

The experiences of UK, EU and non-EU medical graduates making the transition to the UK workplace. *Dr Jan Illing et al.*

Rationale

Developed countries draw heavily from the developing world for medical professionals, and international mobility among doctors and nurses is a marked feature of health care systems today. The transition from training to the work place is challenging for all doctors but those who have trained in a different country may face a number of additional barriers, from language and cultural problems, to feelings of isolation in a new environment, financial problems, and discrimination, which in turn may affect their performance.

Of over 230,000 doctors on the GMC's List of Registered Medical Practitioners in 2009, 37 per cent received their primary medical qualification outside the UK. Understanding the challenges they may face could inform policies and processes that will ease this transition into the UK workplace and ensure the safety of patients.

Methodology

In order to examine and compare the experiences of UK, EU and non-EU doctors this project involved both quantitative and qualitative data collected from questionnaires and interviews.

Quantitative data: Questionnaires were given to newly appointed doctors before they began work (EU n=12; non-EU n=68; UK (in a separately funded study) n=480). [full report on the UK cohort available at www.gmc-uk.org]

Further questionnaires were completed by the clinical teams working with new doctors (64 working with UK graduates and 19 with non-UK graduates).

Qualitative data: Telephone interviews were undertaken with doctors before they started work and after 4 and 12 months in work (EU n=14; non-EU n=52; UK n=65).

Implications/conclusions drawn for the GMC Key findings:

Quantitative data:

- Overseas-qualified doctors felt prepared in more areas of clinical practice than UK doctors;
- UK-qualified doctors felt more confident in social and psychological aspects of care.

Qualitative data:

- Overseas-qualified doctors identified differences in structural elements of healthcare delivery (professional roles, care pathways, interprofessional working), as well as relationships (patient-centred care, professional hierarchies). Other issues arose in knowledge gaps (around language and knowledge of equipment), while practical difficulties outside the workplace were also identified.

Implications for the GMC

Although the differences identified had not caused major problems for our sample, they constitute areas of potential risk for a wider population of incoming doctors and so patient safety. The issues are not limited to the population studied here – there are many more senior doctors moving to the UK for the first time each year, who will experience the same transitions and so benefit from similar support. Conversely, the sample of UK graduates

identified some similar issues of unfamiliarity and practical difficulty when making the same transition.

The GMC as regulator has a central role, but some things will be the responsibility of employers or other stakeholders.

The GMC may play a central role in developing a joined-up approach to the support of overseas-qualified doctors, ensuring they are not disadvantaged on arrival in the UK. Potential solutions at three stages of the doctors' transition to the UK are identified:

- Support and information before arrival in the UK – information resources, clear timelines, 'what to expect'
- Support on starting work – induction tailored to overseas doctors, timed to fit with immigration requirements
- Support in the workplace – buddying/mentoring, increased cultural awareness from other staff.

The NHS workforce comprises doctors, nurses and other professionals who may have qualified in a number of countries and systems - a multi-professional approach may therefore provide greater dividends than focusing just on migration of the medical workforce.