

Does it matter that medical graduates don't get jobs as doctors?

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In 2007, 1300 UK medical graduates were unable to secure training places, and this shortfall looks set to be repeated this year. But is this a betrayal of students' expectations or is this inevitable if patients are to get the best care? Two experts debate the issue in this week's BMJ.

Thousands of young people compete fiercely for medical school places each year because they want to work as doctors, not to gain an expensive general education, argues Graham Winyard a former postgraduate dean.

There are serious risks to medical education if medical school simply becomes a route to a range of future employment, he warns.

However, evidence is growing that several thousand UK medical graduates may not be able to pursue a career in medicine. This is due to a "catastrophic failure in government policy on medical migration" that has resulted in a huge surplus of applicants for specialist training, writes Winyard.

Attempts by the Department to Health to give priority to local medical graduates were thwarted by the Home Office's highly skilled migrants programme that gave skilled people the right to enter the UK job market, he says. Although the entry rules have now been amended, an estimated 10 000–20 000 overseas graduates have already been accepted on to the programme to compete with local graduates.

"Much has been made by the British Medical Association and others of

the importance of abiding by the undertakings made to overseas doctors. It is surely just as important that we keep faith with our own medical students and graduates, whose recruitment and training has been on the explicit understanding that they are needed to work as doctors”, he concludes.

But Alan Maynard, from the University of York, argues that the purpose of the National Health Service (NHS) is to deliver patient care that is compassionate and efficient and not to guarantee the employment of medical graduates.

Medical graduates, like all graduates should only be given jobs if they have the suitable knowledge and personal skills appropriate to their employers' and customers' needs, and within the finite resource constraints of the NHS, he states.

He points out that the inefficiency of health care delivery worldwide means that the market for medical graduates is uncertain. Recent changes in skill mix have added to this uncertainty, he says. For example, the emergence of nurse prescribers, nurse practitioners, and the training of nurses to carry out minor surgery, coupled with tighter NHS resource constraints, have the potential to reduce employment opportunities for medical graduates.

In addition, the recent success of negotiations for increasing pay and making medical graduates more expensive to employ, means that employers will gradually look for economy and changed skill mix, Maynard writes.

He concludes that the government's failure to plan the medical workforce efficiently should not include a responsibility or need to guarantee medical graduates employment.

Source: British Medical Journal

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