

**Non UK qualified doctors and Good Medical Practice:
The experience of working within a different
professional framework**

Report for the General Medical Council

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Executive Summary

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Executive summary

Background

The UK has a high number of Non UK qualified doctors working in its health care system. Previous work has suggested that ethical decision making in health care varies across different jurisdictions and cultures. Doctors coming to work in the UK may be faced with different social and cultural practices and an unfamiliar health care system, both of which will shape their experience of ethical practice. Information provided prior to working in the system may not be sufficient to prepare them for what this actually means for them in practice.

Study aims

The overall aim of this study was to explore the experience of doctors who have qualified outside the UK in working within the ethical regulatory framework of 'Good Medical Practice' (GMP, GMC 2006), and to make recommendations to the GMC regarding the necessity for developing specific approaches to assist doctors qualified outside the UK in their transition to practising within this framework.

Methods

The empirical study used both quantitative and qualitative research methods to understand the knowledge and practice of Non UK qualified doctors. The primary research sample was drawn from the GMC registration database of doctors who had registered between 1st April 2006 and 31st March 2008 and stratified on the basis of country of qualification.

Interviews were conducted with twenty six doctors who had qualified outside the UK and were now working in a range of specialties and at different levels within the NHS.

A questionnaire survey was sent out to 3911 doctors and was completed by 106 Non UK qualified doctors and 30 UK qualified doctors providing data that allowed for some comparison with the experience of UK qualifiers who had also recently commenced work in the NHS.

Interviews with fifteen key informants involved in training and support for Non UK qualified doctors provided a further perspective on the difficulties faced by Non UK qualified doctors in their transition to working in a different regulatory framework.

A web search was conducted for information available to non UK qualified doctors in relation to professional practice in the UK. These included professional organisations, post graduate deaneries, NHS sites and organisations offering training for the Professional and Linguistic Assessment Board (PLAB) test. Resources and support for refugee and asylum seeker doctors were also identified.

Findings

The main information, training, and support available to Non UK qualified doctors wishing to work in the UK has little emphasis on ethical and professional standards but focuses mainly on practicalities of immigration, registration, availability of posts and, where required, passing the relevant examinations. None of the websites that a doctor seeking to work in the UK might access, including the GMC website, have clear signposting to the ethical standards required of doctors in the UK that would be easily apparent to a Non UK qualified doctor. Therefore it is unlikely that most Non UK qualified doctors will have accessed information on ethical standards and guidance prior to registration with the GMC. The main source of information for these doctors is the copy of 'Good Medical Practice' (GMP) that they receive on registration. However this is not always either read or understood and can be seen as difficult to interpret in the realities of day to day practice.

Other than provision of literature, there is limited opportunity for training for Non UK qualified doctors prior to registration, or on entering the NHS workplace. Training for PLAB is not compulsory and can be of variable quality. Experience of induction courses for Non UK qualified doctors following registration was generally favourable but the availability of these courses is patchy and appears to be decreasing.

Recognition of the ethical, legal and cultural context of UK health care does not actually happen until doctors are working in practice, even if they have good pre registration training. There is a perceived need for training and/or support alongside clinical practice, either in protected clinical attachments or more generally during initial posts so that links can be made between experience and theoretical guidance.

Many Non UK qualified doctors find a distinct difference in the ethical framework in which health care is practised in the UK compared to their country of qualification. The main contrast is in the model of doctor patient relationship. The emphasis on individual autonomy and patients' rights in the UK and the degree to which this is articulated and regulated in formal legal, ethical and institutional policies. The concepts of individual autonomy, duty of confidentiality, and informed consent to treatment are recognised as important by all doctors but the level of importance given to them in the UK was a surprise to many Non UK qualified doctors.

The experience of dealing with ethical dilemmas in practice is similar for both UK and Non UK qualifiers. Dealing with poor practice in colleagues is difficult for both groups and is the area where there is least clarity about what is the right approach. Concerns include absence of support outside the clinical team, negative consequences for the doctor reporting poor practice, and frustration that even if poor practice is highlighted nothing is done about it.

Many Non UK qualifiers identify having concerns about communication on entering practice in the UK. These concerns range from difficulties with subtleties of language and dialect to misunderstandings of the nuances of non verbal communication and social and behavioural norms. Training in communication skills was identified as particularly useful in the induction programmes attended by some Non UK qualifiers.

There is a clear difference in the perception of Non UK qualified doctors on how supported they feel in practice depending on whether or not they are in a formal training post. The lack of an established peer network for Non UK qualified doctors particularly in the initial stages of employment increases the isolation experienced by many in an unsupported clinical environment.

Many European doctors have similar difficulties with communication or lack of familiarity with the shared decision making model of health care to their non EEA counterparts.

Conclusions and Recommendations

This study identified a number of difficulties experienced by Non UK qualified doctors in their transition to practice within the UK ethical and professional regulatory framework. These include a lack of relevant information about legal ethical and professional standards and guidance prior to registration, variable levels of training and support specifically in the areas of communication and ethical decision making, and isolation in non training posts. The key difference between Non UK qualifiers and UK qualifiers is the emphasis on individual autonomy and shared decision making between doctor and patient which is the current norm in the UK and the contrast with their experience of a more paternalistic model of the patient doctor relationship in their country of qualification. Non UK qualifiers are presented with the guidance and regulatory frameworks but lack tacit knowledge held by UK graduates of the context in which the law and guidance was developed. Provision of specific information and educational resources prior to registration, accompanied by in practice support would help to develop a more effective understanding of GMP and its implications for practice in the UK. A number of recommendations have been made to facilitate this:

- 1. Development of a web based portal for ethics information prior to registration for Non UK qualified doctors, hosted by or supported by the GMC.**
- 2. Development of specific resources to support Non UK qualified doctors in practice, including information about the cultural context of the UK professional regulatory framework.**
- 3. Provision of appropriate, formal induction for Non UK qualified doctors to include specific consideration of the legal, ethical and social context of health care in the UK.**
- 4. Further development of mentorship schemes for all Non UK qualified doctors, including those from the EEA, during the first two years of employment, building on current pilot schemes for refugee doctors.**

The full report is available on the GMC website:

http://www.gmc-uk.org/about/research/research_commissioned.asp