



Life in the UK as an  
**International  
Medical Graduate (IMG)**

*A psychiatrist's journey!*

**NHS**

*Health Education England*  
Yorkshire and Humber

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# Foreword



**Dr Darran Bloye**  
Head of School of Psychiatry  
August 2022.

When the NHS was founded in 1948 it was necessary to incorporate the patchwork of large asylums and community services into a single organisation, and over the last seventy years we have seen a growth in the number and diversification of subspecialty services. Psychiatry is rightly one of the largest medical specialties and in my view one of the most interesting and rewarding.

For complex reasons relating to stigma and the more holistic approach of psychiatry, as well as a failure to invest in the expansion of UK medical schools, recruitment to our specialty has always been more of a challenge. The appointment of International Medical Graduates (IMGs) to trainee and consultant posts has been crucial to the continuation and growth of psychiatry as a medical specialty. Within the Yorkshire and Humber region approximately 30% of our trainees obtained their medical degree in a non-UK university, with representation from a range of countries in Europe, South Asia, East Asia, the Caribbean, South America, the Middle East, and Africa (north, east, south and west!).

In line with other medical specialties, IMG doctors in psychiatry have often achieved great success through their leadership in academia, NHS organisations and the Royal College. However, there is also a more negative narrative of “differential attainment” in performance compared to UK graduates, particularly when it comes to the MRCPsych examination and ARCP assessments. Sometimes this is attributed to problems adapting to a new culture or poor communication skills, whereas IMG doctors often discover an NHS that can be unwelcoming and discriminatory, and uninterested in their strengths and experience.

As a School of Psychiatry, we are committed to reducing differential attainment and promoting a culture that displays zero tolerance to racism and xenophobia. Failure to develop all our trainees to their full potential is a missed opportunity at a time of immense pressures on the NHS.

I hope that this handbook will assist IMG doctors as they navigate the complexities of our health service and training programmes. It is part of a larger strategy to improve induction, performance monitoring, mentoring and coaching, reverse mentoring, and training the trainers. Moreover, as we try to establish a more positive and supportive culture this should be an important resource for UK trained colleagues and supervisors.

I would like to thank the hard work put into the project by Dr Anilkumar Pillai, Dr Sara Davies, Dr Christiana Elisha-Aboh, Dr Ogba Onwuchekwa, Dr Rahul Watts, Dr Imagebe Uwaifo, Dr Sharmistha Ghosh, Dr Sana Fatima, Dr Mahira Syed and Dr Kalliopi Konstantopoulou.

I am therefore delighted to introduce the IMG Handbook!



# Editorial

We couldn't be more excited to finally present this handbook, which has been in the pipeline for sometime now. Our profound gratitude goes to the YH HoS, the TPDs, trainers, contributors, Grace Johnson from HEE, Dr Edet Ekeng who did the graphics and all those who so generously shared their stories and support IMGs in numerous ways. The words of H.E Luccock couldn't be more true; "No one can whistle a symphony. It takes a whole orchestra to play it".

Our handbook isn't only helpful for IMGs, but equally for anyone who is keen to know more about IMGs and support them. We have included a number of case vignettes that we hope you would enjoy reading and learn from. We earnestly desire that this handbook becomes a useful road map for all IMGs, particularly those new to UK practice.

We have also factored in the findings from two recent surveys; one organised by trainees in the West, North and East of Yorkshire & Humber in 2021 and the second by the OA TPD. These surveys highlighted a number of challenges IMGs training in the UK face and have to navigate in order to be successful. IMGs make enormous contributions to the system and a greater awareness of their challenges and hurdles is critical to maximising what potentials lie within them. This aspect would likely hold some benefit for all trainees and is worth a read. We share the results of these surveys in subsequent aspects of this book.

As the numbers of IMGs within the system continue to rise, there is an even greater need to support and address the concerns this survey calls attention to. Some of the responses and comments suggest a feeling of disenfranchisement amongst IMG doctors, who feel more can be done in terms of supporting their transition into the UK system of training, settlement/relocation, training processes such as ARCP, portfolio management, examinations, as well as support with issues relating to perceived discrimination. These results have been shared widely with trainers and within the Yorkshire and Humber Deanery to raise awareness and work collaboratively with the leadership, to ensure a better training experience for IMGs.

Also included here are tips to make your transition to UK practice easier. This handbook is ultimately an effort aimed at supporting IMGs who come to the UK. We are aware that there may be limitations and would welcome constructive feedback on ways to improve future editions.

Finally, whatever your journey to getting to this point has been (whether you are completely new to the world of psychiatry or have many years of experience), we genuinely hope you enjoy reading our handbook and more importantly, revel training in Yorkshire and Humber.



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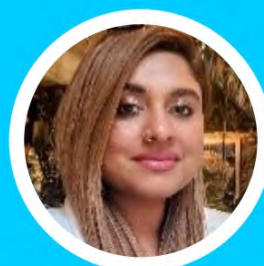
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## Disclaimer

Most of the content of this handbook has been put together by contributors based on their personal experience, or those of others, in good will and is in no way intended to cause offence. We appreciate that these issues are sensitive and people may navigate different circumstances. We advise you to speak with your mentors, Trust IMG leads, clinical or educational supervisors and TPDs about your particular situation. Also, some information contained in the handbook may change often, so we would encourage you to check official websites for more up-to-date information. Thank you.

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# Introduction & Background



There are over 72,000 licensed International Medical Graduates (IMGs) in the UK. These doctors fill up crucial shortages in the NHS and provide cultural diversity, making the work environment a more dynamic environment to be in [1, 2, 3, 4]. Moving to a new country to take up a job can come with mixed feelings of excitement about the opportunities but also worries about the challenges that may lie ahead.

