OVERSEAS DOCTORS' EXPECTATIONS AND EXPERIENCES OF TRAINING AND PRACTICE IN THE UK

SUMMARY

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EXECUTIVE SUMMARY

This report presents the findings of a literature review, preliminary interviews and a national survey of the expectations and experiences of overseas doctors in relation to training in the UK. A parallel survey of UK graduates is included as a point of reference.

The study illuminates not only the situation of overseas doctors but also, by default, that of UK graduates. Many of the messages will prove helpful to both groups.

KEY MESSAGES ARISING FROM THE SURVEY

The survey results indicated areas for change whereby overseas doctors' expectations of training could be better informed and fulfilled.

Information

Overseas doctors make little use of formally provided information and find this hard to access

Many overseas doctors still use informal rather than formal sources of information, complaining the latter is not accurate or sufficient. This could be tackled in the doctor's home country and in the UK at entry. In the home countries, information routes could be explored via medical schools, international links of the medical Royal Colleges, the British Council and so on. In the UK, the GMC, the Colleges, the deaneries, overseas doctors' organisations, embassies and others could be linked to information sources. Further work is required to determine the best ways of putting overseas doctors in touch with relevant information at the right time

Application and selection

Overseas doctors report having had little help in job-seeking and application. They suggest that the following would be helpful:

- Feedback on interviews as standard
- Receiving a reply/acknowledgment to application
- A standardised application form
- Interview practice available
- A national matching scheme for posts

Overseas doctors often resort to multiple applications for posts and are less selective in the posts they apply for which might be both a cause and an effect of their lesser chances of success. The difficulty in finding a post is attributed by non-EEA doctors to unfairness in the application and selection process, being perceived as not having graduated from the right medical school and not having the right postgraduate training or having qualifications that are not understood, racial discrimination, and age.

These problems, perhaps, could best be tackled by training the selectors. Perhaps new methods of recognising training qualifications and experience may also help, as is to be tackled by the new Postgraduate Medical Education and Training Board.

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Finding posts

Non-EEA overseas doctors do not experience smooth career progression in the UK and have difficulty finding posts.

Quality of training

The quality of UK training is an important factor in attracting overseas doctors to this country. Better training would reduce the current reported high levels of dissatisfaction with current posts. Although many measures have been taken to improve training in recent years, improvement in some identified qualities of actual training would benefit all trainees whether UK or overseas. Aspects which require attention to improve trainees' experience, as indicated in the survey, include:

- Setting objectives
- Giving feedback on performance
- Appraisals
- On-the-job supervision
- Assessment
- Study leave
- Teaching away from patients
- Apprenticeship features including accessibility of seniors, quality and amount of clinical experience and perhaps giving time for trainees and seniors to share practice.

Qualifications

Many non-EEA doctors want to gain Membership and/or the CCST.

Appropriate specialty training

EEA doctors in particular often arrive hoping for specific specialty/subspecialty training.

The fact that 41% non-EEA doctors could not work in their chosen specialty causes dissatisfaction, though we do not know whether this is because they had chosen specialties for which they had not the prerequisite qualifications and experience or whether this is simply a function of the difficulties in application and selection.

PLAB

Overseas doctors perceive PLAB to be unfair because not all overseas doctors have to sit it, it is expensive and there is insufficient preparation.

Language, culture and induction

Cultural acclimatisation and induction periods to the UK [as opposed to posts] are not experienced by many overseas doctors and would be appreciated by those who had taken part. Language and culture are issues for all non-UK graduates.

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Discrimination and racism

That the discrimination felt by over one third of respondents came predominantly from senior colleagues and patients suggests a dynamic within health care that exacerbates this phenomenon, This is worthy of further research.

Workforce issues: staying or leaving

Overseas doctors' reasons for staying in or leaving the UK are subject to a variety of influences personal as well as professional. But ways of making that decision more predictable and satisfactory for both doctors and employers might be developed.

