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A qualitative study exploring factors influencing Indian doctors to migrate to the United Kingdom

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ABSTRACT

Background

Migration of doctors from India to UK has been a known occurrence since post-colonial era. WHO has expressed concerns on migration of medical professionals from resource limited countries to developed countries as it can impair public health performance of source countries.

Aim

To explore factors influencing migration of Indian doctors to UK through qualitative one to one semi-structured interviews.

Methods

12 one to one semi-structured interviews were conducted with 6 male and 6 female Indian doctors who have been working in UK for between three to ten years, identified through snowball sampling. Thematic analyses was conducted to explore emerging themes explaining influencing factors for migration.

Results

The desire to seek post graduate and higher specialist training among doctors, unequal and highly competitive post graduate training opportunities in India, unethical practices in private healthcare, marriage with UK settled person and poor work life balance in India acted as major push factors for migration of doctors to UK. Higher specialization opportunities, surplus jobs, accommodative health system and better work life balance acted as major pull factors for migration. Most doctors expressed non-recognition of UK training in India and lack of government support as major deterrent factors for returning to India.

Conclusion

Migration of doctors from India to UK is a complex phenomenon which is driven by inherent system differences and doctors seeking better opportunities abroad. It is also culturally facilitated by colonial relations and can be a potential augmented human resource bank for India if government policies accommodate them into their health system.

Keywords: Indian Doctors, United Kingdom, Migration, Brain Drain

INTRODUCTION

There is increased need for healthcare professionals in developed countries due to their ageing population.[1] Colonial legacies left over in most of low income countries especially in Asia and Africa facilitated English education and medical institutions based on their colonial lineage. This ensured that even after many decades of post-colonial era, there is a continuous manpower supply in health sector to developed English speaking countries from their previous colonies. 8.9% of doctors registered with General medical council (UK) are from India.[2] Among low income countries, India is the largest exporter of doctors to abroad. India is resourceful in terms of

number of medical graduates and they have advantage of being trained in English. The ease of language and integration with English speaking society have attracted doctors to UK and US for decades from India. This has also resulted in low number of doctors returning to India especially from US. The more elite the institution in India and more academic awards the physicians achieve, the more are chances they will migrate abroad to US or UK.[3] There are only 0.7 doctors available for 1000 people in India as per data in 2011 when compared to 2.8 in United Kingdom and 2.6 in United states.[4] In community health centres of India, almost 83% Physicians 76% Gynaecologist and 83% Surgeon posts are unfilled due to lack of post-graduate doctors.[5]

MATERIAL AND METHODS

Aim

To explore factors that influence Indian doctor's decision to migrate to the United Kingdom.

Objectives

1) To conduct semi-structured one to one interviews with 12 Indian doctors - 6 male and 6 female doctors who migrated to the UK to explore factors that led to their decision to migrate to the UK.
2) Conduct thematic analysis on responses from participants by analyzing commonly occurring and emerging themes.

Epistemological Approach

Interpretative approach was used in this study to know the perception of people about hidden influencing factors rather than the reality.

Positionality

As a 35-year-old male doctor from India, migrated and working in the UK for the past 6 years, I could grasp those aspects of culture that are not accessible for an outsider researcher.[6] There was also a potential risk for bias and my own belief as an insider influencing the interaction with participants. I was constantly vigilant to avoid this bias during the interview.

Study Design

This exploratory qualitative study was designed with semi-structured, one to one interviews with six male and six female doctors to explore individual perception on reasons to migrate to the UK.

Sampling *A*pproach

Convenience sampling approach was followed. Snowball sampling was also used.

Inclusion/Exclusion Criteria

Doctors who have migrated from India within the last 10 years and worked in the UK for a minimum of three years were included in the study. The minimum duration of three years was selected to include people who have acclimatised in UK setting after migration. Doctors living in the UK under student visa were excluded from the study as they were college students and not working professionals.

Recruitment

A flyer was circulated in a closed social network of British Association of Physicians of Indian Origin (BAPIO) on Yahoo groups forum after prior permission obtained from the moderator. Participant information sheet was given to interested doctors by email and WhatsApp and one week time was allowed for participants to ask questions regarding the study by email or phone and make a final decision to participate. A written informed consent was obtained. A list of doctors was created from reference given by existing participants by snow ball technique, and they were approached accordingly until sufficient participants were obtained.

