

#### An International Workforce

#### **International Medical Graduates**

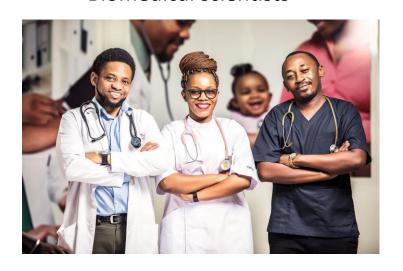
A Doctor who has qualified outside of the UK

GMC is using a different definition:

A Doctor who has qualified outside of the UK
But also outside of the European Economic Area (EEA)

#### Internationally Trained Healthcare Professionals

Nurses
HCAs
AHPs
Pharmacists
Biomedical scientists



A-E	F-I	L-P	R-S
<u>Austria</u>	<u>Finland</u>	<u>Latvia</u>	<u>Romania</u>
<u>Belgium</u>	<u>France</u>	<u>Lithuania</u>	Slovakia
<u>Bulgaria</u>	<u>Germany</u>	<u>Luxembourg</u>	Slovenia
Croatia	Greece	<u>Malta</u>	<u>Spain</u>
<u>Cyprus</u>	<u>Hungary</u>	<u>Netherlands</u>	Sweden
Czech Republic	<u>lceland</u>	<u>Norway</u>	Switzerland
<u>Denmark</u>	Ireland	Poland	
<u>Estonia</u>	<u>Italy</u>	<u>Portugal</u>	

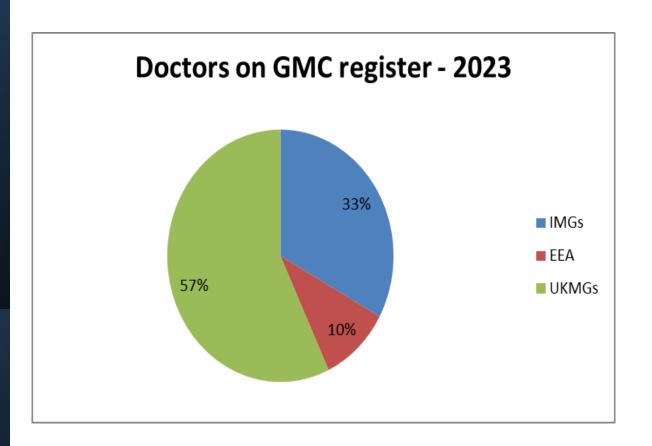
#### What is in the European Economic Area?

Different route onto GMC register
May not do PLAB
May not do English language test

## "1 in 3 doctors in the UK are International Medical Doctors"

National data

**Doctors** 



Real number is 43%

## Who may be an IMG?

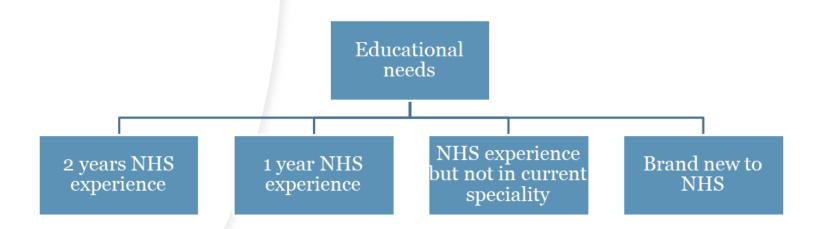


- Simple answer: You don't
- Educationally:

When do you stop being an IMG?

MEMs given information about trainees who have worked in the UK for 2 years or less.