SPECIFIC FINDINGS

THE LITERATURE REVIEW

An extensive literature search was undertaken which covered issues of:

- Supply and demand
- Immigration
- Patterns of access and work
- Selection and assessment
- Differences in practice and approach of overseas doctors
- Appropriateness of UK training for overseas doctors
- Specific training for overseas doctors
- Trainees' perceptions and experience
- Refugee doctors

Deriving from this were a number of suggestions for improvement:

- Minimising false expectations by improving information in the home country.
- Having an essential period of orientation to British medicine and the NHS.
- Having a specific person responsible for overseas trainees in each hospital [as currently happens in most deaneries].
- Giving overseas doctors the opportunity for a flexible training year to serve their own needs.
- Maintaining good links between the sending and receiving institutions or countries to minimise problems of repatriation after training.
- Encouraging local basic specialist training in the home country so that overseas doctors can focus more on specific skills in the UK after an induction period.
- Facilitating more examinations in the home country by co-operation between royal colleges and those countries.
- Forming strong links between trainers in the receiving and sending countries.
- Award of a certificate for time served[1].
- Matching skills and level of appointment more appropriately and improving the selection process.
- A mentorship scheme for overseas doctors in training posts to help militate against feelings of isolation and vulnerability

[1] Cases have been reported where doctors have used their allocated time and have failed to achieve the goals they had aspired to, returning home empty-handed, professionally worse off and poorer.

PRELIMINARY INTERVIEWS

To ensure coverage of all pertinent issues in the subsequent survey, preliminary interviews were conducted with:

- 10 UK trained doctors from ethnic minorities
- 9 EEA doctors who graduated in Germany, Belgium or Greece
- 31 non-EEA doctors who graduated in the following countries: India, Pakistan, Sri Lanka, Bosnia, Slovakia, Iran, Iraq, Libya, Egypt, Nigeria, Ghana, Kenya, Zimbabwe, South Africa, Trinidad, Paraguay and New Zealand.

All training and non-training grades, 22 specialties and 9 deaneries were represented in this sample. The interviews addressed:

- Routes of entry
- Career and medical employment history
- Reasons for selecting the UK
- Information
- Job seeking strategies
- Working conditions
- Educational processes
- Expectation and expreinces of training
- Language and culture
- Future plans
- Discrimination
- Improvements required

Preliminary interviews with interested bodies

Initial interviews were also conducted with 8 regional advisers, 6 associate postgraduate deans and GP deans and 7 other interested organisations. The following points arose from these interviews:

- Structured training with direct placements might be a productive way forwards for many more senior trainees. Better training at SHO level would allay frustration and anxiety and pave the way for career progression.

- Changes to permits, visas and registration would alleviate much confusion.

- It would seem critical to inaugurate a database of overseas doctors' numbers to track their progress.

- The funding of clinical attachments and course attendances requires clarification, perhaps being put on a national basis.

- Greater thought is needed through distance learning, websites, video links and their publicity, to prepare overseas doctors for UK work and culture, particularly team and inter-disciplinary management. Self-scoring clinical tasks and language idioms would be helpful.

- A more level playing field with regard to language problems would help some EEA doctors and disadvantage non-EEA doctors less.

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Preliminary interviews with medical Royal Colleges

Interviews were conducted with 9 medical Royal Colleges. Questions and issues raised by the Colleges were as follows:

- There is concern within the Royal Colleges about the ethics of taking the brightest and best overseas candidates for training here, especially if many do not return home.
- There was general agreement amongst all Colleges that many doctors are ill-informed before coming to the UK. Colleagues concentrate on the good points, especially is they want their friends to come to the UK, and some institutions seem to give misinformation, for example, about availability of posts.

- Most Royal Colleges suggested some form of induction programme to the UK and the NHS. Those Royal Colleges offering direct placements at SpR level would favour a six month period of work at SHO level first.

- The Royal College of Physicians suggest direct training placements specifically for overseas doctors. These could replace Trust officers in some hospitals.

THE NATIONAL SURVEY

On the basis of the literature review and preliminary interviews, a survey questionnaire was drafted, piloted and revised. The questionnaire was distributed online, by post and through postgraduate centres. Responses were sought from UK, EEA and non-EEA graduates so that group comparisons could be made.

Respondents

2913 complete responses were received: 1654 UK, 238 EEA and 1021 non-EEA. 12 EEA countries, 24 non-EEA countries and 10+ specialties were represented.

Full demographic detail suggested an appropriate spread of age, sex, and domestic circumstances.

