

# The experience of Spanish trainees in the UK (1986-1996): a tragedy in four acts

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**In 1986 Spain became a member of the European Economic Community. Since then an increasing number of Spanish doctors have come to the UK seeking specialist training. This article gives a brief account of their experience.**

### HISTORICAL BACKGROUND

The last years of Franco's dictatorship witnessed the increasing strain of the Spanish medical education, specifically that medical schools were producing too many undergraduates. Following Franco's death in 1975, two measures attempting to control this, by then overwhelming, problem were introduced, the 'Numerus Clausus' and the 'MIR' (Ministerio de Sanidad y Educacion, 1978). The Numerus Clausus (Closed numbers) limited the entry of students to medical schools, whereas the MIR (Medico Interno Residente, Resident Trainee) exam restricted the access of qualified doctors to specialist training.

The implementation of the Numerus Clausus led to a gradual reduction of the number of medical students. However, during the late 1970s and early 80s, this made little difference to the overcrowded medical schools and the number of doctors continued to increase. The MIR exam was introduced to limit the access to higher training to a minority of qualified doctors and, to this day, continues to regulate the number of specialists and general practitioners. This exam can be taken once a year and consists of a multiple choice question paper which covers all of the undergraduate medical syllabus.

During the early 80s, only the top 5% taking this exam gained access to further training, including general practice. As a result, the number of *Medicos en paro* (unemployed doctors) reached unprecedented proportions. Since the Spanish authorities have

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been reluctant to quantify the number of unemployed doctors, no official figures could be obtained, but from the early to mid 80s some 25 000 doctors sat the MIR exam every year.

Realistically, this contingent of doctors had only three options: pass the MIR (which may never happen), relinquish their profession (which many did) or gain further training elsewhere and then return to Spain.

### COMING TO BRITAIN

The UK offered interesting possibilities to Spanish doctors. In Britain it was relatively easy to access a training post and fairly difficult to gain access to consultant status. The opposite applied in Spain. Therefore the UK appeared to be the promised land to Spanish doctors. They could get the best of the two systems: the British training and the Spanish specialist post. Initially, only doctors with a reasonable knowledge of the English language explored this option, but it did not take long before the thousands trapped in Spain realized that, even with a poor knowledge English, there were possibilities of obtaining specialist training in the UK.

Thus, figures from the General Medical Council (GMC) show that the number of Spanish doctors registering with this institution has been steadily increasing since Spain joined the European Economic Community (EEC) (Table 1).

### THE BRITISH EXPERIENCE

#### Act 1

Most Spanish doctors assumed that if they met the training requirements of the Spanish ministry of education, a

variable number of years in a recognized training post (Ministerio de Sanidad y Educacion, 1984), this institution would grant them specialist qualifications. Thus, in spite of their rudimentary knowledge of both the English language and the British

**TABLE 1.**  
Spanish doctors registered with the General Medical Council

| Year | New registrations | Total |
|------|-------------------|-------|
| 1986 | 44                | 44    |
| 1987 | 71                | 115   |
| 1988 | 98                | 213   |
| 1989 | 125               | 338   |
| 1990 | 148               | 486   |
| 1991 | 135               | 621   |
| 1992 | 192               | 813   |
| 1993 | 189               | 1002  |
| 1994 | 166               | 1168  |
| 1995 | 151               | 1319  |
| 1996 | 226               | 1545  |

Unpublished data, 1998, Registration division, General Medical Council

### CASE STUDY 1

After two unsuccessful attempts to gain further training via the MIR exam, Dr M decided to use her savings to learn English and then train as a geriatrician in the UK. In 1989 she came to England and enrolled herself on an intensive course in English. After 6 months she began attending a local hospital as clinical attachment, but postponed registering with the GMC until she felt more confident about her English.

Shortly afterwards her world crumbled: her savings were gone and her English remained so poor that she could hardly communicate with professionals, let alone patients. Two months later she returned to Spain.

training system, they took on the tall order of seeking specialist training in the UK.

However, being deprived of their first and often only language caused a massive loss of skills, and this wiped out a significant number of Spanish doctors within the first year (*Case study 1*), in many cases before registering with the GMC.

#### Act 2

Other Spanish trainees survived the loss of their language and held on to a training post for 3–4 years. They then approached the Spanish authorities and requested to be granted specialist qualifications, only to learn that in order to be recognized as specialists they would have to be in possession of the CST (Certificate of Specialist Training), which could only be issued by the British GMC (Brearley, 1992). Given the high standards required from those applying for this certificate (Fellowship/Membership and in some specialities senior registrar experience), the majority of Spanish trainees were denied the CST.

After their initial shock, the hundred of Spaniards training in the UK reappraised the Spanish ministry of education and the GMC arguing that, since the criteria for issuing the CST were modified after they had started their training in the UK (GMC, 1990; Leyva-Leon, 1992), they were not applicable to them. As this position was dismissed by both the Spanish authorities and the GMC, they turned to the Spanish ministry of education. This time they explored the possibility of having their British training recognized in order to be able to join a training scheme in Spain. Given that the Spanish authorities made clear that this was not an option, their initial dialogue became a confrontation.

This confrontation led to the creation of the European Doctors Association (EDA) in December 1992. Approximately 70% of the members of this association, including the President, Vice-president and Treasurer, were Spanish. The EDA aimed to provide support to European trainees through their vicissitudes on

British soil. In the specific case of Spanish trainees, EDA was supposed to put pressure on both the GMC and Spanish authorities for the recognition of their training as specialist qualifications. Unfortunately, the EDA disintegrated itself the following year amid allegations of misuse of funds. Some Spanish trainees have continued to struggle on their own and have taken their cases to the European High Court.