Non training grades require a CV review



### Our International Workforce

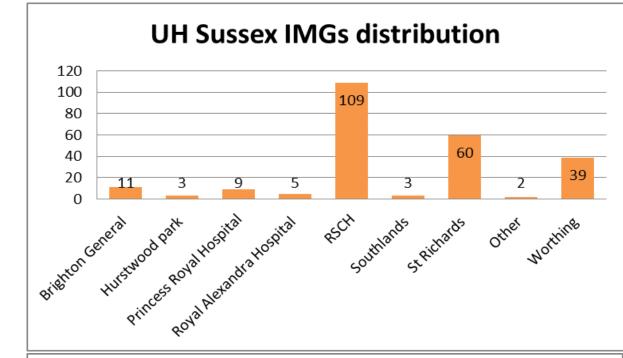
241 Junior Doctors currently

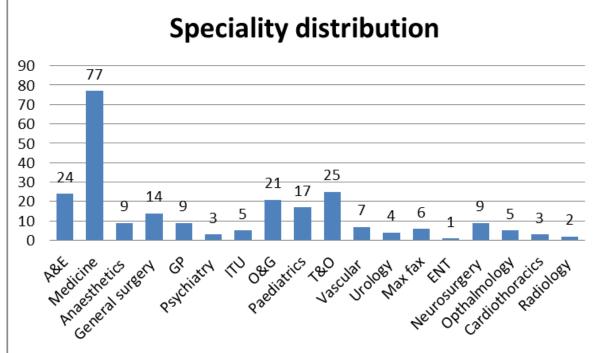
44 AHPs since 2023

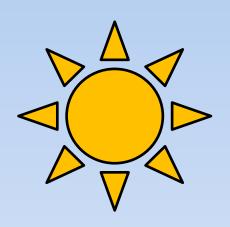
980 Nurses employed since 2021

# Breakdown of Doctors within UHS

How true are these numbers?







#### The IMG Journey

Career progression

New experiences

Financial security



Legal documents

Set up online GMC account

PLAB part 1 - £240 – not done in all countries

English proficiency exams

- IELTS £195
- OET £320

Job application process

Interview preparation

VISA application ££

EPIC verification process- for GMC licence (takes 45-90 days) £165



Arrangements for family

Travel arrangements

Accommodation

Moving costs

**Emotional time** 



**Arrive in UK** 

PLAB part 2- only sat in UK £875 +/- Courses

GMC registration £408

BMA – free for 1<sup>st</sup> year as IMG. £40/month after

MDU/MPS



New home

New language

New culture

New family set up

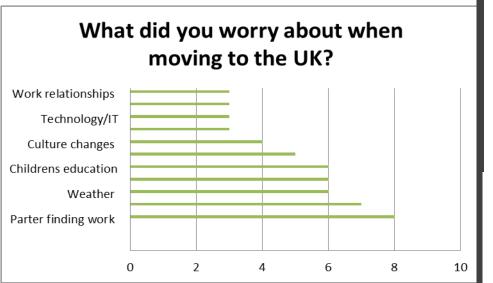
**New job** 

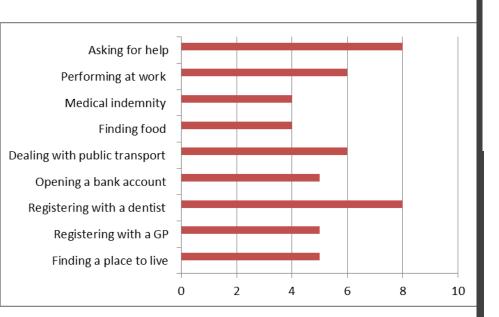
New friends

New (or no) transport

New hobbies









#### Racism within the NHS

Fig 1: The four fields SYSTEMIC **INDIVIDUAL** INSTITUTIONAL **PERSONAL** Organisational policies INTER-PERSONAL A person's beliefs or and practices that actions that serve to perpetuate oppression. The prejudiced perpetuate oppression. interactions between STRUCTURAL - Conscious and people. How these effects unconscious - Externalised and interact and accumulate internalised across institutions - and through history.

71% complained of racism at work

25% were left without support when patients were racist

63% had greater degree of scrutiny



# TOO HOT TO HANDLE?

WHY CONCERNS ABOUT RACISM ARE NOT HEARD... OR ACTED ON



33% faced rudeness from colleagues

52% weren't offered development opportunities

49% were denied promotion

# UH SUSSEX INTERNATIONALLY EDUCATED NURSES AND AHPS

### Examples of good practice – nationally

UHSx AHP IR work presented and shared nationally for NHSE.

NHSE Pastoral Quality
Mark awarded to
UHSx for IR of Nurses
and AHPs.