In 2020 alone, there were more IMGs than local graduates joining the General Medical Council (GMC) register with over half (54%) identifying as Black and Minority Ethnic doctors [4]. These numbers were less in 2021 with the drop being attributed to the COVID-19 pandemic. IMGs as well as black and minority ethnic doctor groups are made up of a significantly mixed group of doctors; in terms of their experience, skills and overall development. Unfortunately, a proportionally large number of IMGs relinquish their license and leave the United Kingdom following the completion of their training for various reasons too complex to delve into here. They often chose to relocate to other western countries or return to their countries of origin, raising further retention issues within the workforce as identified by the GMC [1, 3].

Another challenge is the issue of differential attainment which has led to extensive conversations about the best approach to bridging the gap between IMGs and local graduates. Differential Attainment (DA) refers to the gap in attainment levels of different groups of doctors. It has been used by the GMC to refer to 'systematic differences in outcomes when grouping cohorts by protected characteristics and socio-economic

**In 2020 alone, there were more IMGs than local graduates joining the General Medical Council (GMC) register**

background'. In practice, the biggest gaps in attainment during medical training are linked to race – with both black and minority ethnic doctors within the UK and international medical graduates being affected. It exists in both undergraduate and postgraduate contexts, across exam pass rates, recruitment and Annual Review of Competence Progression (ARCP) outcomes and can be an indicator that training and medical education may not be equitable. Ensuring that robust and adequate support mechanisms consisting of well thought out inductions into UK practice are in place for IMGs cannot be overemphasized. This would likely help reduce the problems they encounter within new systems and help them transition more easily into a new or





unfamiliar working environment [3, 5, 6].

This piece of work is in no way aimed at further magnifying the issues which have already been highlighted before, but rather about accentuating what opportunities exist to support IMGs in ways they find individually useful and beneficial, in order for them to reach full potential. It is important that we appreciate the difference between distinct trainee groups and recognise that each individual, regardless of their country of origin or primary education navigates a different but distinctive circumstance. This understanding helps us apportion uniquely tailored resources and opportunities to ensure people have the potential to reach near-equal outcomes, rather than giving everyone the same resources.

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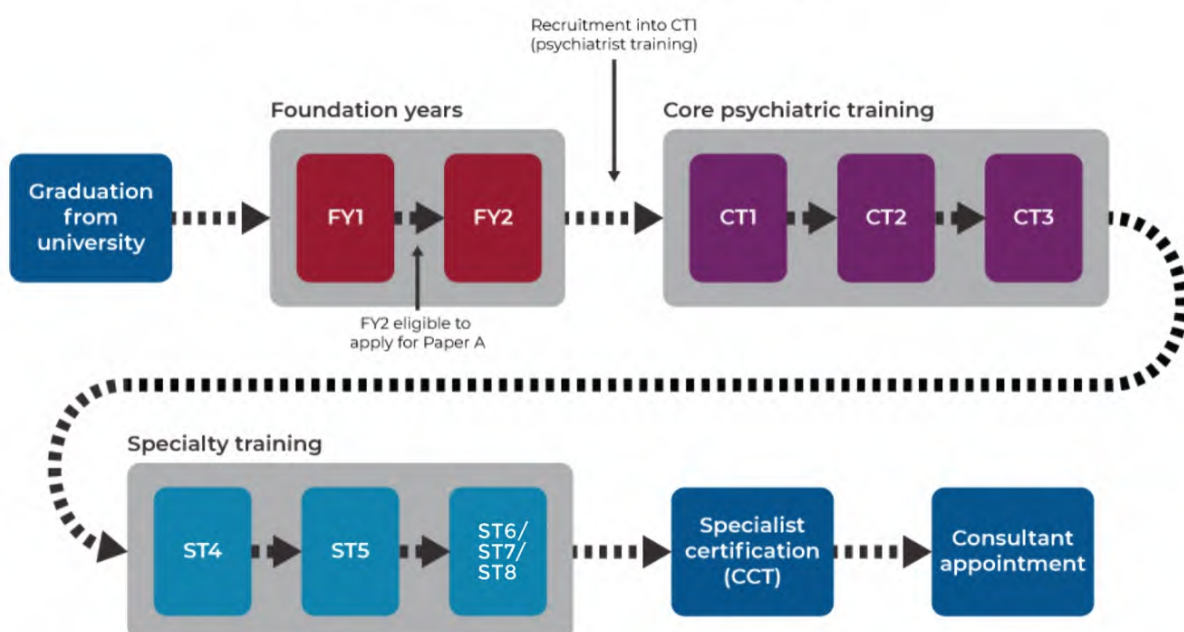


# Choose Psychiatry!

Over the years, the recruitment rates into Psychiatry training have continued to improve. Our journeys to psychiatry have been very different but we encourage all those considering specialist training to choose psychiatry. We have outlined some reasons why picking psychiatry is a really rewarding choice:

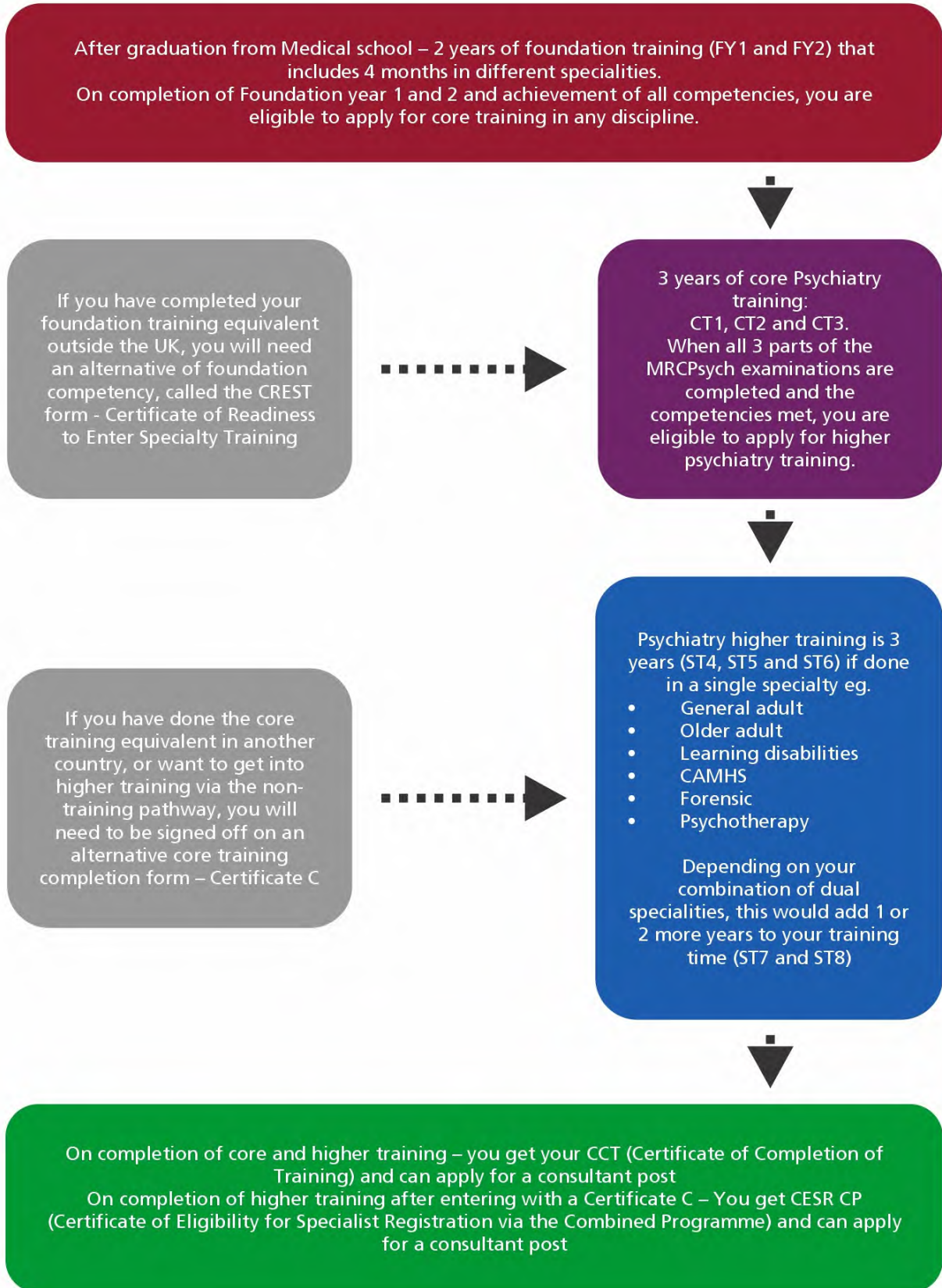
- Great pastoral care and peer support.
- Good work life balance, whilst being a specialist.
- An interesting and creative profession which is dynamic.
- Psychologically stimulating and rewarding.
- Gives you the opportunity to spend more time with the patient to gather useful information.
- It is an opportunity to do something you would enjoy later in life.
- It helps you make a real difference to people's lives which is rewarding.
- Some of the skills you develop while working in mental health are transferable into other aspects of life, including your personal life.
- Not many specialties bring a patients physical, mental and social wellbeing together in one. We treat the whole person and not just the illness!
- You get protected lunch time, teaching, special interest time and finish on time! What could be better!?

## Training at a glance



Courtesy of RCPsych website with modifications (<https://www.rcpsych.ac.uk/training/exams/can-i-take-an-exam>)

# Flowchart of Training & Non Training routes





# Important Aspects of Training

Psychiatry remains a popular choice for IMG doctors wanting to pursue a career in the UK. This is because of the flexibility and diversity it offers and the scope of less than full-time work during training years as well as at consultant levels.

The duration of psychiatry training for doctors is currently at least six years. The application process for core and higher specialty training is separate unless you are doing a run-through programme.

You would need to go through the national competitive application process at each stage.

When core and higher specialty training is combined into a single programme with one application, this is known as "run-through" training. Child and Adolescent mental health is currently being trialed as run-through programmes, but it is not yet widely available.

Application to training programmes vary depending on what aspect you are applying to.

## Core Psychiatry Training

### CT1 entry requirements

- Full GMC registration by the time you start CT1
- 24 months of clinical experience by the time you start CT1
  - This includes 12 months of internship + 12 months after internship.
- F2 competencies or CREST ([Certificate of Readiness to Enter Specialty Training](#))



## The Application Process

This is completed online through the Oriol website. There are usually three opportunities (rounds) to apply for Psychiatry each year; Round 1, Round 1 re-advert, and Round 2.

Jobs available in Round 1 and Round 1 re-advert start in August, while those in Round 2 start in February. The highest number of jobs will be available in Round 1.

The exact dates for each round are released each year and are available at [www.nwpgmd.nhs.uk](http://www.nwpgmd.nhs.uk)

The process involves appearing in Multi Specialty Recruitment Assessment (MSRA) test with interviews. You are required to provide online preferences for your training scheme, and allocations are based on your combined score at MSRA, the interview and national ranking.





psychotherapy or psychiatry of learning disabilities. Other subspecialties that can be included in the training are addictions, eating disorders, Liaison psychiatry, neuropsychiatry, perinatal and social & rehabilitation psychiatry, with the opportunity to get endorsements from some of these.

### ST4 Entry Requirements

- Full GMC registration by the time you start
- CCT (Certificate of Completion of Training) route after core Psychiatry training
- You must be in your third year (CT3) of UK core Psychiatry training or have already completed UK core Psychiatry training.
- CESR-CP (Certificate of Eligibility for Specialist Registration via Combined Programme) route

### Core Training Overview

This usually lasts for three years and on successful completion, you are granted membership of the Royal College of Psychiatrists (MRCPsych).

These years are broken into CT1, CT2 and CT3 and involve six monthly placements in various specialties (General adult inpatient /community and old age placements as mandatory), passing exams (Paper A, B and Clinical Assessment of Skills and Competencies-CASC, to get college membership), Psychotherapy experience and getting a workplace-based assessment to achieve satisfactory outcomes in ARCPs during each of three core training years.

