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Working in the NHS: International Doctors' Perspective

Sara Belal

MBBS4, MPH, BA Pyschology

St George's University Hospital, London, UK

Introduction

Working in the UK as a doctor is a dream for many international medics across the globe. Indeed, working in a healthcare service that is free at the point of delivery, and that aims to treat patients and employees equally is the ideal environment for doctors to achieve the promise they make when they take the Hippocratic oath.

As international medical graduates (IMGs) enter the workforce, we are often faced with two parallel experiences, one that includes all the ups and downs that all junior doctors find themselves experiencing while working in the NHS, but also another kind of experience unique to foreign graduates. The data shows that IMGs perform worse in post-graduate medical exams and are more likely to require training extensions in comparison to their UK-born colleagues. Furthermore, IMGs are more likely to receive complaints, with these complaints more likely to lead to sanctions or warnings[1].

This essay highlights some of the key challenges and experiences faced by IMGs working in the NHS, shedding light on issues such as rotational working, bullying and harassment, challenges with the training pathway, racism and discrimination, and the support available for IMGs. Ultimately, it underscores the need for improvements in the system to retain the valuable doctors who have long aspired to serve in the National Health Service.

Challenges with rotational working

Getting used to a new system is, obviously, challenging for anyone working in a new job. It must be kept in mind that this challenge is almost continuous as a junior doctor. Even if you get used to the system, what services can be offered, and what guidelines should be followed, those parameters change significantly from one hospital to the next. The nature of a junior doctor's job means we often find ourselves being moved from one hospital to the next, just when we feel comfortable enough in our environment. The nature of the training system has become such that we often have little control over where we get a job. It can be difficult to adapt in a short time for any doctor.

Although it can have its positives, such as learning new techniques, a variety of demographics and diseases, it can have its toll. It is not surprising, therefore, for doctors both local and international to take more gap years out of training, as a locum or doing clinical fellow jobs to stay in the area they want to live in, where their support system is, or until they could get a training job in the area that is desired. This can take years, and it could be disheartening and demotivating, often resulting in junior doctors changing career goals to get the life balance and get the choice to live where they want.

Bullying and harassment

One challenge that some doctors face that is less spoken about is bullying. This is important because the impact of bullying is profound, not only on the victims themselves (leading to feelings of depression, anxiety and burnout) but also is associated with poorer quality of healthcare services and patient care[2]. It is something experienced by many juniors in their respective fields. However, as doctors can be considered "junior" for a long time in the UK, and as the work environment can be stressful at all levels, the exposure can be subtle and prolonged. When I first started as a doctor, I was encouraged to handle stress with the "stiff upper lip" method by some of my senior colleagues and even penalised when I tried to escalate issues. Many of us fear doing this, as we feel we are at the bottom of a totem pole where it is easy to get blamed. Having supportive supervisors who listen and help address the bullying is essential, and in my experience, an educational supervisor who takes your complaints seriously and is not dismissive can make a great impact on one's experience as a junior doctor. Recognising that being vocal about this issue while feeling safe and not being reprimanded for it is imperative for a healthy working environment. Bullying is a pervasive issue within the NHS, and it is well established that doctors who are from ethnic minorities are more likely to face bullying in comparison to their white peers[3].

Challenges with the training pathway

Unfortunately, training is becoming less appealing for many of us due to the shape specialisation is taking in the UK. Specialising is a very important method of career progression for junior doctors. With a frozen salary for many years, lack of stability in the area we work in, and having a trajectory to aim for, often can be the sole motivator for doctors. It has become a centralised process that could at times disregard previous experiences we have.

For international medical graduates, it is particularly important, as some may be even consultants back in their country. Applying for those specialities here can feel arbitrary and this makes them change to easier, more attainable specialities. It is important to emphasise the reduced number of training numbers for many specialities and funding, as well as the need for consultants in all specialities in the UK. Training programs themselves are a great method for doctors to ensure safe practice under supervision and attain a certain standard. However, some programs have simply become centred around service provision rather than learning and teaching, with limited opportunities outside of the acute settings. This of course varies from area to area and hospital to hospital. With the pressures of an increasing number of patients and a reduced number of doctors, it is an expected change.

Racism and discrimination

Institutional and covert racism can very much be a type of bullying that both international and national doctors experience, in some instances, daily. One example is when one of my colleagues kept being called by another doctor's name who was from the same ethnicity. When the consultant doing this was confronted, he replied that the two colleagues looked the same and that he could not be bothered to learn both names. Such instances can be considered small, but the accumulation of their occurrence can have a deep impact on an individual who is already under pressure in a highly demanding environment.

Support available for IMGs

Most IMGs struggle to build connections to get observerships so that they can renew their knowledge. There are some charities and programs that can be helpful in helping IMGSs learn English and prepare for exams. Bridges Program in Scotland is an example of an excellent program that helped me and other refugee doctors I know to navigate the system and arrange observer-ships for us.

Another such scheme is the pan-London Professional Support Unit (PSU), which offers a range of schemes to help IMG doctors move safely to working in the NHS, ensuring both patient and doctor safety. The Clinical

Apprenticeship Placement Scheme for refugee doctors places post-PLAB refugee doctors in funded supernumerary foundation year 2 posts and provides a targeted educational programme[4]. Schemes such as these have been shown to be beneficial for increasing the number of IMGs who return to work or join training programs[5]. Further targeted support schemes are necessary to support the careers and development of IMGs.

Conclusion

All the above compounded with increasing pressures of seeing more patients, brutal rotas, lack of safe areas and offices for juniors to work in or rest in, and pay issues highlighted by the British Medical Association (BMA) has led to an increased number of doctors with burnout. The problem was amplified by the COVID situation. A survey conducted by the BMA found that two-thirds of doctors reported symptoms of depression, anxiety, stress, and burnout related to or made worse by work. Of these, almost half said their condition was worse after the pandemic[6].

I worked on the front line in ITU during the first two large waves of COVID. I saw comradery and hard work that has re-inspired me and made me grateful to be part of this team of people who put in one hundred per cent effort with reducing resources. It truly highlighted why many doctors strive to work here. But the pandemic also revealed that self-care and work-life balance are important, recognition of the importance of a doctor's worth is also important so that they can offer more of themselves and care in return.

In conclusion, creating better training programs, increasing funding for speciality training, taking complaints of bullying and harassment seriously, and providing a stable and supportive work environment are essential steps toward retaining the doctors who have long dreamed of serving in the NHS. By addressing these challenges and supporting IMGs, we can ensure that the NHS continues to provide high-quality care to patients while fostering a welcoming and equitable environment for all doctors, regardless of their country of origin.

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