### Good local practice – AHPs within UH Sussex

Onboarding process

Pastoral support

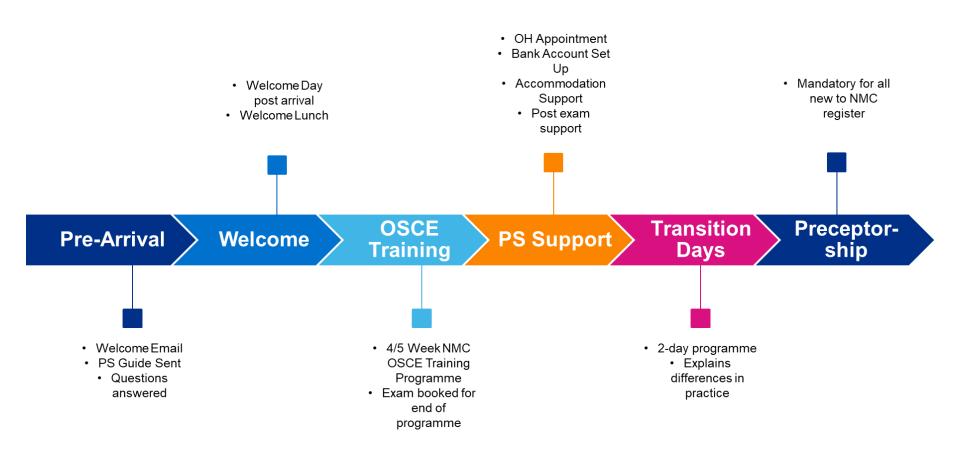
Training for recruitment, job adverts, interviews

**Trust Induction** 

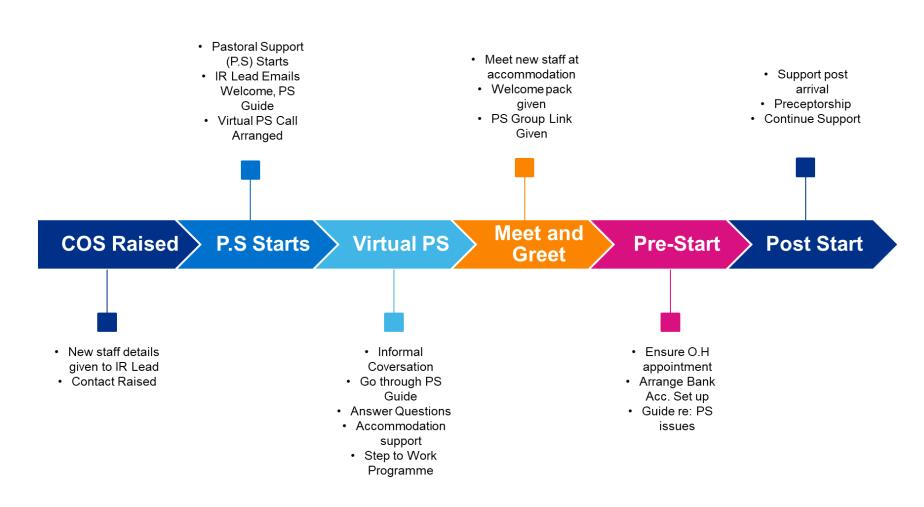
'What-apps', community building

Troubleshooting for AHPs and their trainers – IR Toolkit

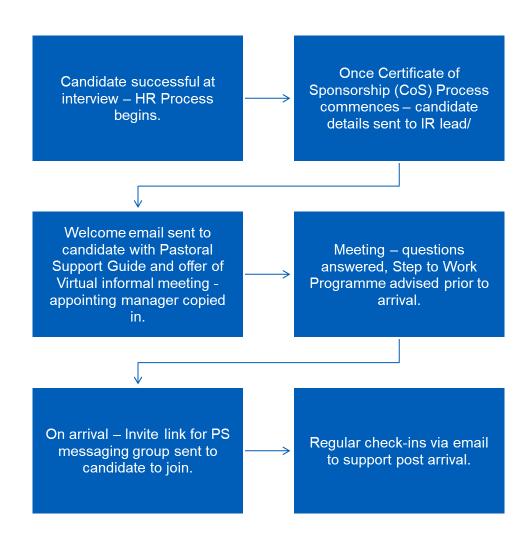
# Internationally Educated Nurse Timeline



### Comparison with AHPs timeline

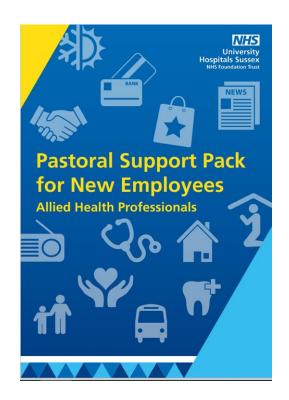


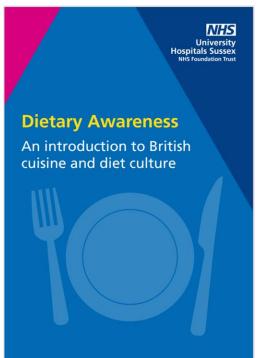
### International AHP Pastoral Support



## Pastoral Support & Dietary Guide For New Staff







From the feedback obtained, our international staff find it difficult with many things that we take for granted. This can be from where to shop, how to get a bus, where to live and how to open a bank account.

