BRITISH JOURNAL OF HOSPITAL MEDICINE

ARTICLE

Welcome to the NHS—Evaluating an International Medical Graduate Induction Programme

Kwaku Baryeh[1,*], Syeda Tasfia Tarannum[1], Christina Cotzias[1]

[1]North West London International Medical Graduate Office, Chelsea and Westminster Hospital NHS Foundation Trust, West Middlesex University Hospital, Education Centre, Middlesex, UK

*Correspondence: kwaku.baryeh1@nhs.net (Kwaku Baryeh)

Abstract

Aims/Background International Medical Graduates (IMGs) form a vital part of the United Kingdom (UK) medical workforce. Despite the increasing reliance on IMGs, their experiences of working in the National Health Service (NHS) are poorer than those of UK graduates. We explore whether an induction programme can improve the early experiences of IMGs in the NHS.

Methods At our London NHS Trust, we have established an IMG office to bring together the other acute Trusts in our sector to co-ordinate support for IMGs. We conduct a centralized, monthly, weeklong induction programme, based on the national guidance, to help orientate IMGs to working in the NHS.

Results From our first 8 months, our workforce reported feeling welcomed, valued, more confident and, understanding the NHS better.

Conclusion The initial experiences of IMGs in the NHS can be improved through tailored induction programmes. The longer-term impacts of such interventions require further investigation.

Key words: regional medical programs; peer groups; employee orientation program; qualitative evaluation

Submitted: 6 September 2024 Revised: 17 October 2024 Accepted: 29 October 2024

Introduction

Since its launch in 1948, the National Health Service (NHS) has encouraged and relied on International Medical Graduates (IMGs) to join the United Kingdom (UK) medical workforce. Even as early as 1949 there have been huge international recruitment drives to meet NHS workforce needs (Spiliopoulos and Timmons, 2023). Now, the extensive gap in medical workforce numbers is palpable and the proportion of IMGs joining the NHS is growing more than ever. According to a report by the General Medical Council (GMC), 50% of doctors joining the medical workforce in 2021 were IMGs (General Medical Council, 2022) and in a five-year period from 2018 to 2022, the number of UK medical graduates (UKMGs) joining the medical register increased by 9%; but over the same period, the number of IMGs increased by 45% (General Medical Council, 2023a). A recent long-term workforce review published by NHS England (NHSE) acknowledged that the reliance on IMGs to fill the extensive workforce gaps is unsustainable (NHS England, 2023a). The same review also recognised that even with improved growth and retention of UKMGs, there would be a significant staffing shortage and a continued reliance on IMGs at the end of 2036/37 (NHS England, 2023a).

How to cite this article:
Baryeh K, Tarannum ST, Cotzias C. Welcome to the NHS—Evaluating an International Medical Graduate Induction Programme. Br J Hosp Med. 2025. https://doi.org/10.12968/hmed.2024.0621

Despite the large proportion of IMGs in the workforce, and our reliance on them, finally after almost 75 years there has been national recognition (NHS England, 2022) of the well-known challenges experienced as they acclimatise to life in the UK and working in the NHS (Hashim, 2017). IMGs encounter a variety of challenges when attempting to adjust, such as adjusting to new medical procedures, cultural customs, communication methods, and healthcare systems. This complex transition contributes to a national picture where IMGs have greater numbers of complaints and disciplinary proceedings against them as well as referrals to the GMC (NHS England, 2021). IMGs are also less successful at specialty training applications and passing postgraduate examinations (Bogle et al, 2020; NHS England, 2021; Woolf et al, 2018). These factors may explain why large numbers of IMGs are seeking to leave the UK within their first five years here (General Medical Council, 2023b). Supporting IMGs to adapt to working in the NHS as effectively as possible is essential for optimal patient care, team working and, IMG wellbeing.

