

## *Understanding Trainee International Medical Graduates in Anaesthesia*

**Conflict of interest:** *The author came to England 26 years ago as an overseas doctor. He has been a College tutor, appraiser, RITA assessor and overseas doctor advisor. He is an elected member of the council of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and Bernard Johnson Advisor (Overseas Doctors) of The Royal College of Anaesthetists (RCOA), London. The views expressed in this article are solely of the author and do not reflect the views of AAGBI or RCoA.*

### **Diversity and the NHS**

Most countries have increasingly diverse populations in terms of race, language, religion and culture. The National Health Service in the United Kingdom employs such a diverse group of people and has depended on visiting doctors for many decades. The UK is also an established destination for visiting trainees, including anaesthetists, from all parts of the world, although changes are occurring which will make this more difficult in the future. It is predicted that NHS will require the services of non-UK qualified doctors until 2010 and will then have an adequate supply of home medical graduates.

International Medical Graduates (IMGs) wish to come to the UK because of the reputation of the British model of higher medical education and UK specialist qualifications. They may have already met UK-trained teachers during medical training in their home countries and used British textbooks. Other reasons may include lack of opportunities in training and employment and the social or political situation in their home countries. Although visiting trainees receive training and provide unquestionably good service to the NHS, they may have particular problems and many go through financial hardship and stress.

### **Requirements for working as a doctor in the UK**

Doctors who wish to practise medicine in the United Kingdom must be registered with the General Medical Council and possess satisfactory immigration status.

#### *Registration*

One of the registration requirements for all doctors who qualified outside the EEA is that they must show that they have the necessary

knowledge of English by obtaining a satisfactory score in the International English Language Testing System (IELTS) which is conducted in many countries. Doctors must then pass the two-part examination of the Professional and Linguistic Assessment Board (PLAB). Part 1 is also conducted in many countries but part 2 only in the UK. Those accepted on the Overseas Doctors Training Scheme and certain other categories of doctors may be exempted from the PLAB examination provided they obtain a satisfactory score in various sections of the IELTS.

#### *Immigration status*

IMGs coming to the UK must obtain satisfactory immigration status. Immigration laws are complex and subject to inconsistent interpretation. From 3rd April 2006 doctors and dentists in postgraduate training are considered for immigration purposes to be in employment rather than in training. Permit-free training is no longer available and those who don't have right of residence in the UK or EEA require a work permit to undertake employment. This will only be issued if the post cannot be filled by a doctor with right of residence in the UK or EEA. Those who come to the UK to take PLAB must use the remaining time on the PLAB visa to seek a suitable training post. The immigration rules are very clear that one must leave the UK if employment is not obtained unless appropriate immigration status can be obtained. Many IMGs come with a visitor or student visa. Change of immigration status costs money, and the constant threat of deportation causes stress.

Any existing leave to remain will continue, so a doctor in training can continue in their current post and take up any further training posts until the leave expires. Interpretations of interim immigration rules are difficult. Some doctors have Highly Skilled Migrant Programme (HSMP) status which is a point based assessment of skills and achievements but interpretation of this rule is also subject to controversy.

#### **Problems before, during and after PLAB test**

Many IMGs have unrealistic expectations about employment prospects in the UK. In their home countries, they often lack information about the NHS training structure and guidance such

as advice about studying for the PLAB examination. They have to find the finances to fund examination fees, travel expenses and living expenses in the UK. Language, climate, food, religion, social and cultural mores may be very different and adaptation to the new environment can be slow.

Obstacles to securing a job may include tough competition, poorly structured curriculum vitae, lack of a local referee, lack of familiarity, and poor interview technique. A clinical attachment may help trainees understand the British hospital environment, improve communication skills, build confidence and acquire local referees, but arranging an attachment can be equally difficult. Some hospitals charge for processing applications for clinical attachments, thus increasing financial pressures. A good hospital induction programme helps – many aspects of life in a UK hospital will be very different to past experience and can be usefully covered during this time.

Many doctors will remain unemployed for a considerable length of time and may have to keep borrowing money from friends and relatives in the hope of finding a job eventually. This leads to further insecurity and stress as well as increasing financial debt.

### **Stress, insecurity and worries during training**

The new and very different work environment, frequent competency checks and worries about passing examinations are the commonest cause of stress for IMGs, but poor communication, cultural differences, attitude & behaviour, family and social priorities and religious conflict also add to the problem.