FINDINGS FROM THE NATIONAL SURVEY

The findings of the survey reinforce those of the literature review and preliminary interviews, in that overseas doctors' overall training experiences do seem to be less satisfactory than those of UK doctors. However, in some aspects [study leave, post induction, objectives setting, feedback on performance, supervision, teaching away from the patient, clinical experience, approachability of seniors, satisfaction with current post, assessment] overseas doctors are more satisfied than their UK counterparts, and sometimes non-EEA doctors are the most satisfied of all. But where this is the case, absolute levels of satisfaction were not always high. This study has been unable to say why non-EEA doctors are sometimes the most satisfied off the three groups surveyed.

The survey findings can be summarised as follows:

Family status

The profiles of the UK and EEA groups were almost identical, with about 60% single and 40% married respondents, whereas nearly three quarters of the non-EEA group were married. Approximately a quarter of UK and EEA doctors had

dependents (children). In contrast, almost half of the non-EEA doctors had dependents.

Finances

Over half the doctors in both overseas groups had financed their medical school studies by private means.

Deciding to study abroad

A substantial minority of trainees were influenced in their decisions about entering medicine, choosing a specialty, and financing their studies by the possibility of working abroad. For a larger minority [more than one third] of both groups of overseas doctors, the possibility itself seems to have been decisive. In market terms, there are both 'personal push' and 'external pull' factors which cause overseas doctors to arrive on these shores.

Level of post attained and career progression

15% of overseas doctors enter a post in the UK which is lower than their prior post in their home country[i].

A slightly greater proportion of non-EEA than EEA doctors who had been at PRHO grade [or equivalent] prior to entry, appear to remain at that grade for their first post in the UK. A slightly greater proportion of EEA than non-EEA doctors remain at SHO grade in the UK.

A far greater proportion of EEA doctors than non-EEA doctors move into the SpR grade [24.4% increase in EEA doctors at this grade and 4.5% increase in non-EEA doctors].

These findings do suggest that in the UK non-EEA doctors experience less satisfactory career progression than do EEA doctors.

Specialty

62% of overseas respondents are in the same specialty now as they were prior to arrival in the UK. So more than a third of this group have changed specialty.

Comparing the experiences of movement between specialities of the EEA and non-EEA groups:

- A similar proportion [3.4%] moved into care of the elderly
- A similar proportion of EEA [3.8%] and non-EEA doctors [3.6%] moved into psychiatry
- More EEA doctors moved into surgery [5%] whereas 3.4% of non-EEA doctors moved out of this specialty
- More EEA doctors moved into medicine [7.6%] whereas 6.4% of non-EEA doctors moved out of this specialty

A higher proportion of non-EEA [12.6%] than non-EEA [0.4%] doctors move out of their prior specialty.

Selection of country

Around half of each group had considered medical training in countries other than the UK with this most frequently being the case with EEA doctors [57.1%].

For UK doctors, Australia is the most attractive other country for training. For non-EEA doctors, the USA is the UK's main competitor, with Australia and Canada coming a rather poorer second and third choice. For EEA doctors, Australia and the USA are equally and most attractive.

The top reason for choosing a country given by UK doctors was to experience another country or healthcare system, followed by better working conditions. Non-UK doctors gave the highest rating to the quality and reputation of the country's training.

Reasons for coming to the UK

The reputation of UK training is an important drawing factor. Many EEA doctors come to the UK for general medical experience or to experience another culture. Non-EEA doctors were motivated more by career factors.

Gaining College Membership/Fellowship was particularly important to non-EEA overseas doctors, but was almost bottom of the list of motivating factors for EEA doctors.

The reputation of the NHS was low down the ranking for both groups. So if overseas doctors are to be attracted and satisfied, it will be on the reputation of UK training and, for non-EEA doctors, the ability to gain College Membership.

PLAB and IELTS

A quarter of all non-EEA respondents thought the PLAB exam unfair because not all non-UK doctors have to sit it, it is too expensive and there is insufficient information about it and [for about a third of those who were dissatisfied] a need for more preparatory sessions.

Fewer respondents were dissatisfied with the IELTS examination although its cultural bias was commented on, as was the anomaly of EEA doctors with poorer English than non-EEA doctors being exempt from this test.

Intended achievements in the UK

For just more than a third of both groups, the need to gain sufficient clinical experience was the main aim before returning home. Gaining the CCST and College membership were next most important for non-EEA doctors, with Membership being more important than the CCST for EEA doctors.

Returning home

Non-EEA doctors were more likely to be intending to return home than their EEA colleagues.