Setting

Doctors who graduated from India and working in hospitals in England were interviewed at their place of preference. Study participants were from 4 counties of England – London, Essex, Kent and Hertfordshire. Participants were mostly interviewed at their home environment in a private room except at one instance where the interview was conducted in the clinic room.

Data Collection Methods

One to one semi-structured interviews were conducted with participants for a maximum length of

45 minutes and the conversations were voice recorded. Non-verbal cues were written as personal notes taking during the interview. The interviews were conducted in English at participant's preferred location. There were six male (M) and six female participants (F).Maximum age among participants was 42 years and minimum age was 30 years. Mean age of participants was 36.7 years. All participants obtained their undergraduate medical qualification from India. 7 out of 12 participants had post graduate degrees from India before migrating to UK (M2, M4, M6, F1, F2, F4, and F6).

Instrument

Open ended questions were asked on topics regarding reasons why they left India, perceptions and expectations while working in the UK, achievement of their expectations in the UK and future plans to return to India or stay in UK. Suitable verbal prompts were used based on the flow during conversation to explore the topic in depth. Prompts were used based on conversational style among Indian community.

Pilot-Testing

Pilot testing was conducted on one male and one female participant. Questions and interview model were adjusted based on observations for optimum data extraction and involvement by participants. Pilots were used in the final analysis as there were no changes to the interview guide.

Data Analysis

Interview recordings were transcribed personally by the researcher and thematic analysis was conducted. Data was familiarized by the researcher as an initial step. 'Scissor and paste' method[7] of analyses was used on word document. Commonly occurring themes were collated under main themes and sub divisions. Themes were compared and contrasted. Themes were analyzed under 2 major themes:

1) Factors influencing during migration;
2) Factors sustaining migration in UK.

Participant's quotes were grouped under respective themes and subthemes during analyses without any modification as it was conducted in English.

Ethics

Ethics committee approval from Liverpool University was obtained for the study including use of study materials – flyer and consent forms.

RESULTS

Results are given under two main themes - Factors influencing migration and Factors sustaining migration in UK. Sub themes are explored under these main themes and supported with quotes.

Theme 1: Factors Influencing Migration

Pushing Factors for Migration

There was a consensus among doctors that higher specialty training gives higher status and better earning potential at workplace. The other doctor explained that the chances of getting a higher specialist training were unequal for doctors due to caste and religion based reservation system in India. Such a situation evolved as a strong pushing factor for doctors to look for other global alternatives to progress in their medical career.

M3: "Migration to UK is easy compared to getting a postgraduate seat in India".

This quest for higher specialty training continued even among doctors who had their post-graduation in India. However, it was more a pulling factor for them than a pushing force. On comparison, most doctors who worked in private healthcare in India complained that private hospitals forced doctors to do unnecessary expensive investigations and influenced clinician's prescriptions to increase their profit.

M4: "They will keep on sending reminder that there is MRI machine and it's kind of force to order unnecessary investigations."

One doctor deviated and explained that private healthcare in India fulfilled his financial needs and was a good place to work with.

All female doctors (6/6) expressed that their marriage with UK settled person was the sole reason for their migration to UK. They also explained that it was their

marital obligation to move to their spouse location in UK.

F2: "I got married and my husband was here. So, I came to build up my own life. I would have still preferred to stay in India. I was never attracted to other countries."

Most doctors also felt fatigued due to the lack of work life balance in India.

F5: "We just work like clock … there was no days off."

However, it was observed that many participants enjoyed their work in India and most of them (9/12) had an initial plan to return to India once their goals in UK are achieved.

Pulling Factors for Migration

On comparison, most doctors enjoyed their working in ethics bound workplace in UK.

M3: "I don't need to worry about how much my patient will need to pay."

M3 considered that he could treat his patients without compromise in quality and not having to think about any resource restrictions.

The pay in UK was also satisfying to many. Some senior doctors contrasted and explained about the possible higher earning potential for specialists in India than in UK.

Doctors were aware of the lack of equal opportunity to immigrant doctors in UK. But they felt UK as an accommodative setting to work in for Indian doctors. Most doctors perceived that gaining postgraduate degree in UK was not as competitive as in India. It was achievable by many due to the UK system design for medical education.

M1: "Post graduate degree MRCP, it's not like entrance where we will be fighting with millions of people to get few seats."

Most participants agreed that they enjoyed a good work life balance in UK due to their organized lifestyle and available statutory paid annual leaves by their employers.