The national guidance 'Welcoming and Valuing International Medical Graduates' released by NHS England (2022) made clear recommendations to address the difficulties IMGs face. It emphasises the importance of establishing a robust induction programme to support the transition of IMGs to working in the NHS. This has been further reinforced by the Medical Workforce Race Equality Standard (MWRES) follow-up report which also highlights the need to "develop and implement a locally delivered standardised induction for IMGs" (NHS England, 2023b). The NHS equality, diversity and inclusion improvement plan, as one of its high-impact actions, states organisations should "implement a comprehensive induction, onboarding and development programme for internationally-recruited staff" (NHS England, 2023c). These policy positions leave no doubt as to the importance of induction in integrating and supporting IMGs into the NHS.

Our London NHS Trust has been passionate about supporting IMGs for many years. Having been a pilot site for the 'Welcoming and Valuing' guidance (NHS England, 2022) development, we continue to grow our IMG offer. We established a sector-wide IMG office to work collaboratively with our Acute Provider Collaborative (APC) Trusts. One of the primary functions of the IMG office is to provide a robust orientation and induction to new IMGs starting their NHS journeys in the sector. By coming together and working collaboratively we avoid replication and augment the offer to our incoming IMGs.

Since November 2022, we have been conducting a monthly, weeklong IMG induction programme. This paper evaluates the progress made over the first eight months of the programme.

Methods

In August 2023 our IMG Office was established via collaboration with the other acute Trusts in our sector. Using our previous experience, gained from supporting IMGs, we developed a tailored weeklong IMG induction programme, which was piloted in November 2023. The programme runs daily, Monday to Friday from 09:00 to 17:00 and is delivered by an experienced faculty of sector-wide consultants

Mon 15/4/24	Tues 16/4/24	Wed 17/4/24	Thurs 18/4/24	Fri 19/4/24
09:00 – 09:30 Welcome and Introductions	09:00 –10:30 Documentation and Discharge Summaries	09:00 –10:00 Duty of Candour	09:00 – 10:30 Appraisals, Revalidation and Reflection	09:00 – 12:00 Simulation
09:30 –10:00 Current IMG Experience				12:00 – 13:00 Portfolio development
10:00 –11:30 Basic Life Support	10:30 – 10:45 Break	10:00 – 10:45 Breaking Bad News		
11:30 – 11:45 Break			10:30 – 10:45 Break	
11:45 –12:45 Pastoral Support	10:45 –12:00 Consent and Capacity		10:45 –12:45 Human Factors	
12:45 – 13:00 Medical Defence Organisation session				
13:00 – 14:00 Lunch		10:45 –11:00 Break	12:45 – 13:15 Medical Union Session	13:00 – 14:00 Lunch
	12:00 – 12:45 Common Abbreviations and Colloquialisms	11:00 – 12:00 Audit and Quality Improvement	13:15 – 13:50 Lunch	
	12:45 – 14:00 Lunch	12:00 – 13:30 Lunch + opportunity to attend GMC portfolio pathway session		
14:00 – 17:00 GMC Welcome to UK Practice	14:00 – 15:00 ISBAR	13:30 –16:30 End of Life Care	14:00 – 16:00 Cerner Training	14:00 – 15:30 Induction Close, Summary and Networking
	15:00 – 16:00 Compassionate leadership			

Fig. 1. Example induction programme. Figure created using Microsoft® Word 2016 (version 16.0.5452.1001, Microsoft Corporation, Redmond, WA, USA). UK, United Kingdom; GMC, General Medical Council; IMG, International Medical Graduate; ISBAR, Introduction, Situation, Background, Assessment, Recommendation.

(from a variety of specialties), postgraduate education fellows (with a senior fellow specifically experienced in IMG education), simulation and resus teams, junior doctors (offering practical tips and tricks) as well as external contributors such as the GMC, Medical Protection Society (MPS) a medical defence organisation and the British Medical Association (BMA). Over the course of the week, a wide range of sessions are delivered, covering topics that are important to assist with a smooth transition to working in the NHS. These include pastoral support, duty of candour, simulation sessions and communication skills practice (Fig. 1). The GMC London team have offered support and have delivered a Welcome to UK Practice (WtUKP) session within most of the induction programmes to date.

