Supporting International Medicate Graduates and their Transition into Practice

Ceri Butler

UCL Medical School

ceri.butler@ucl.ac.uk

Introductions…

Objectives

- The workshop looks at:
  - Who are International Medical Graduates (IMGs)?
  - What role have IMGs played in the UK NHS?
  - What are their pathways into employment?
  - What difficulties do they face?
  - How we can support IMGs transitioning to work in the UK?
- Why are we interested in IMGs?
  - Increasing internationalisation of medical workforce
  - Patient safety; serious events; complaints

What we won't get into:

- This is not a workshop to:
  - Challenge the requirements of the GMC for IMGs entering the medical register: the English language test (IELTS) and Professional and Linguistic Assessments Board (PLAB) exam
  - Dig up the debate over discrimination and racism in the NHS and the potential impact this has on non-white UK and non-UK trained doctors
  - Explore the potential bias against non-UK trained doctors in Fitness to Practise cases (in terms of outcomes)

Please stop me and ask questions at any time…

Definitions and Distinctions

- UK trained – attended UK medical school & eligible for UK training & employment
- EEA trained – attended recognised EEA medical school eligible for UK training & employment

(with/out language test)

- International Medical Graduate (IMG) – attended non-EEA recognised medical school. Must pass language and professional exams to work in the UK. In the UK on a time-limited visa (can return 'home') or by marriage.

Definitions and Distinctions cont…

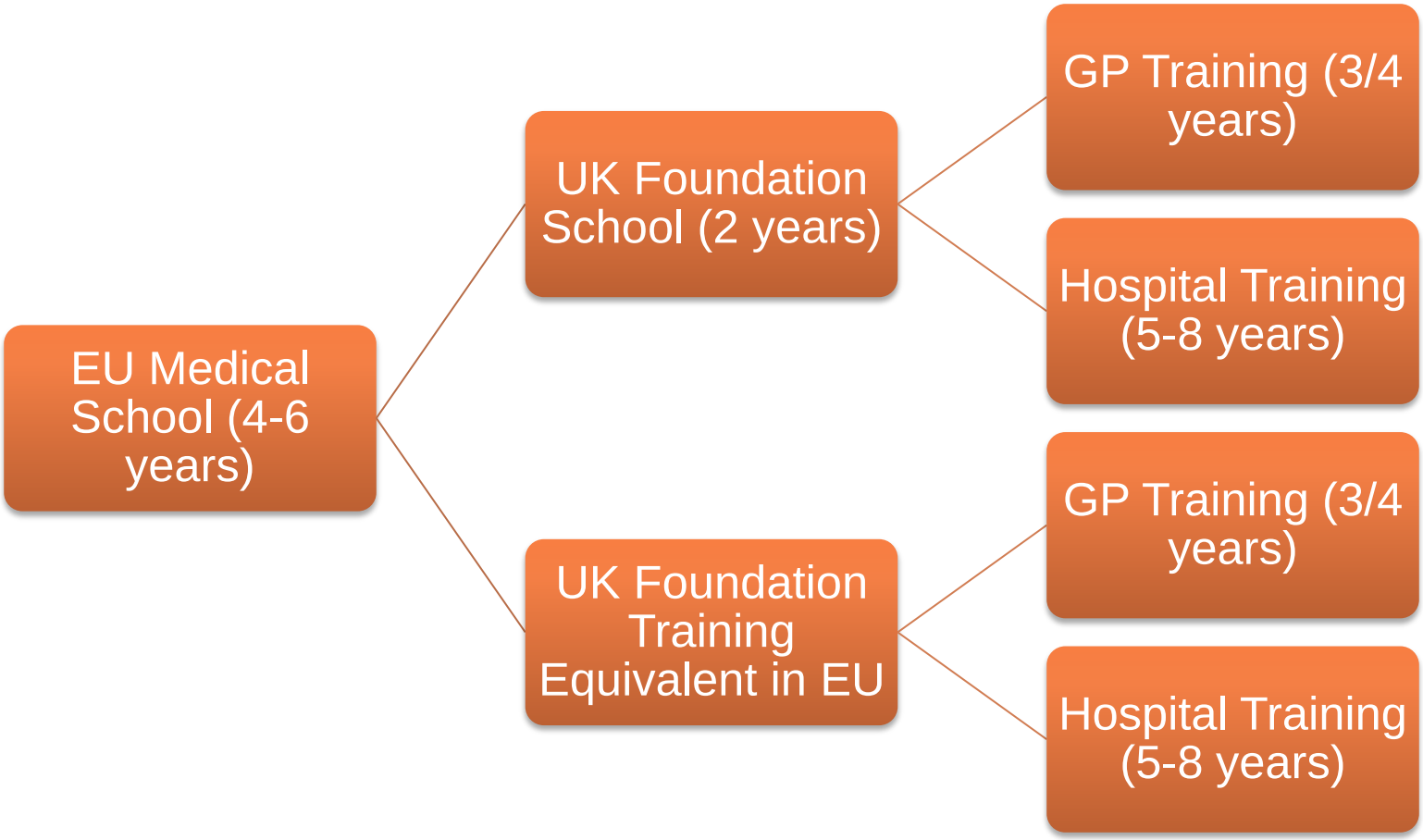
- ‘Refugee’ doctor – someone who has claimed asylum in the UK & happens to be a doctor. Must pass language and professional exams to work in the UK. Once has settled residency has the same entitlement as UK citizen from a work permit perspective.