Theme 2: Factors Sustaining Migration in UK

Challenges During Migration

As a common factor, majority participants faced communication difficulties at workplace due to their Indian accent and unfamiliarity with local English accent and jargons. This was perceived by some doctors as a reason for discrimination at workplace.

M1: "I had that Indian accent… But obviously, you can make out that you are sought of being neglected."

This perception of discrimination added more insult to some senior doctors when their training in India became unrecognized in UK.

M4: "I was at a high post in India. To work at junior SHO level was bit tough, it was difficult for me just to go there."

Some doctors (3/12) deviated in their response and felt acceptance at workplace -

M4: "There is good acceptance for immigrants. I didn't notice any such racism."

On comparison, most doctors expressed insufficient social life in UK due to the absence of their family members. Segregation from their family members in India created a guilt of not caring for their elderly parents as expressed by most doctors. Deviances were also noted in responses given by two doctors who enjoyed better social life with their social network in UK.

Doctors in common perceived that challenges are less in UK and believed has developed better traits in them like good communication skills, improved confidence and improved civic sense. All of them were successful in achieving their initial targets in UK.

Deterrent Factors for Reverse Migration

On comparison, none of the doctors had significant pushing factors to emigrate once settled in UK. Majority of doctors had no current plans to return to India. One doctor however contrasted by expressing

concerns about her children adopting foreign culture if stayed in UK.

F1: "I want her (child) to still be rooted in the Indian culture and not lose her roots which is bit difficult if I stay here."

Most doctors (10/12) projected the lack of recognition of UK medical postgraduate degree in India as a major cause of concern for returning doctors to India.

F5: "Whatever degree I'm doing here that is not recognized in India. So, If I go back to India, I go back as a basic MBBS doctor."

One doctor explained that there is no existing policies to integrate foreign trained doctors in Indian health system.

M3: "There is no system in place and you have to go and do it yourself and not many can do it themselves."

Many participants also feared that they will be challenged by unethical practices at workplace.

M2: "The system is not very fair and there is a lot of unethical practice."

They believed - would be faced by challenges of unequal opportunities for employment due to reservation policies in public sector and favoritism in private sector. Most doctors (10/12) did not also have any professional contacts with their hospitals in India after migration to UK. All doctors expressed their concerns that resettling their family in India will be a bigger challenge considering differences in lifestyle, education system and the stress of reverse migration itself. Some felt that they cannot cope with another migration attempt due to their increased age.

F2: "Your age passes by and starting in that might not be the best idea."
Doctors perceived that their situation will not be any different if they move back to India as all their professional hard work in UK will be lost and their accomplishment will not be recognized in India while challenges remain the same.

DISCUSSION

This study explored that doctors migrate to UK seeking higher specialty training and to work in an advanced healthcare setting. The study has identified important factors of lack of self-respect and insufficient higher specialty training posts for undergraduate doctors in India which was a primary drive for doctors seeking further opportunities. There was a greater push towards any opportunities available worldwide to achieve their needs of higher specialty training and UK seems to be one of the easiest to enter due continuous demand for foreign doctors. Findings from this study are like results shown by George et al,[8] where 76.7% survey participants agreed that achieving higher specialist training was their reason for migration. Inadequate wages were not mentioned as the sole reason for migration by any participants, which is against the common assumption of doctors migrating for better financial opportunities.

Total number of undergraduate medical seats in India is disproportionately high in relation to the number of post graduate seats available. There are 462 medical colleges in India[9] capable of producing more than 50000 doctors per year. Only 39% of undergraduate students are successful in obtaining a post graduate training in India.[10] There is a huge demand for medical education among affluent middle class people in India after globalization due to the potential for migration.[9] This along with the caste based reservation system for higher specialty training created an unfair race towards specialisation among newly graduated doctors.

Doctors were pushed for migration by inherent setting factors of unethical practices in our study. In a culturally similar and geographically neighbour country of Nepal, Sapkota et al,[11] identified similar push factors of lack of recognition, lack of skill development, poor working environment and corruption . Marriage to overseas male was the main reason for female doctors migrating to UK. Traditional Indian marriages are arranged by their parents and family members. Discussion on this feministic perspective regarding migration is a less known area which requires more qualitative exploration.