### Higher Specialty Training

This lasts at least three years full time equivalence in a subspecialty of your choice, but it can be up to five years, if you are in a dual training programme across the UK.

These years are designated ST4, ST5 and ST6 (ST7 and ST8 for a dual trainee). The main subspecialties are child and adolescence, forensics, general adult, old age,

There are three main eligibility requirements:

1. Experience (one of the following)  
Minimum three years of Psychiatry or two years of Psychiatry + one year in UK training for Internal Medicine, GP or Paediatrics with the approved transfer of credits
2. Competence (one of the following)  
[Certificate C \(equivalent core competence form\)](#) or detailed certification of achievement of the Core Psychiatry curriculum competences
3. MRCPsych

### Application Process

Applications are submitted online through the Oriel website. There are usually two opportunities to apply for Psychiatry ST4 level – Round 1 and Round 2. The exact dates are released each year, but further details are available at

[www.nwpgmd.nhs.uk](http://www.nwpgmd.nhs.uk)





### Specialist Training overview

Higher training in Psychiatry will usually involve 12 months of placements in the subspecialty you have chosen, although some people still do a 6 monthly changeover (Split post). One day a week is reserved for your “special interests” now known as Protected Professional Development Sessions (PPDS). The on calls are usually non-resident on-calls and occur much less frequency than in core training. These can present a variety of scenarios but mainly consist of mental health act assessments. It entails working towards core competencies through workplace-based assessment and focuses on other non-clinical domains such as Clinical Leadership, Management, Research or Medical Education.

**The duration of psychiatry training for doctors is currently at least six years. The application process for core and higher specialty training is separate, unless you are doing a run-through programme.**



# Non-training Routes

- Medical Training Initiative (MTI)
- Associate Specialists roles
- Specialty doctors, Staff grades & Trust grade doctors
- Foundation Year 3 (FY3/F3)
- Locum Appointment for Service (LAS) posts

Doctors choose non training routes for different purposes; some with the aim of ultimately becoming consultants. This will be discussed in subsequent sections of the handbook. This aspect focuses on sharing some ideas about the non-training pathways and ways to enter the training pathway at different points, according to your level of experience and personal preference.

In the non-training pathway, you can work at various levels:

- When you have done the equivalent of the 2 years of foundation training (or internship) in your country or here in the UK, but decide not to start training yet, there are other jobs whose descriptions may not be very different to the first two years of foundation training. For the ease of understanding, these jobs are often referred to as F3 jobs, (as the foundation years are denoted by F1 and F2 or FY1 and FY2). The F3 year is an informal label used for doctors who have decided not to transition into specialist training immediately after their foundation programme. These jobs can be done for more than a year, depending on your preference.
- If you want a job that is equivalent to core training level (the next level after



foundation training), but isn't on the training pathway, you could apply for Trust grade jobs. While this is not a training job, you should still have protected supervision and time for Continuing Professional development (CPD) and the opportunity to gain the competencies necessary if you decide to start training.

- If you already have experience equivalent to core training level and want to work at the next stage, you will be equivalent to a non-training registrar. These jobs are called staff grade, specialty doctor grade or middle grade jobs. Like trust grade jobs, there are arrangements for supervision, CPD and career progression.

There are different methods to enter the training pathway, at various points in your career, or progress towards getting a consultant job, as will be discussed in the next few paragraphs.

If you have completed foundation levels in your country (and/ or some time as an F3 here) and want to apply for core training, you will need to evidence competencies expected of a FY2 trainee at the end of their placements. The way to demonstrate this is using a Certificate of Readiness to Enter Specialty Training (CREST) form. Please find a link below of a model CREST form, which gives some information about who can sign the form and what domains of competencies need to be signed off:





<https://specialtytraining.hee.nhs.uk/portals/1/Content/Resource%20Bank/Recruitment%20Documents/CREST%202021%20Reference%20Version.pdf>

This makes you eligible to apply for the core training interview. The portal for all training application in Health Education England is called Oriel:

<https://www.oriel.nhs.uk/Web>

It is helpful to create an account early, so you are aware of all recent information. The CREST form is available on this website and will need to be uploaded along with your application. On completion of core and higher training, you are awarded a Certificate of Completion of Training (CCT) and can apply for a consultant job.

If you enter training at the higher training level (ST4 for Psychiatry) then there are 2 requisites:

- Passing all three parts of MRCPsych exam
- Completion and submission of evidence of having achieved core training competencies.

The certificate that needs completing and submitting at this point is called a Certificate C (Core Competence Equivalence Report). Please find link for a sample certificate C below:

<https://www.nwpgmd.nhs.uk/sites/default/files/Certificate%20C%20%28Core%20Competence%20Equivalence%20Form%29%20for%20August%202015%20intake.pdf>

When you enter higher training following the above, on completion you are awarded a Certificate of Completion of Training following the combined programme route.

Another way to proceed to consultant level is the Certificate of Eligibility for Specialist Registration (CESR) pathway. On this pathway, exams are not mandatory, and you will need to evidence that you have the competencies equivalent to a candidate completing higher training. This is also known as the Article 14 pathway. The link below describes CCT and CESR pathways:

[https://www.nwpgmd.nhs.uk/sites/default/files/CCT%20or%20CESR\\_0.pdf](https://www.nwpgmd.nhs.uk/sites/default/files/CCT%20or%20CESR_0.pdf)



# Specialist opportunities for Higher trainees and Specialty Doctors in Psychiatry

Picking a particular specialty isn't always easy and straight forward. Some people know from the word go what specialty they would like to do and others decide as they go along, based on their experience. Don't feel too bad if you are unsure what specialty to choose, these things become a lot clearer with time.

Also, there are several dual training programmes for those who feel their heart belongs to more than one subspecialty.

