

# Developing an enhanced induction process for international medical graduates in the NHS

**Authors:** Ibreez Ajaz<sup>A</sup> and Mohammad Ibrahim Ivan<sup>A</sup>

The NHS has struggled with adequate staffing and retainment of doctors despite meeting local graduate quotas every year.<sup>1</sup> This has led to an increased intake of international medical graduates (IMGs), both from within the European Union (EU) and outside of it (Fig 1).<sup>2</sup> What hasn't, however, kept up with this influx is a structured framework for ensuring the integration of doctors who are not familiar with the UK healthcare system.<sup>3</sup>

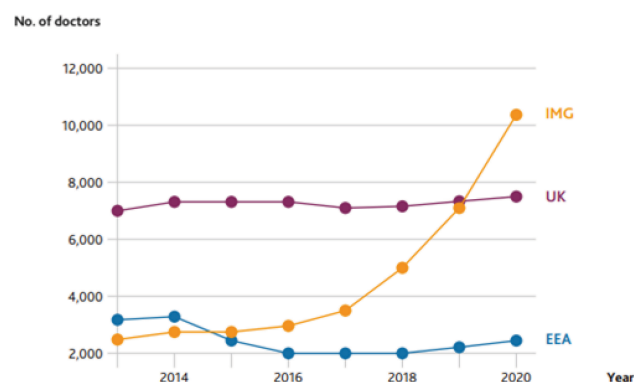
In fact, many international doctors are at a significant disadvantage when they first start their careers as they have very little knowledge surrounding the NHS organisational structure, local clinical and procedural skills, and colloquialisms (to name a few).<sup>3-6</sup> Despite these figures, resources and support for international medical graduates (IMGs) are few and far between.<sup>3,5-8</sup>

It is thus prudent that the creation of a clear and balanced foundation for these new doctors be instituted across the NHS to enable a smooth integration.

We conducted a retrospective survey among the international doctors working at Derriford Hospital, Plymouth. These were doctors of all grades, with experience ranging from internship to many years of postgraduate work, currently in trust grade, training, SAS or consultant roles at Derriford. The survey explored the association of having supernumerary roles/shadowing periods, previous UK clinical attachments, and general knowledge of the NHS as well as if they were offered any support or induction (be it corporate or departmental) before undertaking their posts to delineate if the doctor felt prepared from day one.

69% of the respondents rated their first NHS induction as 3 or lower out of 5. 44% of the doctors didn't receive a separate departmental induction when they started. 92% believed that they would have benefited from a separate IMG-specific induction.

There is ample data outlining the dire need for doctors to sustain the NHS,<sup>9</sup> with projections that there will be a 47% increase in demand for doctors by 2030.<sup>1</sup> This, compounded with the need for more medical students (RCP policy from 2018<sup>1</sup> calculated a need of 2,840 medical students every year for the next 5 years to meet future consultant demands), means that the NHS will need to rely on external graduates to ensure patient safety as well as to maintain a balanced workforce.



**Fig 1.** Doctors taking up (or returning to) a licence to practise, by PMQ (excluding TRE and UK 2020 graduates), from 2012 to 2020.<sup>2</sup>

As we know, the NHS itself is a complex hierarchical structure with many layers.<sup>10</sup> Given this, a 'one size fits all' approach for providing this induction would be inappropriate.

Thus, we are proposing a standardised framework for an 'enhanced IMG induction' process which would allow individual trusts/organisations within the NHS to 'fill in their own blanks'. This should be separate from the main induction or even the departmental inductions that many trusts administer on a yearly basis given the unique topics that would need to be covered. It would also allow for the 'out-of-sync' starting doctors to be included. ■

## Reference

- 1 Royal College of Physicians. *Double or quits: calculating how many more medical students we need*. RCP, 2018. [www.rcplondon.ac.uk/news/double-or-quits-calculating-how-many-more-medical-students-we-need](http://www.rcplondon.ac.uk/news/double-or-quits-calculating-how-many-more-medical-students-we-need) [Accessed 7 February 2021].
- 2 General Medical Council. *The changing medical workforce*. [www.gmc-uk.org/-/media/documents/somep-2020-chapter-3\\_pdf-84686032.pdf](http://www.gmc-uk.org/-/media/documents/somep-2020-chapter-3_pdf-84686032.pdf) [Accessed 7 February 2022].
- 3 Jalal M, Bardhan KD, Sanders D, Illing J. Overseas doctors of the NHS: migration, transition, challenges and towards resolution. *Future Healthc J* 2019;6:76–81.
- 4 Morrow G, Rothwell C, Burford B, Illing J. Cultural dimensions in the transition of overseas medical graduates to the UK workplace. *Medical Teacher* 2013;35:e1537–45.
- 5 Michalski K, Farhan N, Motschall E, Vach W, Boeker M. Dealing with foreign cultural paradigms: A systematic review on intercultural challenges of international medical graduates. *PLoS One* 2017;12:e0181330.

**Author:** <sup>A</sup>University Hospitals Plymouth NHS Trust, Plymouth, UK

- 6 Hashim A. Educational challenges faced by international medical graduates in the UK. *Adv Med Educ Pract* 2017;8:441–5.
- 7 Woolf K. Differential attainment in medical education and training. *BMJ* 2020;368:m339.
- 8 Community Research. *Understanding the nature and scale of the issues associated with doctors' induction (including those returning to practice)*. GMC, 2022. [www.gmc-uk.org/-/media/documents/research-into-doctors-induction\\_docx-83264029.docx](http://www.gmc-uk.org/-/media/documents/research-into-doctors-induction_docx-83264029.docx) [Accessed 7 February 2022].
- 9 British Medical Association. *NHS short of 50,000 doctors heading into winter, BMA research finds*. BMA, 2021. [www.bma.org.uk/bma-media-centre/nhs-short-of-50-000-doctors-heading-into-winter-bma-research-finds](http://www.bma.org.uk/bma-media-centre/nhs-short-of-50-000-doctors-heading-into-winter-bma-research-finds) [Accessed 7 February 2022].
- 10 NHS England. *An introduction to the NHS*. [www.england.nhs.uk/get-involved/nhs/](http://www.england.nhs.uk/get-involved/nhs/) [Accessed 7 February 2022].