To evaluate the programme, the IMGs are asked to complete two surveys voluntarily and anonymously (Appendices 1 and 2). The first is completed during the first session of induction week (ideally IMG induction week should be their first day) to explore their experiences prior to starting work in the NHS; the second is to explore their thoughts having been through the programme. The surveys were in part inspired by the 'Welcoming and Valuing' national guidance (NHS England, 2022) and were designed to evaluate our performance using the guidance as a benchmark.

Each programme has been adapted month on month to maximise the IMG learning experience and to respond to the needs identified from the feedback received.

Results

Demographics

There have been eight iterations of the induction programme between November 2023 and June 2024. One hundred and thirty-one doctors with primary medical qualifications (PMQs) from 35 different countries have attended (Fig. 2). PMQs from Pakistan (22 doctors) and India (22 doctors) were the most common representing 34% of all attendees.

On average, 16 doctors attended each programme (4–33) with IMG doctors recruited to positions in Emergency Medicine the most represented, accounting for 35.11% of attendees (Table 1).

Pre-Employment Findings

One hundred and fifteen attendees (115/131), representing an 87.8% response rate, completed the pre-work survey. The majority of doctors had either attended (75/115, 65.2%) or booked (7/115, 6.1%) to attend the GMC Welcome to UK Practice (WtUKP) course.

Of pre-employment difficulties experienced, doctors found opening a bank account (43.48%) and finding accommodation (66.36%) extremely difficult or difficult (Table 2). The median self-reported preparedness for starting their job on an 100 point scale (0 being not prepared at all and 100 being completely prepared) was 60 (range 9–100).

The question 'What would have helped/could help you feel better prepared for starting your job?' resulted in answers broadly covering: support finding accommo-

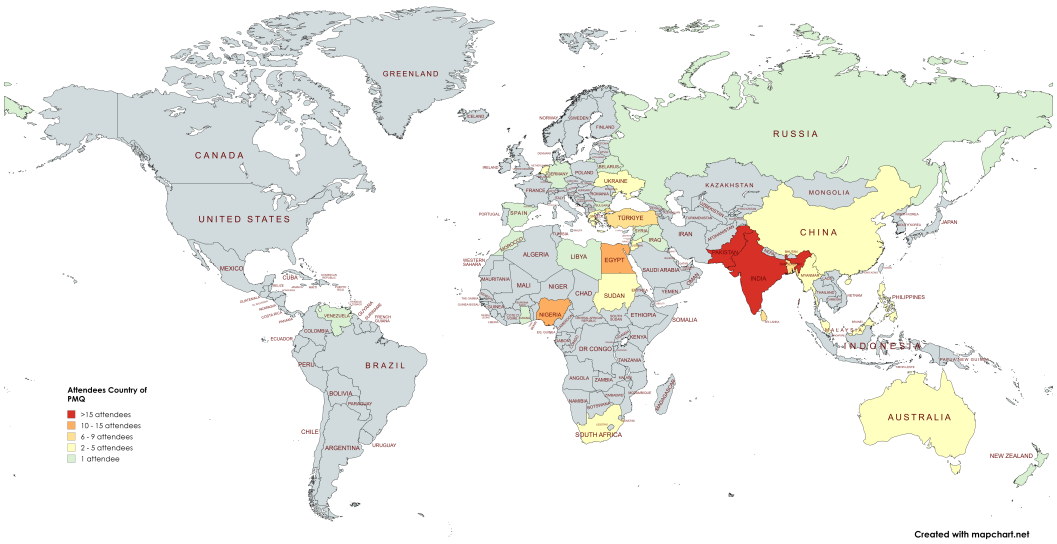

Fig. 2. Countries of primary medical qualification represented on induction programme. This figure was created with https://www.mapchart.net.

dation, better communication with human resources, a shadowing period, a focused induction, better introduction to the electronic systems in use and, more guidance on NHS systems such as payroll, pensions, rotas etc.

Ninety-five percent of respondents expressed an interest in joining a WhatsApp group.

Post-Induction Findings

Ninety-nine of 131 attendees completed the post-programme survey, a response rate of 75.6%.

All 99 respondents (100%) strongly agreed or agreed that they felt more welcomed and valued having attended the programme. Ninety-three doctors (93.4%) felt more confident and, 95 doctors (96%) felt that they understood the NHS better.