More than half of our study participants had a higher specialisation degree from India. Loss to the low-income country is more when doctors migrate abroad after their specialisation as they would have utilized their scarce higher education opportunity. Creating favorable environment for the return of doctors migrated abroad could be an opportunity to fill the lacuna for specialized doctors in Indian health system. Competitive private healthcare in India is also known for unethical practices of conducting unnecessary investigations and giving prescriptions above the buying power of common man.[12] This dictating approach by capitalistic investors can cause ethical dilemma for specialist doctors in India. There is also a lack of good work life balance in India irrespective of doctor's experience.

STRENGTHS OF THE STUDY

Being a qualitative study in this setting and its research question were major strengths to this study. Researcher being in the same professional status as participants enabled a deeper understanding of the issues highlighted by participants. Power balance between researcher and participants helped in a smooth flow of thoughts with less inhibition while exploring sensitive issues. Explored feministic factors and views which were culture bound in Indian society were strengths to this study. This paves way for more research in this area.

LIMITATIONS OF THE STUDY

This Study was conducted among participants living and working in UK. Findings of this study should be understood in relation to the setting and specific phase of migration by participants.

PUBLIC HEALTH RELEVANCE OF THE STUDY

This study carries a significant public health relevance to India. There is a general apprehension about migration of doctors from India to UK and US. But, data exploring this phenomenon are scarce. This study gave a glimpse of this migration phenomenon and process that happened inside the medical fraternity. It also highlighted a lot of opportunities where these talents can be tapped back to Indian health system as an enhanced resource rather than lost brains. Significant policy changes are required in India based on findings from this study.

CONCLUSION

Migration of doctors from India to UK is a complex phenomenon which is planned well by doctors before migration by informed decision making. Existing health policies in UK and India alters this dynamic of doctor's migration to UK and back to India. Doctors move to UK due to various system related challenges in India rather than on the sole expectancy of better pay. Recognition at work place, career progression, fairness in the system, ethical practice provision and higher training opportunities in UK were considered as important decision making factors for migration. Bureaucratic approach in health policy making can harm general population due to the nature of services provided by medical professionals across the globe. India should consider the augmented loss during migration due to moving out of female doctors along with their spouse. Limited resource countries like India can tap their emigrated talents by altering their health policies and encouraging participatory approach by their doctors living abroad.

REFERENCES

1. Dodani S,La Porte R.Brain drain from developing countries: how can brain drain be converted into wisdom gain?. J R Soc Med 2005;98:pp 487–491.
2. GMC [Internet].Top 20 countries of qualification. List of Registered Medical Practitioners – statistics c2015 - [cited 2016 Jun 13]. Available from: http://www.gmc-uk.org/doctors/register/search_stats.asp.
3. WHO [Internet].High-end physician migration from India. Bulletin of the World Health Organization. c2016 - [cited 2016 Sep 29]. Available from: http://www.who.int/bulletin/volumes/86/1/07-041681/en/
4. WHO [Internet]. Physicians (per 1,000 people). World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data. c2016 - [cited 2016 Nov 22]. Available from: http://data.worldbank.org/indicator/SH.MED.PHYS.ZS
5. Sharma D. India still struggles with rural doctor shortages. The Lancet 2015;386:2381-82.
6. Giwa A [Internet].Insider/Outsider Issues for Development Researchers from the Global South. University of Sheffield. Geography Compass. c2015 - [cited 2016 Nov 24]. Available from:

http://eds.a.ebscohost.com.liverpool.idm.oclc.org/eds/pdfviewer/pdfviewer?sid=c31d9f84-d088-4821-967a-5608e14e6fbc%40sessionmgr4008&vid=3&hid=4113.

7. Green J & Thorogood N. Qualitative Methods for Health Research (Introducing Qualitative Methods series).SAGE Publications c2009. Kindle Edition.
8. George J, Rozario K et al. Non-European Union doctors in the National Health Service: why, when and how do they come to the United Kingdom of Great Britain and Northern Ireland?. Human Resources for Health 2007;5:1-6. 6p.
9. MCI [Internet]. List of medical colleges teaching MBBS. c2016 - [cited 2016 Nov 22] Available from : http://www.mciindia.org/InformationDesk/ForStudents/ListofCollegesTeachingMBBS.aspx
10. Supe A, Burdick W.Challenges and Issues in Medical Education in India. Academic Medicine 2006: 81;12:1076-80.
11. Sapkota T, Teijlingen E, Padam Sl. Nepalese health workers' migration to the United Kingdom: A qualitative study.Health Science journal 2014;8:57-67.
12. Nandraj S. Private healthcare providers in India are above the law, leaving patients without protection. BMJ 2015;350: 675.