We have created a Pastoral Support and Dietary Guide for all new staff full of information and links to help them find all these processes easier. This will be sent to them with the offer of a pastoral support call once they have accepted their jo offer giving plenty of information to digest prior to arrival.

#### **AHP Preceptorship**



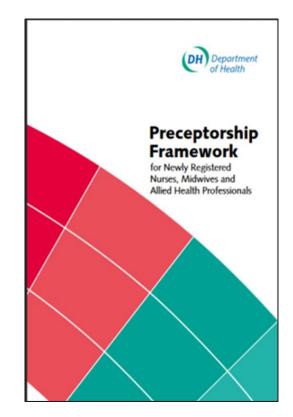


'A period of structured transition

for the newly registered practitioner during which he or she will be:

- supported by a preceptor,
- to develop their confidence as an autonomous professional,
- refine skills, values & behaviours
- to continue on their journey of life-long learning."

(DoH, 2010)







#### What's in the programme?

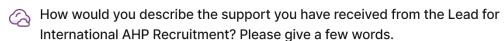
	Module Theme
1	Introduction and well-being
2	Communication
3	Reflective practice
4	Maximising safety
5	Ethics, accountability & decision making
6	Inclusive practice
7	Quality improvement & research
8	Facilitating learning
9	Looking ahead





#### **Feedback Received on Pastoral Support**

- "Thank you for your amazing work. I talked to our new staff yesterday, and they were so grateful for all your excellent advice and kind help".
- "You were brilliant and made them feel very welcomed and prepared them comprehensively for the next steps".
- "Speaking with you too has progressed my plans a whole lot. I absolutely have the best support with my relocation. I am grateful for your kindness".
- Thanks for everything, I'm really overwhelmed, I appreciate every step of your kind support.
- Thank you so much for the support, I feel at home already.

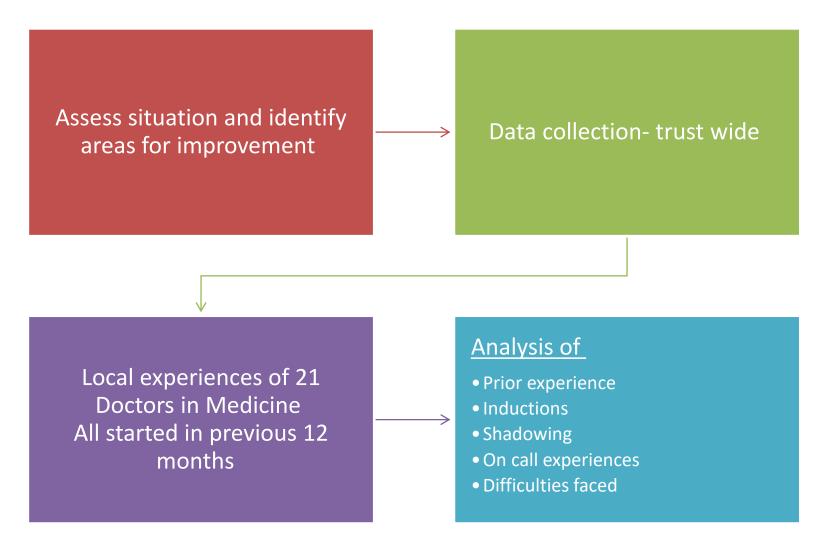


Wordcloud Poll ☑ 9 responses ⇔ 9 participants



# IMPROVING EXPERIENCES OF DOCTORS

## Chief Registrar Project



## **Key Findings**

- Wide range of experiences
- Higher number new to NHS than previous years
- Same "system" in place whether NHS experience already or brand new to NHS
- Difficulties with Induction HR and departmental
- Shadowing periods not well defined
- Skills not always assessed prior to working on call