Two additional questions were added to the survey from December. Eighty-nine of 90 respondents (98.9%) were likely or very likely to recommend the programme to their colleagues. When asked about the duration of the programme, out of 90 doctors 78 (86.7%) felt it was the right length.

When asked what could be included in the programme that wasn't, responses ranged from increased electronic patient record (EPR) training to Advanced Life Support Courses and information about training pathways.

Discussion

IMGs are a vital part of the UK medical workforce and will continue to be for the foreseeable future (NHS England, 2023a). IMGs choose to come to the UK to work in the NHS for personal, professional, economic and, country based factors (Davda et al, 2018). Some come to the UK to experience working in a different healthcare system and to develop their skills (clinical and non-clinical) (Khan et al, 2015), whilst others choose the UK for its pay and working conditions (Al-Haddad

Table 1. Specialty of attendees.

Specialty	Number of doctors	Percentage
A&E	46	35.11%
Paediatrics	11	8.40%
Paediatric A&E	1	0.76%
Cardiology	2	1.53%
O&G	5	3.82%
Gastroenterology	4	3.05%
Respiratory	1	0.76%
Trauma	1	0.76%
Anaesthetics	9	6.87%
GUM/HIV	3	2.29%
T&O	7	5.34%
Acute medicine	5	3.82%
Endocrinology	2	1.53%
General surgery	4	3.05%
Care of the elderly	3	2.29%
Radiology	3	2.29%
Neonatology	4	3.05%
Breast surgery	1	0.76%
ICM	7	5.34%
Urology	2	1.53%
Critical care	2	1.53%
Psychiatry	3	2.29%
Renal medicine	2	1.53%
Haematology	2	1.53%
Bariatric surgery	1	0.76%

A&E, accident and emergency; O&G, obstetrics and gynaecology; GUM/HIV, Genitourinary Medicine/Human Immunodeficiency Virus; T&O, trauma and orthopaedics; ICM, intensive care medicine.

et al, 2022). Regardless of their reasons for coming to the UK, IMGs fare worse than UKMGs in many aspects of their medical careers (Al-Haddad et al, 2022; Khan et al, 2015; NHS England, 2021), be that in postgraduate exam pass rates, annual review of competency progression (ARCP) outcomes or complaints, referrals and investigations (NHS England, 2021). These difficulties arise from many factors but broadly due to NHS systems, processes, guidelines, allied health care professional understanding, language & communication skills, interactions as well as personal upheaval.

Because of a lack of understanding of NHS hospital systems, and the NHS 'culture', IMGs are more likely to fall foul of the rules, both written and unwritten (Jager et al, 2023). Jalal et al (2019) highlight the difficulties IMGs face in understanding the subtleties of language and how these can lead to difficulties during patient consultations or colleague interactions (Jager et al, 2023). These misunderstandings can contribute to the complaints that IMGs disproportionally face. These

Table 2. Pre-employment onboarding challenges.

	Extremely difficult–	Difficult–	Neither difficult nor easy–	Easy–	Extremely easy–	N/A–	Total–
Opening a bank account	9.57% 11	33.91% 39	24.35% 28	24.35% 28	4.35% 5	3.48% 4	115
Finding accommodation*	28.04% 30	38.32% 41	16.82% 18	12.15% 13	0.93% 1	3.74% 4	107
Sorting out utilities, e.g., gas, electric, broadband	9.57% 11	32.17% 37	29.57% 34	15.65% 18	1.74% 2	11.30% 13	115
Obtaining occupational health clearance*	4.67% 5	20.56% 22	25.23% 27	40.19% 43	6.54% 7	2.80% 3	107
Completing your DBS check*	4.67% 5	11.21% 12	24.30% 26	36.45% 39	3.74% 4	19.63% 21	107
General communication with your employing trust*	6.54% 7	19.63% 21	35.51% 38	31.78% 34	5.61% 6	0.93% 1	107
Registering for health care, e.g., GP or dentist	6.09% 7	12.17% 14	20.87% 24	31.30% 36	6.09% 7	23.48% 27	115
Arranging indemnity insurance	6.09% 7	13.04% 15	22.61% 26	13.04% 15	2.61% 3	42.61% 49	115

*Indicates question added in December 2023 following the pilot induction programme in November 2023.
N/A, not applicable; DBS, Disclosure and Barring Service; GP, General Practitioner; e.g., for example.

examples represent a fraction of the complexities that IMGs encounter when transitioning into the NHS and yet potential solutions do exist.

