

The International Medical Graduate Doctors

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The National Health Service (NHS) is a largest public funded health system in the world and the largest employer in Europe. The NHS has a complex and evolving structure. Over the years there has been a number of changes and re-structuring within the NHS. The NHS incorporates the four nations although there may be some difference in the structure. The Secretary of State for Health and Social care is responsible for work of the Department of Health and Social care, which is responsible for oversight of the NHS delivery, performance and financial control. The current structure is based on the integrated care boards (ICB), which role is to join up health and care services, improve peoples' health, wellbeing, tackle inequalities in outcomes, experience and access to the NHS services. International Medical Graduate (IMG) Doctors have a number of issues to consider when starting a new post in the UK. These can vary from travel arrangements, accommodation, banking salary, arrangement about food and supermarkets to being aware of local places of interest. Another important issue for them is peer support. Moreover, issues such as immigration status and the General Medical Council (GMC) registration and indemnity remain of importance. NHS England and

individual organisations have systems in place to support IMG Doctors. In our organisation we appointed an IMG Doctors Tutor who supports them at various levels.

The survey feedback from IMG Doctors highlighted the key elements of importance. These were related to feeling welcomed, valued and getting assistance with practicalities. Another important aspect raised was related to having social and professional peer group support or having a 'buddy' or mentor. There are barriers that IMG Doctors in General Practice have reported, including complaints, disciplinary procedures, different consultation models such as telephone consultation, disciplinary aspects as well as issues in relation to the visas process. In contrast, hospital-based IMG Doctors raised issues related to hospital protocols, guidelines and systems. In addition, medico legal framework was perceived as an important issue. IMG Doctors also commented on the teaching methods used, which are based mainly on a self-directed approach and feedback, which sometimes may be perceived as a criticism. IMG Doctors also occasionally mentioned issues in relation to the supervision. Other aspects raised were related to managing medical emergencies and understanding complex ethical issues. In order to support IMG Doctors NHS England and the individual organisations introduced initiatives such as mentorship and peer mentoring scheme. The future NHS issues in relation to IMG Doctors would be related to the new government, new NHS workforce plan as well as changes in home office rules. International Medical Graduate Doctors should also be aware of the support that the British Medical Association (BMA) can provide. The BMA role is to represent, support and negotiate on behalf of all UK Doctors and medical students. The BMA supports their members including IMG Doctors in relation to achieving the best

terms and conditions as well as campaigning on issues impacting the medical profession. The BMA has a large library supporting their members, produces British Medical Journal with educational element as well as the research.

The IMG doctor should be aware of the issues of complaints and indemnity. In the NHS in 2021-22 there were 225,570 written complaints. There were 105,506 new complaints made about NHS Hospitals and Community Health Services of which 39% were about the medical staff. It is well acknowledged that following complaints patients would like to receive an explanation, to feel being heard, receive an apology and to be assured that as a result of a complaint there are improvements in the services and willingness to right wrong. Conversely, the patients do not wish to receive explanation that includes denial of blame, excuses and has multiple stages within the process. The recurring themes of complaints within the NHS include communication, clinical management, chaperone, confidentiality, clinical records, candour and issues related to consent. Amongst those, however, communication is the single biggest source of complaint in the NHS in secondary care, other than clinical care, with 28% of complaints related to communication. It is important that IMG Doctors are aware of the General Medical Council (GMC) and its role. The GMC describes in the GMC Professional Medical Practice in the UK duties of a doctor. These include knowledge skills and performance, communication, team working and maintaining trust. The GMC work is to protect patients' safety. In addition, the role of the GMC is through setting standards, overseeing education and training, managing the medical register, managing concerns about Doctors and revalidation. The GMC usually investigates cases where a doctor is putting the

safety of patients or the public's confidence in Doctors at risk. The complaints in the NHS are related to the professional, performance, probity, health, communication, respect, honest or fairness or criminality. There are around 31500 Doctors registered with the GMC. The data showed that in 2021, the GMC conducted 1007 investigations with 149 Doctors being suspended or erased from the registry.

