Specific challenges faced by NHS overseas doctors and how to overcome them: a quality improvement project

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Introduction

According to the latest GMC data, overseas doctors account for 38% of the total number of doctors registered with a licence to practise, a figure that has increased substantially over the last years.¹ Therefore, overseas doctors represent an important part of the NHS workforce and contribute significantly to the success of NHS services. Despite this, they continue to face important challenges and unique obstacles compared to their British peers, particularly during their first transition years. Some of these challenges are represented by the lack of information regarding NHS frameworks and policies, career progression uncertainties, language and sociocultural barriers, political challenges, and discrimination.^{2,3,4} At the beginning of their careers, overseas doctors are often left to navigate the NHS system alone, with no specific inductions addressing their needs or systematic feedback on their practice. 4 In addition, the majority of overseas doctors work as non-trainees, filling 67.5% of these vacancies, and they account for only 23.2% of doctors in training.¹

Materials and methods

We distributed an online structured questionnaire to 42 doctors working in our trust. The cohort included medical senior house officers and registrars, who had graduated overseas and were employed in non-training posts. We excluded doctors-in-training and consultants. Primary data was further analysed and interpreted using Excel.

Results and discussions

Twelve participants completed the questionnaire. Eight (66%) had been living in the UK for less than a year and 10 (83%) were in their first NHS employment. Nine (75%) were working as junior clinical fellows, while three (25%) had registrar roles. Seven (58%) were employed on a full-time on-call rota. All participants had a clinical supervisor, and 11 (91%) knew where to escalate and discuss their concerns. Seven (58%) participants had ePortfolio access. Only two (16%) participants felt fully supported in their clinical practice, and one (8%) felt they were receiving exactly the same support and opportunities as UK graduates. The vast majority felt that their chances to enter specialty training would

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increase if more support was available, with five (42%) fully agreeing and four (33%) strongly agreeing with the statement. All participants felt they would benefit from a support group, while specific interventions requested were represented by an information-sharing platform and periodic training, mentorship, and career guidance sessions directed towards overseas doctors' needs.

Conclusions

Our project shows that overseas doctors would benefit from specific inductions and support groups tailored to their needs, and which should include regular teaching sessions and peer mentorship.

References

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