Lack of adequate induction/orientation contributes to many of the problems that IMGs experience (Ajaz and Ivan, 2022; Brennan et al, 2023; Hashim, 2017). Individual trusts and specialties have devised pockets of induction and orientation programmes to support their IMGs (Bogle et al, 2020; Kehoe et al, 2018; Thacker et al, 2022), with good success. However, the introduction of guidance for a standardised national induction programme represents a shift from these localised examples of good practice to an expected national standard (NHS England, 2022).

For organisations to adopt and implement the guidance, the infrastructure, resource and faculty needed to deliver the induction programme need to be reliable and sustainable. The sector-wide induction programme described aims to cover all elements recommended in the national guidance, augmented by our own understanding of IMG needs. When assessing the programme offered, for the most part, we achieve this.

For example, during the welcome and pastoral aspect of induction, useful information is delivered covering personal care (General Practitioner (GP) and dentist registration), indemnity, utilities, banking, accommodation, transportation and council tax. IMGs are offered onboarding information before the induction week via our sector IMG website (North West London IMG website, 2024) which includes Trust-specific IMG handbooks containing a wealth of information.

Induction in professional practice is covered well in our programme thanks to the support of the GMC. The GMC provide WtUKP at most of our inductions; when this has not been possible, doctors are signposted to the next available GMC-hosted dates. A medical defence organisation contributes as faculty to highlight the importance of indemnity, something many IMGs do not understand, and many have not secured prior to commencing the induction programme.

For language and communications, the IMGs appreciate the role-play scenarios which are based on ethical and legal considerations. This gives the IMGs a chance to practice their communication as well as receive feedback, in a safe environment, on ways to improve this. We also include a session looking at common abbreviations and some of the colloquialisms that they may encounter during their work or elsewhere. The EPR session covers the basics of the system used in the sector which is supplemented by talks on effective patient record documentation and discharge summary compilation to embed the importance of accurate and timely patient records.

Perhaps most importantly, we have adopted a collaborative approach with our partner trusts to create an IMG office. This has meant we are able to offer an induction programme to all IMGs in our sector, minimising the need for replication, streamlining resources and creating an IMG community for the new starters.

The IMG induction week does cover most of the standards set in the guidance but challenges with the process around IMG onboarding, induction timing, orientation and support are aplenty. This is very much a piece of work in progress. There are still many hurdles to be overcome—ranging from identifying IMGs that have been recruited, standardising our IMGs start date to align with the first day of the

centralised induction programme and meeting the IMGs as they arrive in the UK. While sector-wide collaboration has reduced replication and created standardised programming and experience for our IMGs, there is variance in APC Trust and local department buy-in to the programme which effects IMG identification at recruitment.

On review of post-programme feedback, our IMGs felt welcomed, valued, more confident and, had a better understanding of the NHS. These factors are so important for the initial experience of IMGs, but also for their retention. Not being well-integrated into the NHS system and 'culture' and feeling unwelcome are among the many causes of IMGs leaving the NHS (Bogle et al, 2020; Davda et al, 2018). Given that nearly half of non-training grade IMGs within their first five years of UK practice intend to leave (General Medical Council, 2023b), it is imperative we do all we can to minimise feelings of discontent.

The cohort grouping of IMGs during the induction week also creates an opportunity to form a peer network. This is evident from the relationships formed during the week. The IMGs openly talk about how it helps with improving feelings of isolation. They share their concerns and experiences which in turn helps overcome some of the stresses associated with entering the NHS (Al-Haddad et al, 2022; Jager et al, 2023). This network continues beyond the induction programme in the form of a WhatsApp group allowing for socialisation and informal communication.