### *Competencies & examination*

Most doctors have to undergo basic and anaesthetic competency checks in the first three months of the job. Many overseas doctors have additional stresses in that they are likely to be unfamiliar with some UK drugs & equipment. Experienced trainees may feel frustrated at “starting again”. IMGs have higher failure rates in the FRCA examination due to the different system, clinical working practices and poor communication<sup>1, 2, 3</sup>. Many fail to progress after repeated failure at examinations, contributing to low morale and stress.

### *Communication*

Good communication is the key, and confidence is related to ability to communicate effectively with colleagues and patients. Communication is a major issue for IMGs with English as a second language. Even if English is a first language, dialect and accents may vary. It is not unusual for trainees, trainers, and other healthcare professionals to find that sometimes they do not understand each other.



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### *Cultural differences*

Respectful treatment of others is a basic value in all cultures<sup>4</sup>. Cultural differences may lead to misinterpretations. Trainees may show respect to their seniors during emergency and difficult situations by taking a less active role – in the UK this may result in trainees being labelled as uninterested or unassertive. Many doctors are timid and introverted and wrongly labelled as hesitant or under-confident. They may address patients and staff inappropriately. It is customary in many countries to address the seniors as “Sir” and it may be unusual to have female seniors.

Many cultures do not value time management skills which are deemed essential in the UK. Differences in body language can be striking – for instance, moving the head constantly when a senior is talking is a sign of respect in some cultures, or it may be taken as an offence if one does not stand up every time a senior stands up. Disagreeing with seniors is also seen as disrespect in many cultures - in some countries doctors are considered as gods and are not used to having their views questioned. In other cultures looking directly at the person’s eyes while speaking is considered disrespectful and this may give a UK senior the impression that the doctor is hiding something or not telling the truth. They might have the reputation of seeming rude to patients, nursing staff, and female colleagues as they come from a male dominated society. Some speak very loudly as in some countries it is not unusual for doctors to shout or raise their voice to get work done. Many lack simple etiquette but British culture expects one to say please when one asks for something and say

thank you when the work is done. Some do not listen to others patiently and sympathetically. Many mumble during stressful situations. All this may be culturally normal in the doctor's home country, but failure to adjust behaviour to UK mores leads to misinterpretation.

A local guardian or mentor is known to be helpful in any trainee's career. They must be approachable, respected and a good listener, and a person of similar cultural background may be appropriate, certainly during the initial training period when they may be invaluable in advising with regard to some of the cultural differences as well as career issues.

### *Other conflicts*

Family and social priorities impose further conflict. Many do not spend enough time with family and children due to the demands of duties and studies. Many have limited social contacts as they hesitate to mix with people of other backgrounds, and if their culture or religion forbids alcohol, many social events may be off limits. Religious duties may be of paramount importance for some.

### **Later years in training**

Satisfactory progress in training, appraisal, RITA, audit and clinical complaints are a source of stress for all doctors in training, but especially so for IMGs. After a few years in training if the FRCA is passed and progress of training is satisfactory, the future may look brighter. Considerable social, religious and cultural adaptations usually occur but stress continues as there are conflicts arising from the decision whether to stay in the UK, return home or move to other destinations<sup>5</sup>.

### **Inequality and discrimination**

*Diversity* is about recognition and valuing of differences in its broadest sense<sup>5</sup>. It is about creating a working culture and practices that recognize, respect, value and harness differences for the benefit of the organisation and the individuals. *Equality* is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential - all persons under consideration are treated in the same way. Although diversity and equality are different terms, these are erroneously used interchangeably. Inability to interpret the difference may be one of the reasons of perceived discrimination. Discrimination occurs when a person is treated less favourably than another because of their race, sex or marital status<sup>6</sup>.

Various published research<sup>1, 2, 3</sup> has shown that the IMG is less likely to be successful at work, more likely to fail examinations, and many end up as trainees with difficulties. A disproportionate number face disciplinary action, fail to reach the top of training ladder and many believe discrimination is one of the main reasons.

The NHS has a role to play in overcoming these inequalities by ensuring it is a good employer, and by striving to eliminate prejudice and discrimination<sup>7</sup>.

### **Conclusions**

Many IMGs in anaesthesia will continue to come to the UK for higher training. Finding training jobs has become difficult due to changes in the immigration law and increasingly tough competition. Gathering appropriate information before leaving home countries is essential. Many IMGs go through financial, cultural, social and religious hardship and suffer constant worries and insecurity. It is important to understand and appreciate the difficulties faced by IMGs and increased understanding on the part of both trainers and trainees can only help making the training period pleasant and beneficial for all.

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