

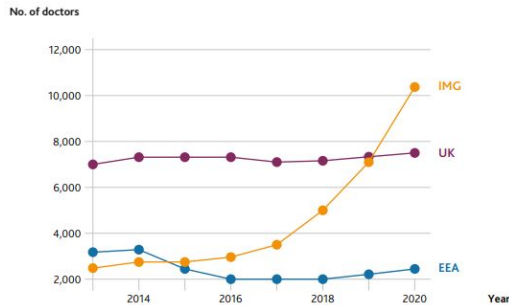
Developing an Enhanced Induction Process for International Medical Graduates in the NHS

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Background

The National Health Service (NHS) has struggled with adequate staffing and retention of doctors despite meeting local graduate quotas every year². This has led to an increased intake of international medical graduates (IMGs), both from within the European Union (EU) and outside of it¹. What hasn't, however, kept up with this influx is a structured framework for ensuring the integration of doctors who are not familiar with the UK healthcare system³.



As we know, the NHS itself is a complex hierarchical structure with many layers⁴. Given this, a 'one size fits all' approach for providing this induction would be inappropriate. Thus, we are proposing a standardized framework for an 'enhanced IMG induction' process which would allow individual trusts/organizations within the NHS to 'fill in' their own blanks.

Objectives

- To find out prevalent good and bad practices in the current induction system for IMGs.
- To get ideas on the areas for improvement.
- To find an association between clinical attachments or pre-NHS clinical work experience with better induction outcome.
- To find any organization undertaking exemplary induction for IMGs.
- To chalk out different topics to include in the enhanced induction process.

Methodology

We conducted a retrospective survey among the international doctors working at Derriford Hospital, Plymouth.

These were doctors of all grades, with experience ranging from internship to many years of post graduate pre-NHS work, currently in trust grade, training, SAS, or consultant roles at Derriford Hospital.

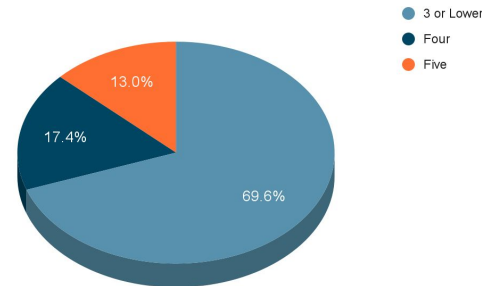
The survey contained a questionnaire with multiple opinion scale questions along with free text answers.

Results

69% of the respondents rated their first NHS induction as a 3 or lower out of 5.

44% of the doctors did not receive a separate departmental induction when they started.

More than half of those surveyed did not receive a supernumerary/shadowing period to understand their clinical roles better. This was the most common response to the free text question of- "What would you have liked to have been taught/seen?"



When asked, "Do you think you would have benefited from an enhanced induction?", 91.9% responded with a "Yes". Some words that repeatedly came up when answering, "What would you have liked to be taught/seen?" were 'shadowing period', 'clinical guidelines & policies', 'medical emergencies', 'organization of the NHS' etc.

Discussion

The findings indicated that IMGs at Derriford Hospital had variable induction experiences when they started out in the NHS.

73% of the respondents had no clinical attachment/observership experience in the NHS prior to starting their clinical role. In comparing these two groups (with and without attachment experience), we found no significant difference (33.33% and 29.41% respectively) in their rating of the induction experience of ≥ 4 .

23% of the doctors had <1 year of experience before starting in the NHS; 23% had 1-3 years and the remaining 54% had >3 years of experience. This survey showed that doctors with more pre-NHS experience felt that the induction process overall was not that helpful.

The options that were the least chosen when asked "What went well during the hospital induction?", were 'revising clinical skills and use of equipment (e.g. defib)' (11.7%) and 'being told who to contact, when, and how to contact them' (12.6%).

The least chosen options when asked "What went well during the departmental induction?" were 'being told who to contact, when and how to contact them' (13.7%) & 'being told how to make referrals and request investigations' (13.76%).

The literature search by Jalal et al. on overseas doctors in the NHS⁵ established that there were unique hurdles to the IMG struggle, and that in order to mitigate them, stated that there were several suggestions that could be undertaken, of which one was, "A mandatory national induction programme for overseas doctors complemented by existing local hospital inductions will help."

The first recommendation from GMC's 2019 'Fair to Refer?' report⁶ was, "Employers should provide every doctor with effective induction and ongoing support that reflects national standards with enhanced induction for doctors who are new to the UK, new to the NHS or at risk of isolation in their roles."

Conclusions

It is evident that despite there being a general (though not structured) induction in place for doctors starting in a new hospital, it has been shown to miss the mark when it comes to taking into consideration the needs and expectations of international doctors. Many of these doctors will also be new to the NHS as a whole, and require an individualized enhanced induction process in order to facilitate their transition.

Without ensuring these basic measures at the beginning, we risk alienating a much-needed addition to the health workforce and potentially open the door to poorer patient-doctor relations and outcomes. Not only that, but having these measures in place would greatly strengthen the NHS as a whole by creating a solid and uniform workforce.

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