

# Doctors quit dirty NHS for India

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THE influx of thousands of Indian doctors into the National Health Service is going into reverse. Hospitals in India are now said to be cleaner and better equipped than many in Britain and doctors are quitting the NHS to work there instead.

The director of one of India's biggest private hospital chains said he was receiving five job applications a week from NHS doctors and that half his 3,000 consultants were from Britain.

"There's a feeling that India's time has come and there's a huge need for these people to come back," Anupam Sibal, director of the Apollo hospital in Delhi, said yesterday.

Doctors say they are moving to India because of its economy, state of the art equipment, higher standards than the NHS and a better quality of life. In particular, they say hospitals in India, which many Britons still imagine to be impoverished and dirty, suffer less from hospital-acquired infections such as MRSA.

India has no equivalent of the NHS but there has been a boom in private hospitals that resemble luxury hotels, with marble foyers and corridors mopped by an army of liveried cleaners.

One of those who has made the transition is Mahesh Kul-karni, an orthopaedic surgeon, who left Bristol Royal Infirmary after 10 years in Britain. He is now a consultant at the Aditya Birla Memorial hospital in Pune.

"The hospitals are better than in Britain," he said. "This hospital is spotless and clean compared with the old hospitals in the UK, some of which are more than 100 years old. I started in January this year and I have not seen MRSA here yet.

"It's had a lot of investment, and things I couldn't do in Britain I can do here. We have 'clean air' operating theatres [that remove dust from the air], and our intensive care unit here is fully equipped with special monitoring instruments.

“When I went to England 10 years ago, India was 10 years behind Britain. Now there’s hardly any difference.”

Bristol Royal Infirmary defended its record, saying there had been a 35% increase in spending on new equipment and that its latest inspection had found cleanliness was “acceptable”.

Ameet Kishore had worked as an ear, nose and throat consultant in Glasgow Royal Infirmary for 12 years when he moved to the Apollo hospital in Delhi two years ago. Although reluctant to criticise the NHS, which had taught him so much, he said that the new Indian hospitals were cleaner and better resourced.

He contrasted the number of cochlear implant operations that he could perform: at Crosshouse hospital, Kilmarnock, the main ENT centre for the west of Scotland, he was limited to 40 a year; in Delhi he had done 70 in the past six months.

Other doctors cite new European Union rules for their decision to move. Shailendra Magdum, a specialist registrar in neurosurgery at Radcliffe Infirmary in Oxford until he left for India in August last year, said that rules favouring EU doctors over Indians had played a part.

The EU’s working time directive had also lowered NHS standards, he added, by restricting the amount of time that young doctors could spend on the wards.

“For a neurosurgeon to be good you have to spend a lot of time on the wards, but in Britain the working time directive is running down training,” he said.

Although salaries are usually lower in India, doctors are finding that their standard of living is better. Kishore said he lived in a bigger house with a driver, cleaner, cook, nanny and watchman to look after him, his wife and two young children.