

Integrating international medical graduates

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Aims

To create and sustain a tailored support programme and comprehensive online resource hub for international medical graduates in the north-east of England.

Methods

The term international medical graduate (IMG) describes a doctor whose primary medical qualification was gained in a country outside the UK. The NHS relies on a significant proportion of IMGs, with the General Medical Council (GMC) estimating that 37% of registered doctors are IMGs. Despite such high numbers and the important contribution these doctors make, IMGs are poorly inducted, rarely supported and more likely to fail postgraduate examinations and face fitness to practice claims compared with their UK counterparts. Research confirms that challenges faced by IMGs are widely known but interventions in place are limited, generic and do not address the unique experiences and individual needs of these doctors.

A review of literature was conducted with the aim of identifying common challenges faced by IMGs and what support is currently available. The literature review identified a number of existing interventions, which were typically delivered as short, generic inductions with little to no ongoing support. Interventions were not tailored to the unique requirements of IMGs, nor were they implemented following a self-assessment of individual learning needs. By identifying 'problem areas', and recognising the limitations of current interventions, recommendations for more comprehensive interventions can be made to ensure the safe and effective integration and adaptation to the NHS. Alongside this literature review, a questionnaire survey was developed and will be electronically sent to a cohort of IMGs. It will provide qualitative data eliciting the perceptions and experiences of IMGs working in the north-east of England.

Results

Following analysis of the responses to this survey, a tailored support programme and online resource hub will be designed and implemented and its perceived effectiveness evaluated.

Conclusion

Current systems and support in place for IMGs are not fit for purpose and more is needed to avoid the potential pitfalls associated with incomplete integration in to a complex and diverse system. A tailored support programme is required to address the unique needs of these doctors alongside a comprehensive online resource hub accessible to IMGs prior to arrival in the UK. Provision of such a programme will lead to improved communication, better understanding of ethical and professional standards, and cultural and social integration for the individual. This will then, hopefully, reduce the likelihood of said individual failing to progress and/or facing fitness to practice claims. ■

Conflict of interest statement

Nothing to declare.

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