Overview of IMGs in the UK NHS

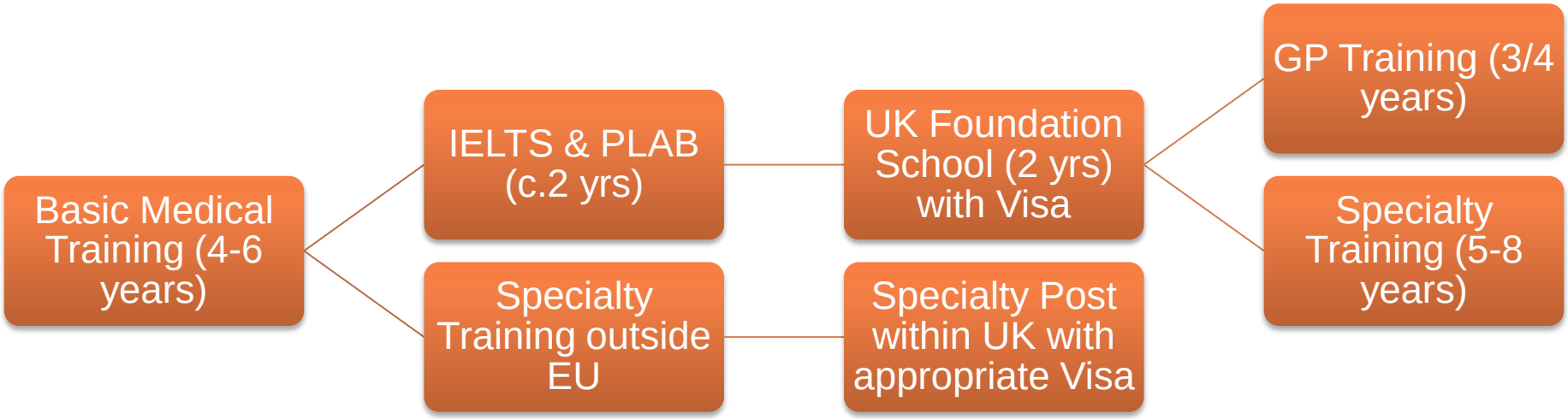
- UK NHS has history of reliance on, yet ambivalence towards, internationally trained doctor in the UK often recruited to fill shortages
- In 2011, 27% of all doctors qualified outside UK/EEA; 10% from the EEA
- % varies by position/specialty eg in 2008, 22% of consultants from non UK/EEA vs 67% of staff grade posts
- Estimates of 2000 refugee drs in UK (BMA)
- c.800 in London, 300 working (Butler, Eversley)

The UK Graduate Training Pathway

The EEA Graduate Pathway in the UK



The IMG Pathway in the UK



What is different about refugee doctors?

- Experience of refugee flight
- UK immigration system slows down settlement
- Loss of professional identity/habitus
- Deep desire to ‘belong’ to UK medical profession
- Stigmatisation through use of ‘refugee’ label
- Age difference: Drs are often 10-20yrs older than others in same training scheme

What difficulties do non-UK trained doctors face?

Difficulties faced by non-UK trained doctors 1

- Practical issues (such as moving to the UK)
- Cultural influences on their working
- A more varied group than UK graduate with ‘less predictable problems’ relating to personal experience, systems and culture
- As UK med ed (UG & PG) becomes more joined up, non-UK trained doctors are less aligned with the NHS when they begin.