This hopeless situation had a dramatic effect among the already battered Spaniards, and a significant proportion of them gave up and returned to Spain empty-handed (*Case study 2*).

#### Act 3

Only a minority of Spanish doctors decided to continue with their training and try to meet the CST requirements. The implications of this decision were twofold. On one hand a significant proportion of them, failed in their attempt and became stranded in Britain (*Case study 3*).

On the other hand, some Spaniards did succeed and attained the CST. This small group believed that they had done more than enough to return victoriously to a country that was waiting for them with open arms, eager to receive their so laboriously earned skills.

### CASE STUDY 2

Aware of the harshness of the MIR exam, Dr L decided to pursue anaesthetist training in the UK. After many months of English tuition he attained an senior house officer position in 1988. However, he felt so handicapped by his flawed English that he did not even consider the possibility of taking the exams, desperately holding on to the idea that if he completed the years of training required by Spanish legislation, he would be recognized as a specialist.

In 1992, when his request for specialist qualifications was turned down by both the Spaniards and the British, he returned to Spain, convinced that this was too unfair to be true. Following the collapse of the EDA, he took his case to the European High Court where it remains. Since his return to Spain he has survived doing locum work.

Once again their hopes were crushed. On their return they faced fierce competition with Spanish trained doctors for a position within the ‘Seguridad Social’ (Spanish National Health Service), and the misgivings of their employers who had reservations about these ‘foreign specialists’ and favoured Spanish trained doctors (*Case study 4*).

#### Act 4

The latest developments of this evolving tragedy are historical repetitions. First, a proportion of Spanish doctors met the CST requirements after the recommendations of the working group on specialist medical training, the Calman report, were implemented in January 1996 (Department of Health, 1993; Ministerio de Sanidad y Educacion, 1995). The CST became

### CASE STUDY 3

In 1987, Dr B came to the UK seeking psychiatric training. When her English allowed it, she joined a psychiatric rotation and completed the 4 years required by Spanish regulations. When her request for specialist qualifications was turned down, she decided to continue with her training in Britain. Unfortunately she did not get through the exams.

Given that returning to Spain would have meant joining the contingent of unemployed doctors with nothing to show for her 7 years of psychiatric training, she had no option but to stay in the UK in order to work. Since 1995 she has been working as a clinical assistant in England.

### CASE STUDY 4

In 1988, after a year of English classes, Dr S attained a position as senior house officer in ear, nose and throat surgery. After countless difficulties and a great deal of hardship Dr S was successful at the fellowship exam and in 1994, he was granted the CST. Shortly afterwards he returned to Spain and married his long-term girlfriend.

One year later, he remained unemployed and had no prospects of working in the foreseeable future. Following a spell of heavy drinking he tried to kill himself and was admitted to a psychiatric hospital. He remains unemployed.

the CCST (Certificate of Completion of Specialist Training) and the Spaniards were, once again, denied specialist qualifications as they did not meet the additional criteria introduced by this report (Department of Health, 1996). Thus, some years later and after so much effort, this group faced a replication of the choices and problems described under Act 2.

Second, Spanish doctors keep flocking into the UK (over 200 new registrations in 1996), trying to solve the perennial problems of the Spanish medical training and holding on to the myth that after 3–4 years of training, the Spanish authorities will either grant them specialist qualifications or recognize their training experience, endlessly repeating Act 1.

## DISCUSSION

Seeking British qualifications as a solution to the Spanish training problems is, in most cases, a tragedy.

First because the majority of Spanish trainees not only fail to attain specialist qualifications but their training experience is then not recognized by the Spanish authorities, they are also forced to either return to Spain empty handed or to remain in England in order to be able to work.

Second because the few that obtain specialist qualifications face significant difficulties on their return, which in turn deter the most successful among them from going back to Spain. Hence, even the Spaniards holding the highest qualifications are victims of the British experience as they are ultimately forced to choose between their profession and their culture.

Ten years after Spain joined the EEC, Britain continues to absorb significant numbers of Spanish doctors and the Spanish authorities remain oblivious to the difficulties and the distress experienced by the hundreds of Spanish trainees in the UK (Santana and Cabrera-Abreu, 1994). Indeed, they seem to perceive their return as an undesirable addition to the already problematic surplus of Spanish doctors and are, consequently, unwilling to introduce measures to facilitate their reintegration into the Spanish medical system.

Furthermore the Spanish authorities have become aware that exporting unemployed doctors to the UK represents a solution to many of their problems and, therefore, official institutions such as the 'Colegio Oficial de Medicos' (Spanish GMC) have started to encourage unemployed doctors to emigrate to the UK. Thus the number of Spanish doctors seeking British

qualifications continues to increase and the Spanish tragedy continues to unfold. **HM**

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## KEY POINTS

- Since Spain joined the European Economic Community in 1986, an increasing number of Spanish doctors have sought specialist training in the UK.
- Increasing unemployment among qualified doctors and a shortage of specialist training posts have been responsible for this exodus.
- The majority of Spanish doctors have failed in their attempt to attain British specialist qualifications.
- Poor command of the English language and lack of knowledge of the British training system have been responsible for their failure.
- Spanish authorities have been reluctant to facilitate the return of those who have failed but also of those who have succeeded.
- The unsupportive attitude of the Spanish authorities has turned the British experience into a tragedy as, regardless of the outcome, the individuals concerned found themselves in a hopeless situation.