North Tees and Hartlepool NHS
NHS Foundation Trust

The importance of ensuring successful IMG transition: costs and benefits

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Background to my research

- NHS relies on international medical graduates (IMGs) (include EU and outside)
- Concern around regulation and practice e.g. high rates of failure, over-represented in GMC fitness to practice
- Support interventions vital. But interventions implemented without sufficient consideration of what was likely to work or how much training is appropriate e.g. GMC induction
- Outcomes of not having sufficient interventions in place? PATIENT SAFETY! HIGH COST!
- Also current retention crisis/uncertainty – we needs IMGs to stay!
- One Trust wanted to understand how to better support IMGs - PhD

Aim of research

- What interventions and services are provided to support the transition of IMGs to the workplace?
- How and why are these interventions effective?
- What factors are vital to the success of interventions?
- What barriers may hinder transition?
- How can interventions be developed and improved for future implementation?

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Overview of research

Realist Synthesis *(total papers=88, total case studies=14)*

Realist Evaluation *(total interviews=123)*

Discussions

		Overseas Medical Graduates (intervention group)	Supervisors	'Buddies'	Overseas Medical Graduates (Comparator group)
Cohort 1 interviews **(N=76)**	3 month 12 month	N=13 N=11	N=13 N=13	N=4	N=12 N=10
Cohort 2 interviews **(N=41)**	3 month 12 month	N=7 N=7	N=7 N=8	N=2	N=6 N=4
	Total	***N=38***	***N=41***	***N=6***	***N=32***

Expert interviews ***(N=6)***

Discussions

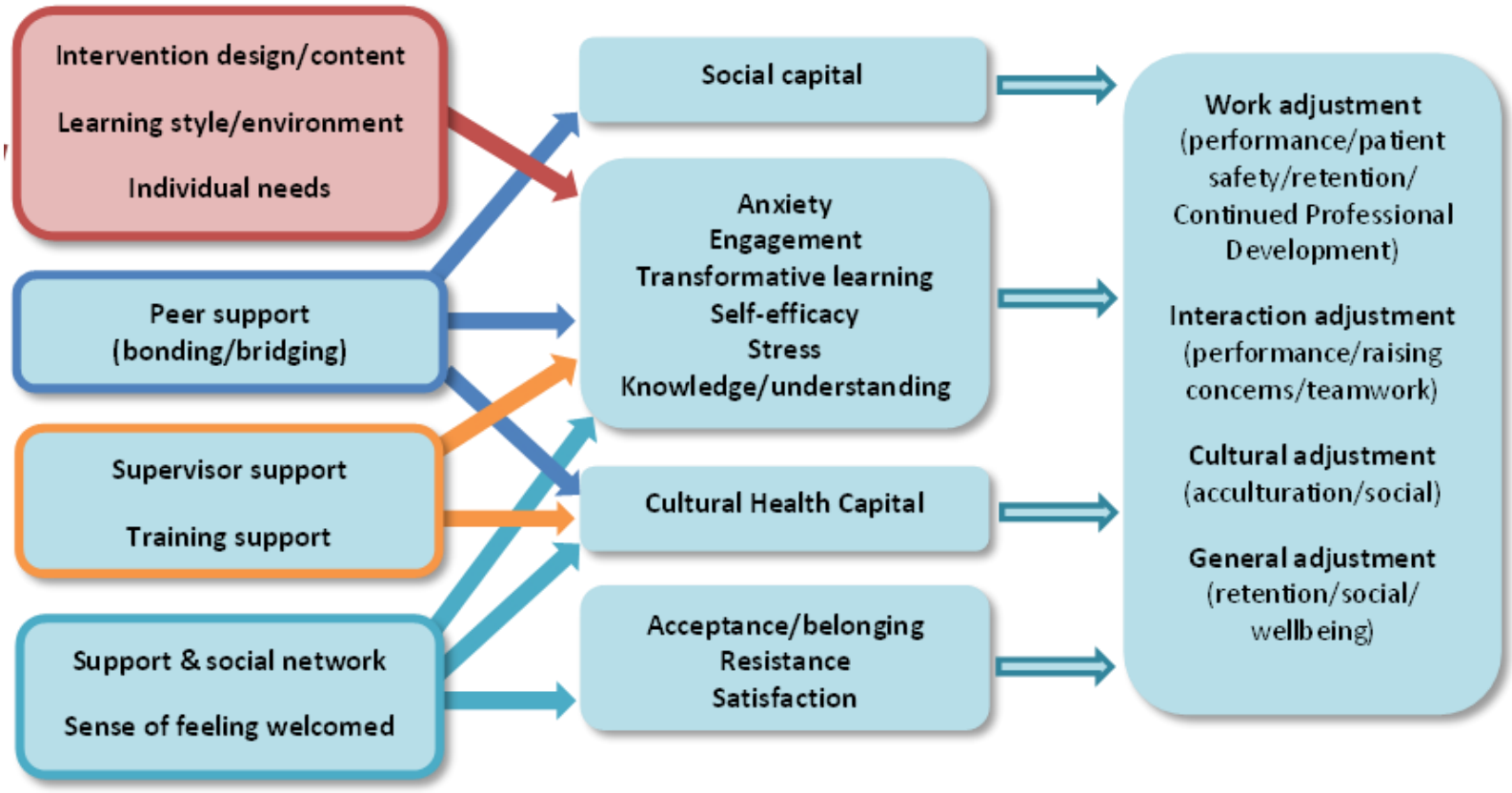
Questionnaire & performance data collected for intervention group

