

Doctors are leaving the UK

Samena Chaudhry Stoke

Doctors may want to work abroad for many reasons ranging from a desire for adventure to missionary fervour; or from scientific curiosity to a desire for greater practical experience. However, a recent paper in the *BMJ* indicates that dissatisfaction with the UK system is one of the main driving forces behind British doctors' desire to move overseas (*BMJ* 2004;329:1263).

In the study, of the 65% of junior doctors who did not intend to study medicine in the United Kingdom, two fifths cited UK working conditions as the main reason for wanting to leave—they wanted to stick with medicine but practice abroad. Two thirds gave reasons related to lifestyle choices. This was in contrast with the doctors who intended to leave medicine altogether, where three quarters stated a reason related to working conditions in the United Kingdom.

Michael Goldacre, one of the authors of the study, is a member of a Department of Health funded research group charged with studying doctors' career intentions, progression and factors influencing their choices. He said, "A skilled medical workforce is the most important component of the health service which makes it very important to know about the future supply of, and views of, doctors."

The study forms part of a series of graduate surveys dating back to 1974. Michael Goldacre is currently involved in surveying the 1977 cohort to elucidate what specialties and careers those graduates have actually ended up in. "The biggest single finding which has remained consistent throughout the years of surveying is—regardless of whether doctors are certain or not about staying in the UK, most end up staying in medicine wherever they go."

The study suggests that doctors are motivated to leave the workforce temporarily by both positive and negative factors. Positive factors include the desire to broaden experi-

ence, to see another health care system, the love of travel, and to seek personal development. Negative factors include wanting to escape unsatisfactory working conditions, work related stress, and illness.

Many positive reasons are not only unavoidable but also desirable. Doctors who undertake overseas work, for example, have been found to return to the NHS with "enhanced, clinical, organisational and managerial skills."

These surveys have also shown that those who go abroad express a higher level of job satisfaction to those staying in the United Kingdom. Michael Goldacre acknowledges that this of course may be due to the fact that doctors who do work abroad are the very personality types who enjoy adventures and the opportunity to travel.

work in America may well be accepting an 80 hour week. It would have been more useful to have individual figures of the reasons doctors gave for wanting to leave."

He added, "The figure of 279 (22%) doctors wanting to leave medical school reflects a high level of dissatisfaction. We should ask universities to look at their selection criteria as they tend to select on the basis of good A levels more than how suited people are to medicine. The study reflects the complete deprofessionalisation of doctors. People do not feel valued—but more like technicians."

Simon Eccles, of the BMA said, "I suspect the situation in 1999 may have been marginally worse than now in some respects, especially overall hours, but better in others."

"Far more work needs to be done to improve the working lives of doctors, often quite simple things, such as feeling appreciated, being praised for doing well, a clearer understanding of what's expected of you, feeling that your training

First Pharmfree Day launched

Raghav Chawla *BMJ*

The first nationwide Pharmfree Day has been launched by The American Medical Student Association on 8 December 2004.

Doctors and students joined together on more than 34 campuses, urging their peers to resist aggressive marketing efforts by pharmaceutical companies. "Prescribing should be based on clinical evidence not on marketing strategies," Brian Palmer, president of the association, told the *studentBMJ*.

An event was held at New York University with speakers such as Gene Carbona, former regional manager for Merck, and Bob Goodman, founder of No Free Lunch, an organisation of healthcare providers devoted to combating the influence of pharmaceutical promotion on clinical practice.

Dr Carbona said Merck paid doctors up to \$20 000 (£10 404; €15 062) for holding a speech designed to promote its drugs. "Just think about how you would feel if your patient asked you, 'Did you put me on Vioxx [rofecoxib] because you speak for Merck?'" he asked the audience.

Dr Goodman said students had the longest "prescribing life" and were key targets for pharmaceutical representatives. He suggested that all medical schools' curriculums should include education on pharmaceutical marketing practices.

Mr Palmer told the *studentBMJ* that drug companies spend \$25bn a year—30% of their total revenues in the United States alone—to advertise their products, which significantly increases drug prices. "We're not against pharmaceutical companies," Kim Becker, the association's spokeswoman, added. "What we're saying is that... [the money] should [instead] go into the research and development."

"So far, no pharmaceutical companies have reacted to these happenings," Mr Palmer said. The *studentBMJ* repeatedly phoned up Pfizer's headquarters to get their viewpoint. Nobody was available for an official statement, however.

See www.amsa.org/prof/activities.cfm for more information.



The surveys have also shown that the proportion of preregistration house officers who have reported their intention to "continue practising medicine in the United Kingdom for the foreseeable future" declined from around 90% in the 1980s to 75% in the 1990s.

But David Rosin, vice president of the Royal College of Surgeons in England expressed concern about the way the study had grouped together pay, working environment, and job satisfaction, as working conditions: "Someone wanting to

needs are being met (feeling that they're known would be a start), doing less of the non-medical jobs like phlebotomy," he said, adding: "The other major area for improvement applies to the non-clinical matters. Decent accommodation, food overnight, somewhere to park without spending your life savings, secretarial support for simple tasks. These are low effort changes but need a change in attitude in all from government to individual doctors responsible for preregistration house officers on a day to day basis."