

Induction for overseas qualified doctors

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This study describes a strategy for the integration of overseas doctors with different professional and cultural backgrounds. A central induction course, complementing local trust-based induction programmes, was developed and evaluated by the London Deanery. Most participants found the course helpful, and their comments were used to further improve it.

INTRODUCTION

The UK depends on a regular supply of overseas qualified doctors joining its medical workforce, usually at senior house officer level. Some come with the intention of returning to their home country while others stay. Either way, they make an essential contribution to the NHS.

Over 30% of the senior house officer and specialist registrar grades consist of doctors who qualified outside the UK (Department of Health, 2000). Given the importance of continuing to attract these overseas doctors, it is crucial that they are well-prepared and supported in their introduction to the NHS. Unfortunately this has not always been the case. Some dissatisfaction can be traced to poor information about the UK system (Welsh, 2000), lack of understanding of what training and working in the NHS is like for everybody (Paice and West, 1995), and poor understanding by all parties of significant cultural differences that impact on workplace relationships. Distress may spring from unresolved ambiguities, embedded in the fine grain of culture and language. Their self-presentation may form a considerable barrier (Hale and Hudson, 1992). This may lead to a perception of hostility, resulting in misery, homesickness and resentment (Luck, 2000).

In recognition of these problems, postgraduate deans appointed associ-

ate deans with special responsibilities for overseas doctors (West et al, 1995). These formed a national group, and working together have developed information packs about registration, permit-free training visas, and working and training in the different regions of the UK. Such packs can be accessed through the internet from anywhere in the world (e.g. www.londondeanery.ac.uk).

Support for those starting their first job was provided through special induction programmes. Induction programmes are an effective way of helping medical and dental staff in training to settle quickly and efficiently into new hospital jobs (Standing Committee on Postgraduate Medical and Dental Education, 1993) and are now the norm for training posts (Paice et al, 2000), but a programme designed to meet the needs of UK graduates may not cover all the needs of a doctor new to a country, its medical system and its cultures (Gayed, 1991; Ewing, 1999; Andrew and Bates, 2000).

The Department of Health for England has provided funding for induction courses for doctors new to work in the NHS. The aim of the courses is to help these doctors understand and integrate into their new working environment. The associate deans together developed a model curriculum. Subsequently, local variations were introduced to reflect local demands. This paper describes the development and evaluation of the London Deanery's overseas doctors induction course, tailored to meet the needs of a multi-cultural patient population.

THE PROGRAMME

A steering committee was established to develop a central induction programme for overseas doctors starting their first job in the UK, intended to complement but not replace local trust-level induction. The group included postgraduate deans, clinical tutors, postgraduate centre managers and overseas doctors. The steering group decided the following: only those who had been appointed to a substantive job in London were to be included, practical clinical procedures would be left to local trusts, where local procedures and policies could be explained, and an evaluation of the course would be built in from the start.

Two courses were offered twice a year, one on either side of the twice-yearly senior house officer intake. This enabled doctors to be included in the induction process even if some returned home for a holiday before the start of their post, or were appointed late. The office managers worked with the NHS Professional Recruitment Centre and with postgraduate centre managers throughout London to ensure eligible trainees were informed of the course. Two pilot 1-day courses were run and evaluated. As a result, the final course consisted of four training modules with formal didactic presentations mixed with interactive learning sessions.

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The NHS: This module highlighted aspects of the NHS which were likely to be different from the health systems in which the overseas doctors had been trained. Clinical gover-

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nance, good medical practice as defined by the General Medical Council (2000), informed consent, postgraduate medical education and permit-free training were identified as essential.

Communication skills: This module facilitated small group work and role-play with vignettes designed around cultural differences in breaking bad news. It was designed to give an insight into English and London attitudes and behaviour patterns. A lecture on informal medical English was intended to familiarize participants with local terminology.

Preparing for the next post: Many overseas doctors have difficulties obtaining a second post (Hutton-Taylor, 2002). Advice on writing a curriculum vitae, interview skills, using the internet for research and audits were thought to be helpful. A video prepared by the University of Newcastle 'Good practice in the induction of overseas doctors' illustrated similar peer group experiences. A lecture given by a high-achieving overseas doctor was offered as an opportunity to hear from a good role model and a source of encouragement.

Multicultural issues: A third of London's population comes from ethnic minority groups and among these over 300 languages are spoken daily. This module included the use of interpreters, dealing with death and dying in different cultures, and encouraging overseas doctors to identify and share issues from their own cultures which would help others in caring for the various groups.