Even with a number of positives from our programme, there are some limitations to this evaluation. Firstly, we are using the national guidance as a benchmark, however, to our knowledge, there are no other units or sectors to compare our practice to. Secondly, while the feedback immediately following the programme is positive, at present, we are unable to assess the longer-term impacts of attendance on the programme. There may also be an element of the IMGs not knowing what they don't know, meaning the true usefulness or otherwise of the programme is not apparent until they start their jobs. This is mitigated somewhat by the presence of IMGs who have been working prior to attendance on the induction and found it helpful. Another challenge is that IMGs are individuals, so whilst the induction programme has been very well received, there will be individual needs that are not fully met by it.

Despite this, we feel our programme is robust and demonstrates one way to successfully implement the national guidance.

Post-Programme and Next Steps

As part of our post-programme offering, we have recently instituted a three-week post-induction follow-up forum. This is designed to allow the cohort to meet virtually and to discuss any issues they may have faced since attending the induction. We have run this for the last two induction programmes however, have only had two IMGs join in total. Secondly, we have a six-month follow-up survey to assess if the attendees have found the sessions delivered on the induction programme useful for their clinical practice. Out of 80 IMGs only seven responses have been received.

As we consider our next steps, our main areas of development are related to the post-programme support. We intend to establish an education programme us-

ing feedback from the IMGs as to what they would like following the induction programme. Additionally, in the longer-term, we are working with partners in our sector to establish rotational programmes offering the IMGs and others the opportunity to progress their careers whilst retaining the talent we help to develop in our sector.

Conclusion

The introduction of national guidance (NHS England, 2022) encourages organisations to provide IMGs with robust support and orientation to the NHS. Our experience providing a sector-wide, weeklong, monthly IMG induction programme, has demonstrated that IMGs can be made to feel more welcomed and valued alongside improving their confidence and understanding of the NHS. By adopting a collaborative and sector-wide approach to IMG induction, replication of work has been reduced, as have the resources needed to deliver the programme. In the future, an established programme of education to follow the induction and rotational programmes to aid in career development are our next steps.

Key Points

- The early experiences of IMGs in the NHS can have a profound effect on how well they acclimatise.
- Providing information on accommodation and banking before arrival into the country can help with preparation.
- Having an IMG-specific induction creates the ability to address specific issues and create a peer support network.

Availability of Data and Materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Author Contributions

KB and CC designed the programme. KB, ST and CC designed and conducted the evaluation. KB and ST analysed the data. KB and ST drafted the manuscript. CC and KB made critical revisions to the manuscript. CC supervised the project. All authors read and approved the final manuscript. All authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Ethics Approval and Consent to Participate

As this study was conducted as a service evaluation, ethical approval was not required. All participants consented to the use of their voluntary and anonymous survey responses.

Acknowledgement

We would like to thank Lara Higginson for her incredible support as the North West London IMG Programme manager; our faculty of experts including Dr Zul Mirza, Dr Anna Bradley, Mr Hugh Rogers, Dr Jackie Durbridge, Dr Andrea Weigert, Dr Bart Matras, Dr Gillian Park, Dr Madiha Hashmi, Dr Shweta Gidwani, Miss Emily Cribb, Miss Emily Barrow, Kenny McAndrew, Aurora Sebastiani, Mark Wheeler, Christopher Warrington Armstrong, Don McCrea, Bridgette O'Mahoney and Tara Griffin; Jo Wren, Kelly Tully and Kim Tolley from the General Medical Council; Sarah Fletcher and Natasha Davis from the Medical Protection Society; Daniel Tyler and Patrick Boardman from the British Medical Association; our partners at the Trusts of the North West London Acute Provider Collaborative; Professor Geeta Menon for her unwavering support; Angela Fletcher and Health Education England for seeing the potential in our programme, and Professor Mala Rao, who has tirelessly worked to improve support for IMGs and without whom none of our work would be possible.

Funding

Education funding received from Health Education England was used to support the work (Change control notice number: 10.03.23-TRF-C&W).

Conflict of Interest

The authors declare no conflict of interest.