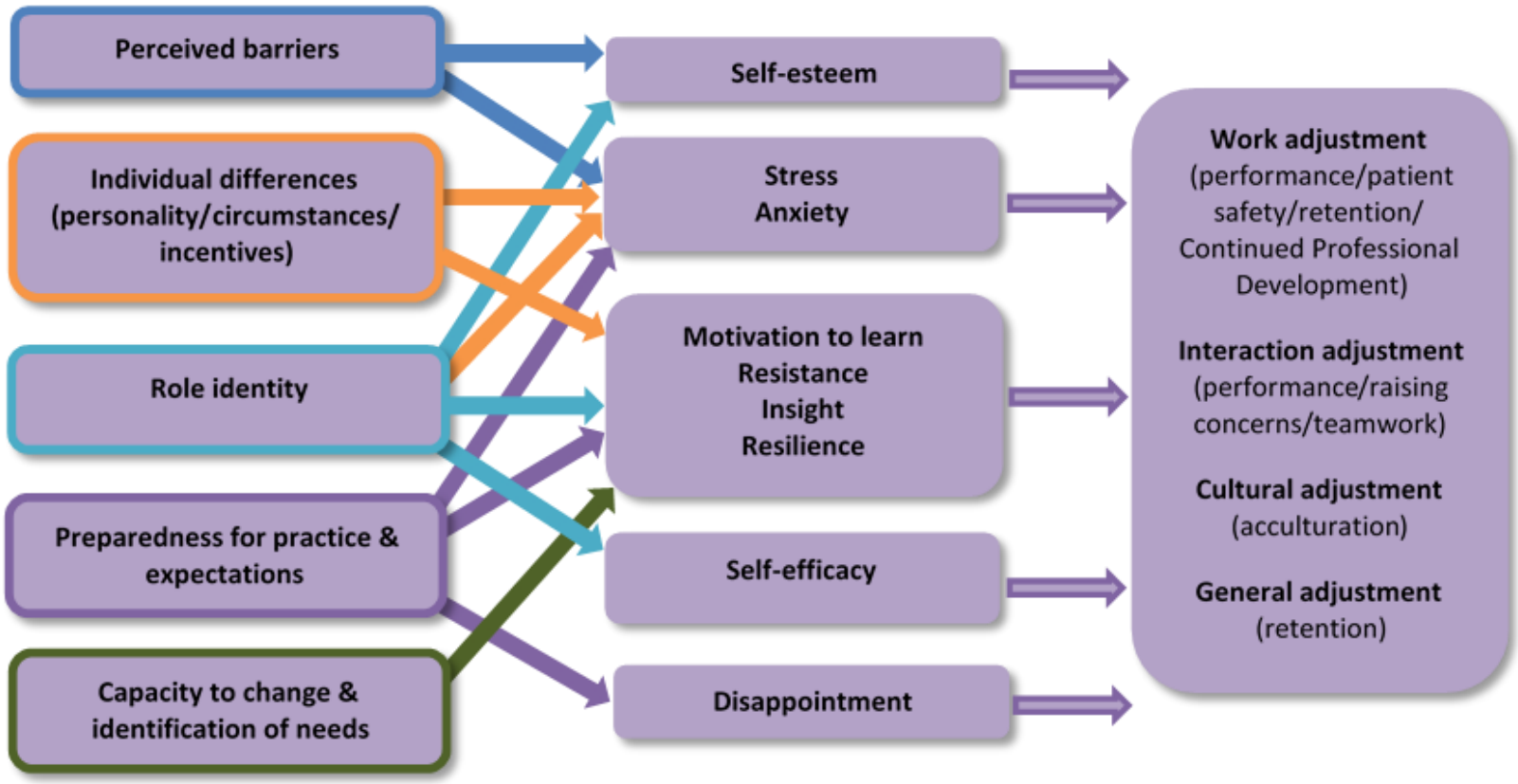
Intervention

Programme theory

Findings


Intervention development & leadership
Resources & workload
Dissemination & information
Organisational culture
Context of the work environment
Barriers
Engagement
Commitment to organisation
Alienation
Cultural Health Capital
Self-esteem
Stress
Knowledge/understanding
Confidence in organisation
Satisfaction
Work adjustment (performance/patient safety/retention/ Continued Professional Development)
Cultural adjustment (acculturation)
General adjustment (retention/wellbeing)