THE PARTICIPANTS

The doctors who attended these courses came from 43 countries all over the world. The largest groups came from India (53) and Nigeria (18). Thirty three attended the pilot courses and 136 attended the four 2-day courses. Over 80% of attendees in each course had undertaken at least one clinical attachment (observership) of between 6 and 12 weeks before obtaining a post. Three had obtained posts at specialist registrar level, the rest at

senior house officer level. One was a dentist. The senior house officers were mainly working in the specialities of psychiatry, obstetrics and gynaecology, paediatrics and accident and emergency. Almost all had obtained district general hospital posts, although some would rotate to teaching hospital posts later on. Sixty six (39%) came back for the follow-up sessions and 101 (60%) sent back their follow-up evaluation forms.

THE EVALUATION

A questionnaire was distributed at the end of each day of each 2-day course. At the end of both days 124 out of 136

participants (91%) completed questionnaires. *Tables 1–5* illustrate the trainees' opinions of the courses and their content.

The fourth module dealing with multicultural issues is still evolving and each of the talks has been given on one occasion.

Some comments which participants made about the courses are given below:

'It has been a pleasure being together with others from different countries and this experience is a really special aspect.'

'It is a pity many overseas doctors are not aware of the importance

TABLE 1.
The NHS

Topic	Usefulness of session (score out of 5)
Clinical governance and values of NHS	4.2
Informed consent and legal issues	4.6
Postgraduate education and permit-free training	4.6
General Medical Council registration regulations	4.3

TABLE 2.
Communication skills

Topic	Usefulness of session (score out of 5)
Defining issues and sharing insights	4.0
Breaking bad news, role play with actors	4.3
Informal medical English	4.2

TABLE 3.
Preparing for the next post

Topic	Usefulness of session (score out of 5)
Medicine and the internet	4.0
Good practice: video and discussion	3.9
Curriculum vitae writing	4.5
Getting on – guest lecturer	4.1

TABLE 4.
Multicultural issues

Topic	Usefulness of session (score out of 5)
Working in a multicultural environment	4.1
Doctors working abroad – an English specialist registrar in Africa and an Asian specialist registrar in London	3.9
Death and dying in different cultures	4.3
British reserve – myth or reality?	4.2

TABLE 5.
Overall evaluation of the course

Question	Score out of 5
How far did the course meet your expectations	4.6
How far did the course meet your needs	4.4
How relevant was the course content?	4.6
How appropriate was the pace of the course for you?	4.3
How much did you enjoy the course?	4.8

of this course and my suggestion is that leaflets should be included in the information packs given to doctors taking the PLAB [Professional and Linguistic Assessment Board] exam to register when they are successful in getting their first job.’
‘Felt really cared for and good to know that I will have help with problems I might encounter during my stay here.’
‘Role play gave me insight as how to deal with the expectations of English patients and felt like a rehearsal for facing the real situation.’

THE FOLLOW-UP

After 6 months a second questionnaire was distributed and a follow-up meeting was organized which offered interview skills training and an opportunity for trainees to share their experiences of working in their first posts, to identify their additional training needs, and to review the effectiveness of the induction programme.

The follow-up questionnaire was returned by 71 out of 136 participants (52%). When asked ‘Having worked several months in the NHS, do you think the induction programme (enclosed as an aide memoir) was a useful introduction and that all overseas doctors embarking on their first jobs should attend the course?’ 65 out of 71 respondents (91%) said yes.

All had attended their local trust induction course as well.

In retrospect, the three topics from the central induction course that the trainees thought were most relevant to their training were:

1. Informed consent and other legal issues

2. Postgraduate education and permit-free training

3. Role play – breaking bad news.

The three topics mentioned most frequently as being the least useful were:

1. Medicine and the internet
2. Informal medical English
3. Video and discussion.

Seven respondents thought that all the topics were useful.

The follow-up session was attended by 52/136 (38%). In the discussion all agreed that the central induction course offered a breadth of general issues which made it complementary to topics dealt with at local induction. Suggested topics to include in future included medical litigation, stress management during the first job and how to give good presentations or publish a short report. This last suggestion was based on a feeling that an overseas doctor required more in his/her curriculum vitae in order to compete favourably with local graduates for the more sought after postings.

DISCUSSION

A central induction course has been developed for overseas doctors that deals with the generic and cultural issues facing all doctors coming new to the NHS. This is intended to supplement but not replace local induction programmes that deal with local procedures and policies.

Several ideas for additional topics have been suggested by the trainees at the follow-up meetings. These and others will be tried out in future courses replacing current less popular items and evaluated to rate their usefulness. All new overseas doctors starting their first posts must be involved for the induction course to be fully effective. **HM**

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KEY POINTS

- Overseas doctors starting their first post in London found an induction course helpful.
- Cultural, ethical and political topics were effectively dealt with through a central course.
- Practical procedures and policies were effectively dealt with at local trust level.
- Overseas doctors from diverse cultures have much to offer each other and UK colleagues in understanding cultural differences in the population served.
- Many had found it difficult to get their first job and appreciated help with interview skills and writing curricula vitae.