to the UK for up to 2 years, for example, to gain experience in a technique or procedure. At the end of this period, they will be required to return to their own country.⁶ This initiative discourages the economic migration and would prevent brain drain.

Medical education system in Pakistan has got very old and traditional relationship with the UK medical system. UK medical training system has changed and has become more structured. Similarly postgraduate training structure in Pakistan has changed significantly. It appears that in last few years, through the developmental phases on both ends, few links, though formal or informal, have been broken. With the introduction of more structured programme in both countries, there is a need to develop a new structure and a system whereby the exchange of education and training can be promoted between these two modified systems. Certainly both countries would receive the benefits.
There are about 7,735 doctors with primary qualification from Pakistan registered with GMC, which is about 3.3% of total doctors registered in the UK, the second other country on the list after India. Out of these about 2200 are on Specialist register, including about 1000 on GP register. There are about 1200 doctors who have obtained their primary qualification from various universities in Pakistan, are registered with a licence to practice as specialists in UK in various specialities. A good number of these might be a member or fellow of the CPSP. The majority of these doctors would like to advice and support their country fellows at individual level. However, there is a need to organize a group of senior doctors to channelize the flow of medical graduates from Pakistan to UK on a regular basis. Many of these senior doctors are working at high levels in the individual Trusts at various positions like postgraduate medical directors, medical or clinical directors, college tutors, senior lecturers, professors and in the deanery at a level where they could help in developing links with college and their respective organizations. They can help their Trusts by providing them good trainees filtered through a selection process by the CPSP and provide them training to increase the number of specialists in Pakistan.

Medical workforce planning requires serious attention in both countries, especially in this era when there are more restrictions to enter in UK from Pakistan. The College of Physicians and Surgeons of Pakistan is the major postgraduate institution responsible to provide specialists for the country. The Fellows and Council members of the CPSP have to put further efforts to take the responsibility to align the postgraduate medical training in Pakistan with the rest of the world and to strengthen the weakening links.

REFERENCES