One third of EEA and 27% of non-EEA respondents did not intend to return home. A further third of the non-EEA and just under half of the EEA group were undecided about returning. In terms of future workforce planning, these doctors might therefore be regarded as an uncertain group.

Simply not wanting to settle in the UK was important for both groups but more so for EEA doctors. Family reasons were next most important for both groups but more so for non-EEA doctors. One fifth of non-EEA doctors would return home if

they could not find a post in the UK. For the great majority, then, it seems that their reasons for returning home are personal, not professional.

Deciding to stay

Just as the decision to return home is largely a personal one, the decision to stay in the UK is even more so.

In addition, non-EEA doctors were influenced by the improved standard of living, and better working conditions and facilities than at home, whereas EEA doctors were more likely to list working relationships as influential.

Difficulties in language and culture

More EEA [18.9%] than non-EEA [11.3%] doctors said they had experienced language difficulties, although over three-quarters of each group had had no problems with language.

More non-EEA [33.4%] than EEA [22.7%] doctors had experienced cultural problems since arriving in the UK.

Job seeking strategies

While the vast majority of respondents had answered advertisements, those in the UK and EEA groups were more likely than those in the non-EEA group to have also networked or used an intermediary to find new posts.

Choice of post

Non-EEA doctors were generally less selective about the type of post, area or hospital involved. But most doctors in all groups apply for the posts that fit their needs.

Information sources about jobs

Informal networks and personal research are the predominant information sources for all groups.

In no group did as many as a third of respondents find available information accurate or sufficient. In all groups, less than a quarter found it easily available. Non-EEA doctors' experiences with information were uniformly worse than those of their EEA counterparts.

Application and selection

Number of applications
Around three-quarters of UK respondents had made 5 or fewer applications before securing their current job. Around three-quarters of EEA doctors and nearly half of non-EEA doctors had made 10 or fewer applications before securing their current job. At the other end of the spectrum, nearly 1 in 5 of the non-EEA group, but only 1 in 20 EEA and less than 1 in 100 UK doctors had made more than 50 applications.

Acknowledgment of applications
88% of UK doctors said they had received replies from all or the majority of their applications, whereas the equivalent figures for EEA and non-EEA doctors were

73% and 48%, respectively. The reasons for this require further research and action.

CVs
UK doctors were more likely to tailor their CV and covering letter when applying for a post and to visit or talk to the consultant beforehand.

Fairness of application and selection process
Both EEA and, more so, non-EEA doctors felt that the application and selection processes were not fair.

61.5% of non-EEA doctors felt that the selection process is not fair, against 40.3% of EEA doctors and 36.5% of UK doctors. These figures are high for such an important process and very high indeed for non-EEA doctors.

Employment gaps

45.1% of non-EEA, 29.8% of EEA and 13.2% of UK trained doctors had experienced gaps in employment.

The main reason [60% non-EEA, 42.3% EEA] for gaps in employment was difficulty in finding a training post.

36.7% of non-EEA and 32.4% of EEA respondents cited difficulty in finding a post at the right level.

Difficulty in finding a post in the right specialty was almost as influential in creating employment gaps.

Changes in training pattern and specialty

A total of 1027 [35.3%] doctors had either changed their specialty, or their training pattern, or both. On further analysis this group consisted of 603 [36.5%] UK, 85 [35.7%] EEA and 395 [38.7%] non-EEA doctors. There are therefore no great differences in overall frequency of this occurrence between groups.

Although a large minority of all groups change because prospects seem better in the new specialty, overseas doctors are far more likely to have to change specialty because they could not find a post in the specialty of their choice [8.5% UK, 31.8% EEA, 41% non-EEA].

Frequency of being advised to change specialties [17%] is also greater for non-EEA doctors than for the others.

The value of training

Clinical experience
Whereas the majority of both the UK and EEA doctors did not place great importance on clinical experience *in their chosen specialty*, over 50% of the non-EEA doctors said it was very important for them to get clinical experience in their chosen specialty.

All groups do place considerable importance on getting clinical experience *in any specialty*.

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Over 75% of the UK group said they were dissatisfied with the clinical experience they were getting in their current post, against 60% of EEA and 45% of non-EEA doctors.

Qualifications
College membership and/or getting the CCST was very important for a much larger proportion of non-EEA doctors [47.9%] than for doctors from the other two groups [27.3% EEA, 13.9% UK].