## IMG Clinical Orientation Programme

Prior to start date

#### 3 months prior

Welcome Email
Important contacts

#### 2 months prior

Shadowing programme set

Rota built

Specialty allocated

#### 1 month prior

Simulation course set up

Induction date HR

Medicine Induction date

Supervisor allocated

Workbook sent out

**Buddy allocated** 

# IMG Clinical Orientation programme

At point of starting job

1st day

1st week

End of clinical orientation programme

**HR** Induction

Medical induction

Tour of hospital

Confirm supervisor met

Welcome to whatsapp groups

Started workbook

Access to all IT logins

Completed Workbook

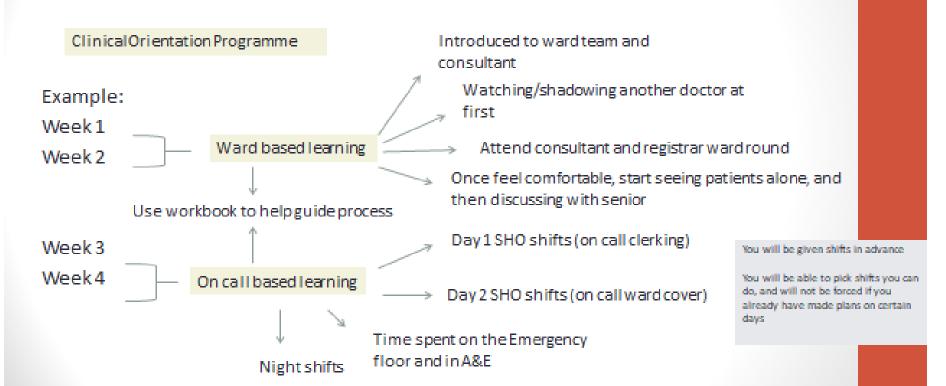
Experience in ward and EF/on call shadowing

Feedback from supervisor

Signed off to start on call rota

## Example of shadowing

# Starting as an International Medical Graduate at St Richard's Hospital



## **Shadowing Categories**

Category	CV assessment	Recommended minimum timeframe
1	1 year or more in NHS in MEDICAL job	None required
2	Previous NHS experience, but doesn't meet category 1	Clinical Orientation Programme  2 weeks ward  2 weeks EF and on call shadowing
3	Brand new to NHS	Clinical Orientation Programme  4 weeks ward 2 weeks EF and on call shadowing
4	BAPIO doctors	Clinical Orientation Programme  2 weeks Ward  2 weeks EF and on call shadowing

What must be included at Induction?













#### Minimum Standards

Appropriate support from CS and ES

HR team aware of details of IMG's, including travel plans and arrival at accommodation Housing/banking/salary/IT/transport/basic utilities Initial food supplies/shopping/restaurants Peer support - IMG buddy and groups Necessary information about Trust and department Paid shadowing period Register with GP and dentist, setting up council tax and bills Support and information about immigration, family visits GMC and medical indemnity Local religious centres, schools, green spaces and local area Routine feedback from IMGs Establishing a local or regional IMG office

#### IMG Iris module

- Dr Rayanna Pereira
- Dr Sarah Beckley
- Joseph Laffan

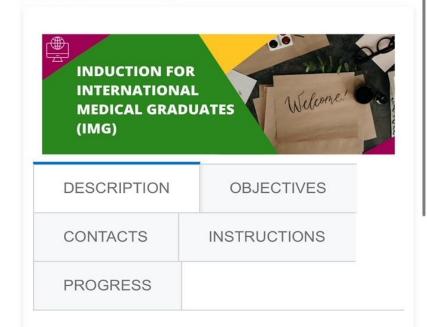
All doctors, any specialty

Focus on those new to UK and NHS

Meets majority of minimum standards

### Induction for international medical graduates (IMG)

Collapse all Uncollapse all



International Medical Graduates (IMGs) form a significant proportion of the medical workforce within the NHS. When they first arrive in the UK, this group of doctors may face challenges both professionally and personally, many of which are linked to communication.

This resource will primarily support IMGs as they adjust to UK norms of interaction and enable them to build productive professional relationships.  Dedicated Induction talks for medicine at WGH and SRH

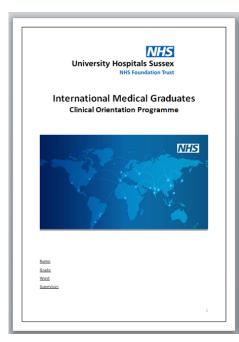
#### International Medical Graduates Medicine Induction

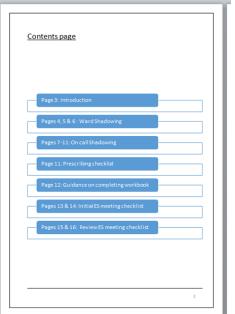
Worthing Hospital

 Expand to cover all IMGs- especially those new to NHS who start in training post

### International Medical Graduates Medicine Induction

St Richards Hospital





Clinical Orientation Programme Workbook

Ward sign offs
On call sign offs
Procedures
Prescribing

Meticaning and Variang International Medical Graduates – A guide to Industrian for IMNs recounted to the NHS

#### **APPENDIX 3**

#### Initial ES meeting Checklist for new IMG Doctors

This checklist aims to support IMG doctors who are either newly arrived in the LK or have been verified in the LK for less than 12 months. This Checklist should be used by the Educational Supervisor (appointed by the employing Trust) at their first meeting with the IMG trainee/locally employed doctor. This checklist covers areas of specific needs of new IMGs, as per feedback from previous IMGs and experienced educational supervisors. It is expected that this checklist will act as a driver for new international doctors to engage in focussed discussions with their educational supervisors, to build professional development plans and to undertake additional training to address their learning needs.