Patients deserve an open and honest response if they have reason to complain. Doctors have a GMC obligation to provide an explanation and if appropriate, an apology. Any apologies made outside of legal proceedings is not admissible as evidence of liability and cannot be used to prejudice the person who made the apology. The response is required to be prompt, in full and honest. More importantly, the fact that a patient submitted a complaint should not affect their care or treatment. Patients deserve an open and honest response if they have a reason to complain. Doctors are subject to the spectre of multiple jeopardy including civil claims, criminal investigations, disciplinary investigations, NHS complaints procedure, GMC investigations, Coroner's inquest, Care Quality Commission (CQC) inspection and media. If concerns are raised orally, they should be resolved within 24 hours, to the satisfaction of the inquirer, and if not resolved they would require a written response. When responding to patients' complaints the Doctors should listen and be sympathetic, apologise if appropriate, make sure that any written complaint or any verbal complaints that cannot be settled straight away are submitted to the complaints department. Most importantly Doctors should respond positively and in a timely fashion. The principles of good complaint handling include getting it right, being patients focused, being open, accountable and fair. The organisations should

also aim to put things right and seek to continuously improve. When responding to a complaint Doctors should have time to think, they need to understand that this is not personal and be required to understand that whilst they may not agree, this was the patient's experience. Usually, the opening paragraph is of importance and should contain a full chronological account of care given based on the clinical notes. This statement should avoid medical jargon and should explain abbreviations used and if appropriate, doctors should apologise. Finally, doctors should acknowledge what they have learned as a result of this complaint. Reflective practice is of importance in this process and should include a brief description of what happened, feelings, evaluation and analysis.

The International Medical Graduates should be aware of issues of well-being. Mindfulness plays an important role with regards to well-being. Mindfulness, rooted in Buddhist traditions, is the practice of focused awareness on the present moment, has been shown to offer significant benefits for doctors, particularly in reducing stress, enhancing well-being, and improving professional performance. Mindfulness based interventions improve doctors' mental health, offering tools for emotional regulation and resilience, lower emotional exhaustion and depersonalization¹⁻⁴. It enhances psychological flexibility, helping doctors manage stress and avoid burnout, which is prevalent in this population^{5, 6}. This leads to greater job satisfaction and reduces symptoms of depression and anxiety^{7, 8}. Additionally, mindfulness improves cognitive abilities such as attention, concentration, and memory, which is essential for decision-making^{9, 10}. Moreover, it also enhances creativity and problem-solving skills, which can be beneficial for complex medical cases¹¹. Furthermore, research

shows that doctors trained in mindfulness report higher levels of empathy and more meaningful patient interactions, improving communication and care quality^{11, 12}. Mindfulness contributes to long-term professional sustainability by improving work-life balance and resilience against future stress^{13, 14}. Regular mindfulness practice helps doctors manage ongoing demands, reducing turnover and supporting career longevity¹⁵. The workshop aspects of mindfulness can be achieved through a number of exercises such as raisin meditation, breathing exercise, grounding exercise as well as a mental checklist after work as a marker for the shift between work and life outside of work.

Inductions specifically aimed at IMG Doctors are essential in supporting their transition into the new healthcare systems, improving their clinical skills, and enhancing their ability to adapt to different cultural and professional environments. As IMG Doctors join at various times it is important to allocate specific inductions to NHS organisations to fit the starting points. The induction sessions should focus on clinical knowledge, cultural adaptation and practical guidance for IMG Doctors as well as to provide an opportunity to interact with them on a more personal level and addressing different issues faced by them individually. Peer support is a critical element in helping the IMG Doctors to thrive both personally and professionally. It offers a safe space for sharing experiences, learning from one another, and navigating the various challenges that come with integrating into a new healthcare system. The strength of these peer connections often turns what could be a solitary and difficult journey into one that is more manageable and fulfilling. Therefore, it is important for the individual organisations to create a peer support network for IMG doctors, which would include individuals that have

already gone through the path and settled in their career. These support networks should be easily accessible to all IMG Doctors joining the NHS organisations. Teaching sessions are very valuable for any trainee helping them with their profession. The specifically designed teaching programme for IMG Doctors is of particular significance for this group. This form of teaching should be ideally supported by senior Doctors and if organised well could involve a regional set up. Therefore, it is important to include the clinical educational supervisors and clinical leads, particularly those dealing with IMG Doctors and to support them with the necessary resources and required information.

In Conclusion, International Medical Graduate Doctors form an important part of the NHS workforce. They provide valuable service to the NHS and to the patients. In turn the organisations within the NHS are providing valuable support to the International Medical Graduates, therefore enhancing their role.

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