Intervention design/content
Learning style/environment
Individual needs
Peer support (bonding/bridging)
Supervisor support
Training support
Support & social network
Sense of feeling welcomed
Social capital
Anxiety
Engagement
Transformative learning
Self-efficacy
Stress
Knowledge/understanding
Cultural Health Capital
Acceptance/belonging
Resistance
Satisfaction
Work adjustment (performance/patient safety/retention/ Continued Professional Development)
Interaction adjustment (performance/raising concerns/teamwork)
Cultural adjustment (acculturation/social)
General adjustment (retention/social/ wellbeing)


Perceived barriers
Individual differences (personality/circumstances/ incentives)
Role identity
Preparedness for practice & expectations
Capacity to change & identification of needs
Self-esteem
Stress
Anxiety
Motivation to learn
Resistance
Insight
Resilience
Self-efficacy
Disappointment
Work adjustment (performance/patient safety/retention/ Continued Professional Development)
Interaction adjustment (performance/raising concerns/teamwork)
Cultural adjustment (acculturation)
General adjustment (retention)

*"I thought that coming to the UK, it's supposed to be a country that has populations from many nations...I thought that I would feel comfortable. I felt very **disappointed**, **frustrated**, and I had very cold and very cruel behaviour and acceptance from the hospital… all these things are that every time I had to wake up and go to the work it was not the best experience. It was like a **nightmare**."*

(Intervention (previous Trust), overseas medical graduate)

*"…they were all angry with me. **I was asking questions** from everyone, even the nursing staff, and **they were laughing at me**."*

*"…When I joined the NHS, that was the worst day. **I had no experience**. I wasn't expecting that I'm going to start working on the first day…was like hell on earth for me. I didn't know how to bleep a person. I had a very difficult time…you start doubting yourself, oh what's this now, am I safe, shall I continue on this*

work or not?"

(Non-intervention, overseas medical graduate)

Developed intervention – Getting it right

- **Increased *cultural awareness* within organisation**
  (ongoing support became the 'norm' and understanding of needs)
- Better *recruitment* process – improved links with HR/supervisors
- 4 day programme, spread across 4 weeks (GMC sessions included)
- Each session *repeated*
- Use of *internal staff & resources*
- ***Individual needs* assessment** (OSCE style assessment)
- **A *buddying* system** (using previous programme attendees)
- ***Trust doctor tutor* to support trust doctors**
- Trust doctor *database*
- ***Enhanced supervision* training**
- Programme mandated for new starters

Successes

- **RETENTION!!!** – largely due to ***supportive and open culture,*** training opportunities, felt valued, not just 'filling gaps', telling friends to come…

  Needed due to shortfall of staff numbers!
- Career progression
- Performance of overseas doctors was found to be better than UK graduates (fewer incidents)
- North Tees went above and beyond most evaluations and this proved to be successful
- Comparison to other North East Trusts highlights successes of providing ongoing support (poor retention, satisfaction, progression…)
- Running today!
- Fed into regional and national developments
- Current work with refugee doctors

Benefits of registering IMGs (if supported)

- Although the training is rigorous, the cost is low.
- Hidden costs of supervisor/buddy (ongoing support). Also difficult in current climate where staff shortages high and fewer resources. **BUT WORTH INVESTMENT.**
- To help doctors through their PLAB and IELTs it costs about ***£3,500 - £5,000*** per doctor. When you compare that to the ***£250,000*** it takes to train someone in the UK through medicine, it is already cost-effective.
- In London, HEE spends ***£20,000*** for each refugee doctor who joins the clinical apprenticeship placement scheme, which provides six month foundation posts for refugee doctors, usually in general or emergency medicine or general surgery. Still cost-effective.
- Recruitment in areas desperately needing staff – GP, Psychiatry.
- As discussed – retention, performance, career progression etc.

Costs of registering IMGs (if not supported)

- Retention (money spent on recruitment, then leaving e.g. GP schemes – North East 5 million being spent).
- Fitness To Practice costs.
- IELTS – discussions about lowering to 6.8. Impact on communication/ more likely to face difficulties (Tiffin *et al*.). Takes 120 hours of practice to move up 0.5 on score. Quality or quantity? Still difficulties now, so what then?
- PLAB cut off scores and how many times taken (Tiffin et al.) – impact on practice standards (especially if not supported).
- EEA doctors don't necessarily face any assessment, yet evidence shows they may still struggle.
- Hidden costs of supervisor/buddy (ongoing support). Also difficult in current climate where staff shortages high and fewer resources.

Summary

- No point doing it “on the cheap” – many organisations now investing more in supporting IMG transition. Need infrastructure in place to get the benefits.
- Cannot put exact number on financial cost and benefit – this work needs to be explored. But clear there will be cost-benefit if IMGs are supported successfully to make their transition to UK practice.

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Thank you for listening!

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