References

Ajaz I, Ivan MI. Developing an enhanced induction process for international medical graduates in the NHS. Future Healthcare Journal. 2022; 9: 20–21. https://doi.org/10.7861/fhj.9-2-s20

Al-Haddad M, Jamieson S, Germeni E. International medical graduates' experiences before and after migration: A meta-ethnography of qualitative studies. Medical Education. 2022; 56: 504–515. https://doi.org/10.1111/medu.14708

Bogle R, Lasoye T, Winn S, Ebdon C, Shah D, Quadry R, et al. Supporting international medical graduates in the NHS: Experiences from the pre-COVID and COVID environment. The Physician. 2020; 6.

Brennan N, Langdon N, Bryce M, Burns L, Humphries N, Knapton A, et al. Drivers and barriers of international migration of doctors to and from the United Kingdom: a scoping review. Human Resources for Health. 2023; 21: 11. https://doi.org/10.1186/s12960-022-00789-y

Davda LS, Gallagher JE, Radford DR. Migration motives and integration of international human resources of health in the United Kingdom: systematic review and meta-synthesis of qualitative studies using framework analysis. Human Resources for Health. 2018; 16: 27. https://doi.org/10.1186/s12960-018-0293-9

General Medical Council. Spotlight on SAS doctors and LE doctors: analysis of Barometer survey 2022 results. 2023b. Available at: https://www.gmc-uk.org/-/media/documents/working-paper-sas-le-barometer-2022-analysis-october-2023-final-with-cover_pdf-103405323.pdf (Accessed 10 August 2024).

General Medical Council. The state of medical education and practice in the UK. The workforce report 2022. 2022. Available at: https://www.gmc-uk.org/-/media/documents/workforce-report-2022−−−full-report_pdf-94540077.pdf (Accessed: 10 August 2024).

General Medical Council. The state of medical education and practice in the UK. Workforce report. 2023a. Available at: https://www.gmc-uk.org/-/media/documents/workforce-report-2023-full-report_pdf-103569478.pdf (Accessed: 10 August 2024).

Hashim A. Educational challenges faced by international medical graduates in the UK. Advances in Medical Education and Practice. 2017; 8: 441–445. https://doi.org/10.2147/AMEP.S126859

Jager A, Harris M, Terry R. The challenges faced by early career international medical graduates in general practice and opportunities for supporting them: a rapid review. BJGP Open. 2023; 7: BJGPO.2023.0012. https://doi.org/10.3399/BJGPO.2023.0012

Jalal M, Bardhan KD, Sanders D, Illing J. INTERNATIONAL: Overseas doctors of the NHS: migration, transition, challenges and towards resolution. Future Healthcare Journal. 2019; 6: 76–81. https://doi.org/10.7861/futurehosp.6-1-76

Kehoe A, Metcalf J, Carter M, McLachlan JC, Forrest S, Illing J. Supporting international graduates to success. The Clinical Teacher. 2018; 15: 361–365. https://doi.org/10.1111/tct.12760

Khan FA, Chikkatagaiah S, Shafiullah M, Nasiri M, Saraf A, Sehgal T, et al. International Medical Graduates (IMGs) in the UK—a Systematic Review of Their Acculturation and Adaptation. Journal of International Migration and Integration. 2015; 16: 743–759. https://doi.org/10.1007/s12134-014-0368-y

NHS England. Medical Workforce Race Equality Standard (MWRES). A commitment to collaborate: the first five. 2023b. Available at: https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/ (Accessed: 10 August 2024).

NHS England. Medical Workforce Race Equality Standard (MWRES). WRES indicators for the medical workforce 2020. 2021. Available at: https://www.england.nhs.uk/wp-content/uploads/2021/07/MWRES-DIGITAL-2020_FINAL.pdf (Accessed: 10 August 2024).

NHS England. NHS equality, diversity, and inclusion improvement plan. 2023c. Available at: https://www.england.nhs.uk/wp-content/uploads/2023/06/B2044_NHS_EDI_WorkforcePlan.pdf (Accessed: 10 August 2024).

NHS England. NHS Long Term Workforce Plan. NHS Engl (June). 2023a. Available at: https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/ (Accessed: 10 August 2024).