(Illing et al 2009)

Difficulties faced by non-UK trained doctors 2

- Lack relevant information about the legal, ethical & professional standards & guidance prior to registration
- Variable levels of training & support in the areas of communication and ethical decision making
- Isolation in non-training posts
- Different emphasis on individual autonomy & shared decision making (with pt)
- Lack tacit knowledge held by UK grads of the context in which the law & guidance was developed. (Slowther et al 2009)

Difficulties faced by non-UK trained doctors 3

GMC State of Medical Education and Practice (2011) summarised the general difficulties faced by non-UK Drs when they start:

- Unfamiliarity with UK systems
- Communication and cultural issues
- Proficiency in English language

Difficulties faced by non-UK trained doctors 4

- Doctoral research into the integration of refugee doctors in the NHS reported that trainers and supervisors identified a similar range of difficulties:
  1. Differing expectations and demands
  2. Different learning styles
  3. System based difficulties
  4. Cultural differences
  5. Language and communication
  6. Personal/health difficulties

(Butler 2013/14)

Let's look at these in a little more detail using data from my study on the integration of refugee doctors in the UK…

1. Differing Expectations and Demands

- Aspirations of trainees:
  - Wanted to *'get on with it'*
  - Wanted to focus on MRCGP before training complete
- Expectations of supervisors/trainers:
  - More difficult/challenging than expected
  - More time taken to support
  - Some very different to 'normal' VTS doctors:

    'Some wanted to be spoon fed maybe because they hadn't been practising for very long or had been out of practice for a while' (Hospital Cons)

    'the broad spectrum we are not familiar with' (GP Trainer)

2. Different Learning Styles

- Location of initial medical training very influential
- Didactic vs Socratic
- Book heavy:
  - *'she didn't do MCQs and spent all of her time reading books. I told her not to and I think she's got the message…'*
- Most challenging: oral and video work; case based learning

3. System based difficulties

- How the NHS ‘works’
- How to refer patients (unfamiliarity with system and local consultants)
- The idea of a multidisciplinary ‘team’
  - *‘…not knowing how to use them and I mean, what is the appropriate use and very much more wanting to do things herself..’*
  - *‘we had very good reception staff and there had been one or two incidences where she felt she was being undermined by them’*
  - *‘He was a little dictatorial ... towards these people’*

4. Cultural Differences

- Doctor-centred care vs patient-centred care:
  - *'She had worked for about 5-6 years as a GP in Iran which is a very different culture. The doctor is King and the patient does what they're told and so this was a big change.'*
- Top-down hierarchical approach:
  - *'I have had to argue with her not to call me Dr X so there certainly is a very hierarchical nature to her'*
- Gender dynamics:
  - Difficulties *'working in teams where the senior members of the team were female'*

5. Language and Communication

- Written language more difficult than verbal:
  - Problems with *'the idiosyncrasy of the English language'*
  - *'I did not expect to be correcting their English'*
- Communicating with patients:
  - Too much jargon and technical language
  - *'there were also problems in terms of patient understanding and maybe not understanding her explanations. She found at first explaining things to patients very difficult. Not that they were inappropriate explanations …'*

6. Personal/Health Difficulties

- *'…it wasn't that he wasn't capable, he had the knowledge but his health affected him and he was older that all the rest.'*
- *'the experiences they went through as a refugee were very traumatic… there was evidence of post traumatic stress disorder'*
- *'she was very unsympathetic towards patients and when we explored that further a lot of it was "well they're lucky, what have they had to cope with?" '*
- *'… with different family members in different parts of the world a significant number of whom were financially dependant on her…'*

With these difficulties in mind, how can we support IMGs transitioning to work in the UK?

Reaction from the GMC

- Doctors should have tailored support to help them overcome the challenges they face at different stages of their career. This could include mentoring, careers advice and inductions.
- To help ALL doctors new to practice in the UK, they are piloting an induction scheme to help doctors understand the standards expected of them.

Support strategies adopted 1

- Structured Induction, Objective setting, Appraisals
- Learning Needs Assessment
- More intensive 1:1 relationship than other SHOs:
  - *'I've tried to teach him a lot of things that he cannot get out of a medical textbook'*
- More protected supervisions/tutorials
- Permitted longer consultations for longer (GPT)
- Longer de-briefing sessions, more 'chats'

Support strategies adopted 2

- Focused on communication skills, role play, case based discussions
- English language support:
  - *'I looked at myself as an English teacher and I commented on it several times but I should probably have been more of an English teacher…'*
- Allocated a nurse mentor in hospital environment
- Ensuring eager trainees not 'dumped on' by colleagues
  - *'there has been a little bit about not letting her almost be exploited by others'*

This is just the beginning... More could and should be done to support IMGs and non-IMGs facing difficulties in their transition to practice in the UK

For more information….

Illing, J et al (2009). The experiences of UK, EU and non-EU medical graduates making the transition to the UK workplace. Final report to the Economic and Social Research Council.

Slowther A et al (2009) Non UK qualified doctors and Good Medical Practice: the experience of working within a different professional framework. Report for the General Medical Council. University of Warwick

Butler C and Eversley J (2007) Guiding their way: assisting refugee health professionals The Clinical Teacher: 4 pp 146-152. Blackwell Publishing.

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