One of the most exciting parts of training in Psychiatry in the UK is that it offers a large variety of very interesting specialties. Those subspecialties include Child and adolescent, General Adult, Old Age, Forensic, Intellectual Disability and Psychotherapy. Some trainees choose a dual training option or run through programme. Core training gives you the opportunity to gain experience in several placements, usually at least 1 year in adult psychiatry and 6 months in old age psychiatry. It is advisable that after discussion with your educational supervisor, you request placements that you think you are more interested in, for example Forensics, CAMHS or Intellectual Disability. This will give you the chance to get a better sense of how things work in this particular subspecialty. Discuss and get feedback from several clinicians and also build you CV in such a way that you have more chances of passing your ST4 interviews for that specialty.

## General Adult Psychiatry

As a general adult psychiatrist, you deal with people of 'working age'. This offers

the opportunity to gain experience in a variety of mental health disorders such as psychosis, bipolar affective disorder, depression and personality disorders. It also provides the opportunity to gain further experience in other areas of psychiatry like Addictions, Rehabilitation/Social psychiatry, Perinatal, Eating disorders & Neuropsychiatry as sub-specialties. As members of the multidisciplinary team, clinicians have to address the needs of the patients in a holistic way, focusing not only on medication but also appropriate psychotherapeutic interventions. Also, there is a lot of work on the recovery plan, psychoeducation for both patients and the families and links with external services including social services. The severity of the cases determines what service is primarily involved, as mental health services are structured in such a way as to offer the appropriate support needed e.g inpatient services, crisis teams and community input.

## Old Age Psychiatry

This is another fascinating area of psychiatry that treats older adults, aged above 65 years with mental health problems. There are a variety of opportunities for clinicians to develop their skills in assessing mental health problems and identifying the psychiatric manifestations of comorbid physical health problems. It also involves several challenges and further areas for development like links with external services, social care and safeguarding issues



## Child and Adolescent psychiatry

Working in CAMHS translates to working with families. The most common concerns the younger person presents to mental health services with are related to neurodevelopmental disorders, trauma, attachment difficulties, emotional difficulties, eating disorders and psychosis often linked to substance misuse. There is also a large cohort of young people who attend the services in crisis following self-harming behaviours and associated emotional difficulties, on a background of social stressors. As the main focus of the treatment plan is the system or family, clinicians are inevitably expected to liaise with social services, schools/colleges and any other agencies involved in the families' care.

## Forensic Psychiatry

This area offers a unique experience of mental health and legalities. It involves working in prisons, secure hospitals and in community settings. The main cohort of people under forensic mental health services consists of either people with a mental health disorder that have committed crimes or people who are in prison and become unwell. There is also a big area of research as it combines two different fields, psychiatry and law.

## Psychiatry of Intellectual Disability

It is well established through research that populations with Intellectual Disabilities are a lot more likely to suffer from a mental health disorder compared to the rest of the population. What is more interesting is that the presentation of common mental health problems can be different from that expected, which makes the diagnosis very challenging. The psychiatry of intellectual disability involves working closely with the family, the extended support system and other services including social services and educational and other multi-professional providers.

## Medical psychotherapy

This is a unique area of psychiatry that aims to explore the underlying conflicts that have contributed to the development of the mental illness or to offer some problem-solving strategies. The settings vary from 1:1 therapy to therapy between different individuals; including couples, families, groups and even organisations.

Within most specialties, there are several opportunities to get involved in other special interest sessions throughout higher training. Some of them include academic psychiatry, addictions, eating disorders, liaison psychiatry, neuropsychiatry, perinatal psychiatry, rehabilitation and social psychiatry. Contact the supervisors early enough as certain areas are popular and you may otherwise have to wait until you can be accommodated.

## Useful links and references:

- <https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/what-is-psychiatry/types-of-psychiatrist/general-adult>
- <https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/what-is-psychiatry/types-of-psychiatrist/old-age>
- <https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/what-is-psychiatry/types-of-psychiatrist/child-and-adolescent>
- <https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/what-is-psychiatry/types-of-psychiatrist/forensic>
- <https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/what-is-psychiatry/types-of-psychiatrist/intellectual-disability>
- <https://www.rcpsych.ac.uk/become-a-psychiatrist/choose-psychiatry/what-is-psychiatry/types-of-psychiatrist/psychotherapy>





# Problems experienced by IMGs and Black & Minority Ethnic UK Graduates (Summarised GMC report)

- Poorer relationships with seniors and problems fitting in at work which could lead to fewer learning opportunities, lower confidence, and increased chances of mental health problems.
- Perception that unconscious bias exists in recruitment, ARCPs, and at work.
- IMGs generally experience poorer performance in exams and recruitment which can mean less autonomy in job choice, increased likelihood of being separated from family and support networks, and increased chance of mental health problems. Failing exams can lower confidence and re-sits can be felt to interfere with workplace learning.
- The fear of being labelled as problematic can impede trainees reporting problems, including perceived racism.
- Potential for lack of recognition from trainers about environmental stressors, especially because within medicine there is a belief that failure results from lack of motivation or ability.
- Other challenges include inexperience with UK assessments, recruitment processes and UK cultural norms. There are also difficulties with communication, and in understanding NHS/work systems.
- Cultural differences can impede relationships with colleagues and potentially patients, because of unfamiliarity with UK cultural norms, a feeling of not being understood by UK graduates, and because trainers may lack experience of IMGs' prior training.
- IMGs require significant time to learn about cultural norms and how they apply to them.
- Potential stigma of supplementary help.
- Anxiety about the increased probability of exam failure and potential bias could result in poorer outcomes.
- Visa difficulties and costs, and the ineligibility for jobs can reduce training opportunities.

