



Doctors' Transitions to the UK Workplace



**Jan Illing
Newcastle**



**Charlotte Kergon
Newcastle**



**Gill Morrow
Newcastle**



**Bryan Burford
Newcastle**

Background

In common with other developed countries, the UK depends highly on doctors who have not graduated from one of its own medical schools. Of over 230,000 doctors on the UK's General Medical Council's (GMC) List of Registered Medical Practitioners in 2009, 37 per cent received their primary medical qualification outside the UK.

Previous research has highlighted that overseas doctors experience a range of difficulties including

- ❖ social and cultural isolation
- ❖ language and communication difficulties
- ❖ financial problems
- ❖ discrimination
- ❖ higher risk of referral to NCAS and GMC fitness-to-practise hearings

Aims

In this study, we aimed to:

- ❖ Examine and compare the experiences of UK, EU and non-EU doctors making the transition to the UK workplace; and
- ❖ Identify factors which help or hinder this transition.

What We Did

Quantitative data

❖ We analysed questionnaires administered to newly appointed doctors before they began work (EU n=12; non-EU n=68; UK (in a separately funded study) n=480). The UK cohort consisted of new graduates from Newcastle, Warwick and Glasgow medical schools.

❖ We also sought feedback via a questionnaire completed by the clinical teams working with new doctors: 64 working with UK graduates and 19 with non-UK graduates.

Qualitative data

❖ We conducted telephone interviews with doctors before they started work and after 4 and 12 months in work (EU n=14; non-EU n=52; UK n=65).

Findings

New UK doctors see themselves as less prepared to recognise and manage acutely ill patients than do newly appointed non-UK doctors

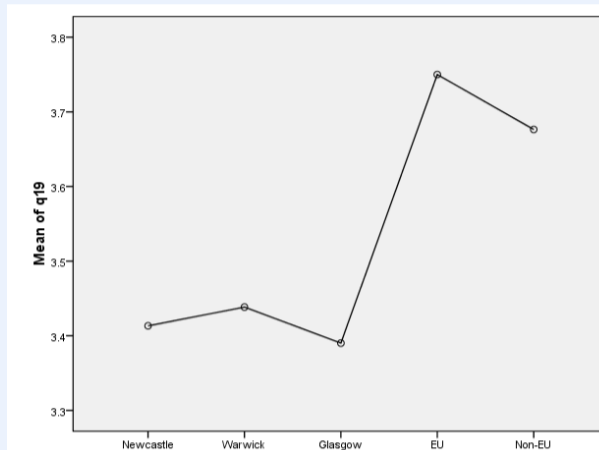


Figure 1

New UK doctors see themselves as more prepared to apply knowledge of how social and psychological factors impinge on patients' health

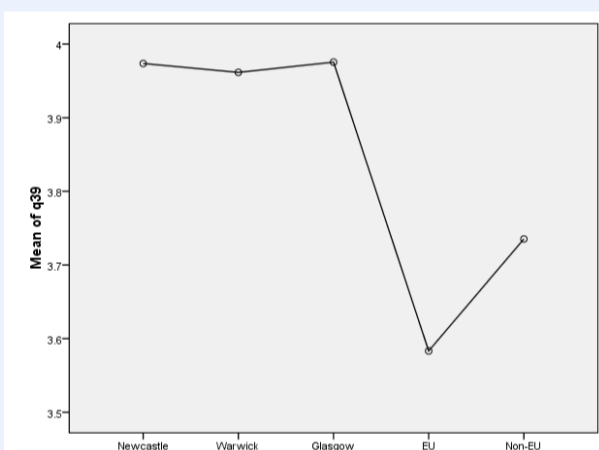


Figure 2

From telephone interviews of new doctors

It's a very different way of practising things and you share responsibility for patient care much more than you do back home (non-EU, Nigeria)

We've been drilled into the multi-disciplinary thing quite a lot since the past 5 years so yes we are quite aware of the team working thing (UK, Glasgow)

In Romania it's a more autocratic society...the doctor is boss... [in the UK] you're part of a huge team and have to ... try to negotiate all the time with others (EU, Romania)

Cohort questionnaire

- ❖ Overseas doctors felt prepared in more areas of clinical practice than UK doctors (Figure 1);
- ❖ UK doctors felt more confident in social and psychological aspects of care (Figure 2);

Clinical team questionnaire

- ❖ UK doctors were more prepared for history-taking and communication. Non-UK doctors were more prepared for acute management and had a greater knowledge of anatomy.

Telephone interviews

- ❖ Overseas doctors reported various levels of prior experience, and a number of differences in culture and healthcare systems (see quotes).

Overall themes

- ❖ Overseas doctors reported the following factors that can hinder transitions: a long gap before starting work; lack of exposure to clinical practice in UK; lack of information about living and working in UK; lack of support and feedback.

- ❖ We identified a number of factors that can help transition for overseas doctors: clinical attachments; induction to life in the UK and to clinical practice, to NHS systems and the culture, roles and responsibilities found in a hospital ward; longer shadowing periods; ongoing support and feedback.

Policy recommendations

- ❖ These factors should be taken into account to develop targeted induction and mentoring schemes for overseas trained doctors and to provide education and development for other staff to encourage cultural awareness and foster a supportive environment.

Find out more...



For more information contact Jan Illing
(j.c.illing@newcastle.ac.uk)

www.publicservices.ac.uk