NHS England. Welcoming and Valuing International Medical Graduates A guide to induction for IMGs recruited to the NHS. 2022. Available at: https://www.e-lfh.org.uk/wp-content/uploads/2022/06/Welcoming-and-Valuing-International-Medical-Graduates-A-guide-to-induction-for-IMGs-WEB.pdf (Accessed: 20 July 2024).

North West London IMG website. 2024. Available at: https://www.chelwest.nhs.uk/about-us/work-with-us/international-medical-graduates (Accessed: 1 May 2024).

Spiliopoulos G, Timmons S. Migrant NHS nurses as 'tolerated' citizens in post-Brexit Britain. Sociological Review. 2023; 71: 183–200. https://doi.org/10.1177/00380261221092199

Thacker J, Gadde R, Sathiakeerthy R, Unnithan A. Acculturation of international medical graduates into the NHS. Future Healthcare Journal. 2022; 9: 11–12. https://doi.org/10.7861/fhj.2021-0100

Woolf K, Viney R, Rich A, Jayaweera H, Griffin A. Organisational perspectives on addressing differential attainment in postgraduate medical education: a qualitative study in the UK. BMJ Open. 2018; 8: e021314. https://doi.org/10.1136/bmjopen-2017-021314

Appendix

See Appendices 1, 2.

Appendix 1 – Pre-Employment Survey

Question 1

At which trust will you be working/are you working?

Question 2

In which country did you obtain your primary medical qualification?

Question 3

Have you worked in the NHS as a doctor prior to this role?

Yes/No

Question 4

If you answered yes to question 3, how many months experience do you have?

Question 5

If you have yet to start your job have you received information on any of the following? Or If you have already started your job did you receive information on any of the following prior to starting? **Yes/No**

Rota or Timetable, Contract, Role of an Educational supervisor[1], Department e.g. key names and contact, A handbook or equivalent information resource tailored to your needs as an IMG

Question 6

Have you attended or booked onto the GMC Welcome to UK Practice course?

Yes I have attended/Yes I have booked/No I have neither attended nor booked/I was not aware of this course

Question 7

How did you find the following things:

Opening a bank account, finding accommodation[2], sorting out utilities e.g. gas, electric, broadband, obtaining occupational health clearance[2], completing your Disclosure and Barring Service (DBS) check[2], general communication with your employing trust[2], registering for healthcare, e.g., GP or dentist, Arranging indemnity insurance

Extremely difficult/Difficult/Neither difficult nor easy/Easy/Extremely easy/N/A

Comments:

Question 8

On a scale of 0–100 (0 = not prepared at all and 100 = completely prepared) how prepared did you/do you feel for starting your job?

Question 9

What would have helped/could help you feel better prepared for starting your job?

Question 10

Would you be interested in joining a [region] IMG whatsapp group?

1 – question originally asked whether or not the doctor had received information about their educational supervisor

2 – Option introduced from December induction cohorts onwards

Appendix 2 – Post-Induction Programme Survey

Question 1

At which trust will you be working?

Question 2

Did the first day of this induction represent the first day of your job?

Yes/No

Question 3

If you answered no to question 2, when was your first day of work?

Date

Question 4

Following this induction programme, how much do you agree or disagree with the following statements:

I feel welcomed; I feel valued; I feel more confident; I understand the NHS better

Completely disagree/disagree/neither disagree nor agree/agree/completely agree

Question 5

How useful did you find the following sessions? (list of sessions)

Not at all useful/Not very useful/Neither useful nor not useful/Useful/Very useful/I did not attend this session

Comments:

Question 6

Is there anything you would have wanted to be included in this induction programme that wasn't?

Question 7

What could we improve about this programme?

Question 8*

How did you find the duration of the full induction programme?

Much too short/Too short/About the right length/Too long/Much too long

Question 9*

How likely are you to recommend this induction programme to your IMG colleagues who have recently started within the NHS?

Question 10

What further educational sessions or development opportunities would you like to receive going forward?

Question 11

Any other comments

*Questions added from December cohorts onwards