You can view the full report here:  
<https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:a4f1d331-9779-32d2-9f38-804a1f5025cc>




# Summary of results from the Yorkshire & Humber IMG survey

- 90.9% (30) of IMGs felt there were issues of differential attainment between IMGs and local graduates and also stated that they felt IMGs were more disadvantaged with regards to examinations, ARCPs, reflective writing and receiving constructive feedback.
- 57.6% (19) of IMGs felt they had felt bullied, undermined, treated unfairly or intimidated at one point in the course of their training, with only 29% (9) attempting or feeling able to challenge this. 84.8% (28) of trainees said they felt valued by most members of the team.
- 100% (33) of respondents felt induction programmes, focusing on IMGs and cultural diversity would be helpful for both local graduates and IMGs. The suggested changes were discussed mainly under themes but highlighted the importance of mentoring and greater education of trainers with 93% (31) of respondents recommending that more education was needed for trainers.
- 57.6% (19) stated that they had considered relocating outside the UK after training because they felt they would be better valued elsewhere.
- 90.9% (30) suggested that a book on "Life in the UK for IMGs in Psychiatry" would be a welcomed development by Health Education England in providing standardized information for IMGs new to training in the UK.
- Respondents felt more support, such as inductions were needed for IMGs new to the system. 87% (29) recommended that having IMG leads was important, with 68% (22) recommending the person was an RCPsych trainer.
- Trainees felt that greater accountability and education of trainers, robust support systems and trusted structures needed to be in place to address perceived bias.
- Trainees generally felt that the IMG Leads would offer wellbeing support, play a safeguarding role, offer pastoral care and contribute to induction and educational needs.
- Trainees who struggled to raise concerns did not do so for fear of retribution, concerns about whether trainers would be held accountable, cultural and communication barriers.
- Trainees felt that the gaps in differential attainment could be addressed by mentoring, networking, IMG lead roles, education of trainers and better support systems.
- Respondents felt that Black, Asian and Minority Ethnic doctors could be supported during the COVID-19 pandemic by ensuring individualised risk assessments, raising awareness on its effects on doctors from minority groups, education of trainers and ensuring good support systems.

**This survey was completed in 2021 and led to a number of recommendations, a lot of which have now been implemented.**





# Important Domains identified for supporting IMGs

A survey was conducted in Bradford between 2019 and 2020 among local trainees and specialty doctors and in India among trainees and psychiatrists. This survey identified seven important domains where IMGs need support when settling into medical practice in the UK. This led to an executive summary on differential attainment after which recommendations were accepted by the School Management Committee of HEE YH.

## Seven Domains

1. Life skills
2. System skills
3. Clinical skills
4. Professional skills
5. Academic skills
6. Leadership and management skills
7. Understanding career progression

The above pillars of support are essential in equipping the IMG to deliver high quality care to patients in the NHS and introducing

this at the beginning of training is crucial to ensuring their success. Domains 1, 2, 3 and 4 are needed for starting life and training in the UK while 5, 6 and 7 are part of the ongoing training and development. An IMG may encounter difficulties in one or more of these domains.

The Health Education England, Yorkshire and Humber Deanery (HEE YH) have also created a supervision form to serve as a template for clinical and educational supervisors during supervision to aid discussions with trainees, especially IMGs. HEE YH has put forth a recommendation to all trusts to appoint IMG champions or leads whose role will be to support IMGs. IMGs should be able to discuss their worries and concerns with IMG leads confidentially and they should be able to sign post them to appropriate resources. Unfortunately, in many situations, trainers are not always aware of the IMG's experience in UK or what they have gone through before they emigrated to the UK. Some of them may have come from war torn areas and they would need additional support.



## Pillar 1: Life Skills

This domain is important for an IMG who is settling into a new environment or community as they may be unfamiliar with the new environment. They may also be away from their usual support systems like family and social networks. Several IMGs have ties back in their country of origin and often have financial responsibilities. The absence of life skills can affect their training outcomes directly or indirectly as the implicated factors are time consuming. Each IMG may have a unique situation, but common difficulties include finding an appropriate and safe accommodation, difficulty understanding local dialects or what life in the UK involved (in terms of expenses or understanding the local culture). Other areas of challenge include food, obtaining a driver's license, registering with a GP, meeting spiritual needs (faith), opening a bank account, visa applications/immigration status being up to date, professional support from defence unions, getting a National Insurance number and so on.

**Common difficulties IMGs face include finding an appropriate and safe accommodation, difficulty understanding local dialects or what life in the UK involved (in terms of expenses or understanding the local culture).**




*“Before I came to UK, I read a lot about life in the UK. I had no relatives or friends here. I really struggled to find a place to live. Initially I used a hotel, but it was expensive to maintain. Finally, I managed to find a two-bedroom semi-detached house, but the rent was exorbitant. I am religious and wanted to be close to a place of worship. It took some time for me to find a place that was central in terms of commuting to work and being near a place of worship. I could not drive in the UK but was keen to get this sorted, so I enrolled for driving lessons initially. This was rather expensive. It was a medical admin staff who helped me finally. She linked me up with a trainee who was from my country of origin and he helped me find a less expensive and safe place to live. Also, there were other reputable driving schools who charged far less for lessons”.*

*“An MTI trainee had come to my office to discuss the on-call rota. I noticed that he was sweating and asked if he was ok. He said he had a fever and this had been the case since he arrived in the UK four days ago. I asked him to contact his GP and get appropriate treatment. To my surprise, he had not registered with a GP. I supported him to register with a GP and asked him to contact me if he needed any more help”.*

*“I rented a house near X and got burgled. I moved to another place and also got burgled. I thought I was just unfortunate and had ‘bad luck’ until I discussed with other trainees who told me that I had rented a house in “rough area” both times. I did not know that. I wish somebody had told me about “safe areas in and around X”. As an IMG who was new to the UK, how could I have known this?”*





Settling into a new country and system can be daunting but made less stressful if the right support mechanisms are present. This can evoke anxieties, especially when IMGs do not have good social support networks. They may have worries about their family back home and may have struggles bringing the family to join them in the UK.