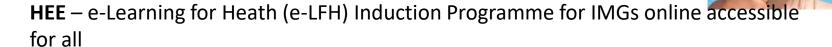
It is the responsibility of IMG doctor upload this checklist on their ePortfolio/appraisal platform

Name of IMG/International Doctor	
UK Address	
Name of the base Hospital/Surgery	
Date of starting Job	
Planned date of finishing post / last date of visa (if applicable)	
Name of Educational Supervisor	
Name of IMG Lead or contact person in PGMED	
Name of Clinical Director	
Date of this meeting	
Does the trainee need advice re any practical issues (housing, bank etc.)?	
Welcoming & Valuing IMG NHS Induction programme discussed including language & communication induction	
GMC's Welcome to UK Practice booked	
eLearning resources on eLfH orguk discussed	
Departmental induction discussed / completed	
Trust's Mandatory Training Discussed / completed & access to learning hub	
Peer Buddy offered & allocated (Name)	
AoMRC's MTI Starter Form completed (if applicable)	
Membership of medical defence organisation	
IMG handbook provided	
Previous Experience	
Does the trainee have any concerns about their work?	
Shadowing & supernumerary period agreed followed by ES meeting	
Immediate supernumerary exposure required in which areas?	

# So.... What do we do well and not so well for Doctors in training in UHSx?

**GP School** are leading the way.

- Enhanced Induction mandatory 2 days
- Planned into the rota and released
- "Knowing me knowing you" survey before starting (TPDs)



**Funding** for all IMGs - all specialities for enhanced shadowing/induction – prior to commencing – poor uptake

**New starters** - KSS Deanery list of all new to the NHS – data quality poor

**Trust support** – "silo" working " - excellent work and support across specialities – now being brought together (Geriatrics, Paeds, O&G......)

**Communications** - WhatsApp support groups for all IMGs – AHPs and Medics

And of course, all the work that has been mentioned earlier!

# What are the possible impacts of a lack of poor induction to the NHS/Trust?

#### Can have significant consequences across various aspects of healthcare:

#### Patient safety

- Unfamiliarity with local policy and Clinical pathways Increase the risk of medical errors
- Compromise patient safety due to not understanding NHS policies and processes in the UK differences in their home country.

#### Clinical and patient outcomes

- Insufficient training and orientation
  - affect the clinical competence
  - leading to suboptimal patient outcomes
- Patient delays in diagnosis and treatment if not well-integrated into the NHS.

#### **Education and training**

- Less confident and engaged in their work, affecting long-term career prospects
- Important part of the NHS workforce (look at previous numbers).professional development is crucial.
- Hinder their ability to adapt and integrate into the system, impacting overall training and progression.

#### Cost pressures

- Additional supervision, remedial training, and oversight if not supported at the outset (see this is lot in GP where IMG numbers are high)
- Increase staffing costs (supernumerary time, locums etc).
- Medical errors resulting from inadequate induction and possible legal action (worst case scenario)





#### The road ahead?

- Survey for ALL doctors to complete before joining-Background, Skills assessment, Individual needs assessment
- Improve the use of funding within 3 months of commencement (except for FY1s due to a timebased programme) to provide:
  - Clinical Orientation programmes to support skills and competency
  - Provision of backfill to teams to support supernumerary time
- "One stop shop" IMG platform on Iris
  - Improved onboarding process
  - Pastoral support Pack everything you need to know
  - Trust Induction enhanced to support/buddy system
  - WhatsApp', community building
  - Team of support champions (PGME, Leads and Supervisors)

#### Take homes



UNDERSTAND JOURNEY
AND PROCESS FOR UK
WORKING



COMPLEXITIES
OF ONBOARDING
AND PASTORAL SUPPORT



HOW TO MAKE A
DIFFERENCE IN YOUR
DEPARTMENT



FUTURE AIMS AS A TRUST