Induction

Over two-thirds of all doctors had had an induction to their current post. However, those in short-term and non-training posts reported fewer inductions. Over 70% of doctors in each of the 3 groups were happy with the induction they received, with non-EEA doctors being the most satisfied.

The majority of both overseas groups [68.1% EEA, 76.9% non-EEA] had not attended an induction course to the UK. However, those who had been able to attend a course were very likely to have found it satisfactory.

Satisfaction with the current post

65% were either dissatisfied or very dissatisfied with their current post. Greatest satisfaction as expressed by non-EEA doctors [53.1%], while least satisfaction was expressed by their UK colleagues [22.8%]. Only 30.2% of EEA doctors were very satisfied or satisfied with their current post.

Not surprisingly, satisfaction and suitability go hand in hand. A similar proportion of each group and the same percentage overall, 65%, were dissatisfied with the overall suitability of their post to their needs.

Appraisal

Nearly three-quarters of the UK group, only a half of the non-EEA and just over a third of the EEA group were satisfied or very satisfied with appraisal.

Objectives setting

Non-EEA doctors, but still only about half, were the most satisfied of the 3 groups with objectives setting in their posts.

Supervision

More UK doctors [71.8%] were dissatisfied with on-the job supervision than their non-UK colleagues [58.9% EEA, 44.7% non-EEA].

Feedback

Non-EEA doctors were more satisfied than their EEA and UK counterparts about feedback in their posts, although actual levels of satisfaction were relatively low, with fewer than 50% of each group being satisfied.

Study leave

Non-EEA doctors were more likely than UK or EEA doctors to say that they were satisfied with the provision of study leave in their current post. But actual levels of satisfaction were relatively low [26.6% UK, 29.4% EEA, 44.7% non-EEA].

Teaching away from the patient

Non-EEA doctors were more likely than UK or EEA doctors to say that they were satisfied with the provision of teaching away from the patient in their current

post. But actual levels of satisfaction were relatively low [38.6% UK, 34.3% EEA, 50.3% non-EEA].

Approachability of seniors

While UK doctors [78.3%] were most dissatisfied with the approachability of their seniors, this was the aspect that the non-EEA group were most satisfied with overall [54.7%]. Only 34.9% of EEA doctors were satisfied. These overall satisfaction figures for approachability of seniors were relatively low for what is fundamentally an apprenticeship system.

Advice seeking

Despite any individual dissatisfaction with the approachability of seniors, the majority of doctors in all 3 groups [between 58% and 63%] would turn to a consultant for help or advice with a work-related problem.

Assessment

The percentage of each group who were satisfied with assessment ranged from 27.5% for UK doctors to 53% for non-EEA doctors.

Discrimination

Over a third of respondents reported feeling discriminated against, most likely by senior colleagues, at some time in the UK, with non-EEA doctors [58.9%] being the most likely to say this. Patients were the second highest source of discrimination for UK doctors [45%], whereas for the EEA group it was peers or colleagues [37.8%] and non-EEA doctors [45.1%] said other staff. It is noticeable that discrimination outside work is experienced less than from some quarters at work.

Expectations and experience

Over half the UK group, two-thirds of the EEA group and nearly three-quarters of non-EEA doctors reported that their training experience had differed from their expectations. This disjunction is not the preserve of overseas doctors, although they experience it more acutely.

The groups were fairly evenly divided between those who felt the experience was better than they had expected and those who felt it was worse. More non-UK than UK doctors [42.7%] said it was better [EEA doctors 59.1%, non-EEA 49.5%].

Overall, UK doctors are more disappointed [4 aspects worse, 3 aspects better] than their EEA [2 aspects worse, 5 aspects better] and especially non-EEA [1 aspect worse, 5 aspects better, 1 aspect neither] counterparts.

For non-EEA doctors, their main disappointment is in the amount of education and training. For EEA doctors, workload, facilities and equipment are worse than expected. For UK doctors, it is all these plus hours and pay.

Perceived adverse factors

Non-EEA doctors, in comparison with EEA and UK doctors, feel more strongly that their medical school, their postgraduate qualifications, racial discrimination, and their age all worked against them.

Posts and training numbers are seen as going first to UK graduates.

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Non-EEA doctors, in particular, feel that it is difficult to get a first post, and substantial minorities of both EEA and non-EEA doctors feel that their qualifications are not understood and that their previous experience does not count.

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