*"I rotated across two different NHS trusts in my core trainee years and had to bear the enormous costs of visa applications every six months. I once sent my visa application request and only heard back two months later with a message stating they couldn't find my passport, despite processing the payments immediately. I was disgruntled and had to seek support from my local MP. I ultimately had to process a new passport. Through the process, I felt I could have been better supported by my trust as I still had to meet the demands at work and examination pressures, with no additional support. This was a stressful and anxiety evoking process; characterised by a lot of uncertainty. It would have been helpful if the visa application covered the period of core training as the cost of applying for 6 months was the same as applying for 3 years!"*

*"I struggled with the food in the UK. This was particularly bad because I was pregnant. I lost so much weight and my parents had to send me food stuff from my country. I wish I had known to bring a decent amount of my local food with me or known where to get them at reasonable prices early enough".*



## Pillar 2: System Skills

The framework within the UK would likely be different from those the IMG is familiar with. Being aware of the structures that exist within the NHS, Royal colleges, HEE, GMC, AoMRC, Research organisations, Universities and knowing the role of each of these institutions is important. It is also vital that IMG trainees have a fair understanding of the trust they work for and the key professionals to call on when in difficulty. Many IMGs may not know how to use the IT systems, Dictaphones and may also be unfamiliar with concepts ranging from portfolios, ARCPs, medicolegal frameworks, phlebotomy equipment, copyright and probity issues. They may not completely understand the role of the multidisciplinary team (MDT) including the GPs role in coordinating the patients care or the pharmacist's role in prescribing/providing advice.

Understanding the local system is crucial for the smooth day-to-day functioning of any service. A trainee needs to understand how the system works to ensure safe delivery of care. It is equally critical to know how to use an e-portfolio as this is how trainees evidence that they have achieved their competencies. Many IMG trainees may not know how to use the portfolio, how they arrange Work Place Based Assessments (WPBA) or who to approach, if they feel threatened or harassed. It is pertinent to speak to peers and supervisors about things you are unsure about.

This importance of this domain cannot be overemphasized as not knowing the system well enough can



*“Before I came to UK, I read a lot about GMC, RCPsych, HEE and about NHS in general. I found it difficult to understand the roles of each of these institutions. Six years into my training, I am still struggling to understand where all these fit in. So many changes have happened over the years which have complicated this further. I think as a trainee it would be prudent to understand the functions of all these institutions and how they are linked. It may not be important in passing the examinations, but I feel it is important in understanding the system, where I will be working all my life”.*

*“Where I trained we did not have an electronic portfolio. No one taught me how to use the portfolio or anonymise patient details. I was so fed up and frustrated with it which made me panic. I ended up filling in my portfolio only days before my ARCP. A fellow trainee helped me”.*

*“I had never done dictations in my country although I worked as a consultant there. There was no one to communicate my findings or assessment to and that might have been the reason. When I was given a Dictaphone and a tape, I did not know what to do with it. My letters were a mess as the secretary found it hard to type. I suspect I was speaking too fast and my accent didn't also help. It was my consultant's secretary who helped me to overcome this difficulty. She asked me to dictate a small paragraph and she typed it and asked me to look for mistakes and gaps and listen to the tape. I recognised the problem and realised that I had to speak more slowly and loudly. An exercise she advised me to do was to do fake dictations, listen to it and correct any mistakes. This worked for me”.*





lead to frustration and even burn out. This may lead to errors that are serious enough to affect the trainee's morale. A trainee IMG should discuss their difficulties in this domain with their clinical and educational supervisors during supervision. It is important that the IMGs do not feel discriminated against, harassed or bullied and should be given the opportunity to vent their worries and anxieties through supervision, coaching or mentoring. It isn't a bad idea to consider setting goals and reflecting on the means by which they plan to accomplish them through their Placement Development Plans (PPDs)



*“On my second day as a trainee I was in the ward and I was asked to take bloods for Lithium levels. I went to the clinic room and found ‘small test tubes’ which were in multiple colours. I had only used glass syringes in my country. I did not know much about these vacutainers (which I later learnt they were called). I was sweating. Another trainee on the ward helped me that day and taught me about various colour codes for the vacutainers. Thanks to him.”*

*“I felt my entries and prescriptions were more closely scrutinised. Granted, I was new to the system and was not as familiar with the systems as others were, but often the fear of making a mistake caused me massive anxiety.”*

*“I was in my first year of training when a patient I had seen once ended his life. I was the last medic who reviewed him. I wasn't told about this and only got to know when I overheard some nurses talking about it and broke down crying. My consultant was supportive but that experience was traumatising especially as a new trainee in psychiatry. I feel these issues affect both local and IMGs and wish I could have found out in a more controlled environment”*



## Pillar 3: Clinical Skills

This domain includes knowledge, skills and performance and caters to all aspects of care including risk assessments, safety, MDT working, communication and documentation. It also includes audits and quality improvement projects.

All IMG doctors who come to UK have passed through various examinations and would have been found to be knowledgeable, competent and skilled clinicians. Many of them have been faced with difficulties because of a lack of logistical understanding of systems, rather than the complete lack of knowledge or skill. They may not fully understand the importance of documentation or the implications of breaking confidentiality, as applies in the UK. Also, their understanding of specific mental health frameworks like the MCA and MHA may be limited. Supporting IMG doctors to overcome and rectify the deficits in their training as it applies to practice in the UK is important in overcoming differential attainment in training and would also be helpful in their career progression.

Developing efficient clinical skills and putting them to use are crucial for successful clinical care. To put knowledge into practice, it is imperative that we work as a team, communicate effectively and document clearly. A thorough understanding of the legal framework such as capacity, confidentiality, MCA, MHA etc that govern our practice are also important. For many IMGs, it is not a lack of clinical skills, but how this can be translated into clinical practice in UK that seems to be the challenge.



*“I had difficulties understanding, why I could not or should not talk to a family member about their relative's mental health problems when I came to the UK. Infact, I felt it was important for me to do this. It was during the second six months of my placement that I understood the importance of capacitous consent from the patient before I talked to their relatives. My consultant sat with me and explained the importance of all of these for which I was grateful. I felt these issues could have been emphasised more given the differences that applied where I trained”.*

*“A week into my training, whilst on call, a nurse phoned and told me “You need to come and put Mr X on a Section 5 (2). I had been told what a 5 (2) was but did not know much about its application in clinical contexts or settings, so I followed the advice of the nursing staff. On another occasion, I was asked to complete a capacity assessment for a patient with dementia. Having trained in X, we had been taught about capacity assessments, but I had never done one practically as it wasn't part of my training there. I feel that it would be helpful if all IMGs get a separate session on legal frameworks in psychiatry.”*

*“I had no idea what an audit meant when I came to the United Kingdom. Over time, I learnt what it meant and also understood the difference between Qis and audits. I unfortunately received a negative outcome in my ARCPs, but ultimately became more knowledgeable about issues of clinical governance.”*



Deficiencies in this area can lead on to IMG doctors facing disciplinary actions and negative ARCP outcomes.

This pillar is perhaps the most important domain that a doctor should develop as it is central to his/her professional practice. An IMG trainee should discuss their difficulties in this domain with their Clinical and educational supervisor. Their supervisors should discuss practical steps within supervision and include them in their PDPs.



*“A long time ago when I started as a trainee, I did not fully understand the importance of the MDT. In my country of origin all decisions were taken by doctors. It took some time before I understood the importance of the MDT and care coordination. Also, there was one occasion when I saw a patient and decided, to put my entries on the system later. The next day, I found out that the patient had been admitted to the ward with a self-harm attempt. It was an error on my part. I discussed this with my supervising consultant, and he was very supportive and taught me the principles of risk assessment, taking contemporaneous notes and communicating with professionals when risks are identified. I now understood the importance of unlearning certain things that I learnt (for example, that doctors are the primary decision makers) and replacing them with new things. I am hopeful that future inductions will emphasise this more.”*

*“I was doing my second six months as an SHO in Old Age psychiatry. I speak quietly and because my patients were elderly, some of them were hard of hearing. I had always found it hard to do an MMSE, as it needed my voice to be clear and loud. I used to start my assessment like a soprano that faded into a frail voice, but the patients were kind to me. Once I asked for feedback and the patient replied; 'you are a very nice gentleman, but I can't understand what you are saying'. I felt bad about this and approached my consultant the next day and he said, 'why don't you introduce yourself and explain that you speak softly. If the patient doesn't understand, they can stop you and ask you to be clearer'. I followed this advice and it helped immensely. IMGs need support and training in communication”.*



## Pillar 4: Professional Skills

This covers some of the proficiency skills which are sometimes not obvious to the IMG doctor. They include an understanding of CPDs, reflective practice, local clinical protocols, national guidelines among others. This also covers professional relationship with regulatory bodies like the GMC.

These vignettes highlight some of the difficulties that an IMG trainee may experience whilst settling into practice in the UK. Failure to develop the appropriate professional skills can lead to problems with local and national regulatory bodies. IMGs need to seek appropriate supervision from their Clinical and educational supervisor and accentuate deficiencies. They could include the needed areas of development in their Placement Development Plan.

**Failure to develop the appropriate professional skills can lead to problems with local and national regulatory bodies.**



*“We did not have portfolios or platforms to reflect on lessons from clinical practice in my country of origin. Even if we had such opportunities, I suspect that most people would have struggled to include their failures or mistakes on such platforms for fear of being labelled as negligent. When I started to write reflections, I did not realise that I was only writing about the positive things I had done in clinical care, which did not reflect self-learning. I did not put any reflections on academic, or professional relationships with the wider MDT. On a few occasions, my entries about the clinical and non-clinical experiences seemed as though I was justifying my response rather than learning from them. I really wish I had some training and a more in-depth understanding on reflective practice earlier”*

*“I came to UK in 1998 from India. I had no clue about national guidelines or local protocols on clinical and non-clinical care. At the time in India, we did not have national guidelines on clinical care or audits. We mostly relied on what was written in text books and what teachers asked us to do. The quality of care was linked mostly to patients getting better and as a result, errors were often overlooked. When I came to UK initially, I felt slightly annoyed by the number of guidelines and protocols I had to follow and felt textbooks would suffice. I became more and more aware of the importance of this as time went on and found it helpful when I began to work more independently as a final year SHO and into my SpR training. Looking back, I fell very lucky that I did not make any major mistakes in clinical care. I wish someone had emphasised the importance of the protocols and guidelines earlier.”*





*“I came to the UK in 2003. I did not know what CPDs meant. In my country of origin, we had CME (Continuing Medical Education) and not CPDs. CPD seems much more comprehensive, covering various aspects of leadership, clinical skills development and academic aspects. I came to know about the importance of this only after a year into my training. I wish I had known about this earlier on in my career.”*



## Pillar 5: Academic Skills

This include developing skills in research, MRCPsych examinations, success in ARCPs, Diplomas, Masters, PhDs etc. Achieving Academic skills are important as they are an important factor in progression during training. Many IMGs struggle to pass exams and also achieve successful outcomes in ARCPs. This again may not be related to the knowledge base of an IMG but down to a shortfall in understanding the requirements for ARCP. Sometimes, IMG doctors do not have experience in research and a clear understanding of basic concepts of research would be needed at the beginning of their training. They will also need to know the importance of evidence-based medicine in clinical practice which has a direct link to research.



*"I only had a vague idea about research concepts when I came to UK even though I already had a post graduate degree in psychiatry. Three years of postgraduate experience had given me an idea about dissertations. I thought research would be similar as I wanted to be an academic. It took me a lot of time and effort to understand what real research meant and how to become a renowned academic. I believe that as IMGs, we are at a disadvantage with this. I wish we were told early enough about medical research and how it works from the beginning of our training through the various grades".*

*"I failed to get successful outcomes twice in my ARCPs because I did not pass my exams. I had put in a lot of effort before each examination and felt very disappointed, disheartened and useless. I had a very supportive supervisor for my fourth posting. He sat with me and identified some of the problems. I was reading textbooks without checking my knowledge by answering questions from the question banks. I never had a study group (I am a bit of a loner) and I had not gone for any courses as I had financial constraints. He said I have to join a study group (with people I was comfortable with) and also supported me in getting some additional funding to attend courses. You wouldn't believe that I passed the two exams- CASC and paper B after that. I am super grateful to him for the support. I wish I got this support earlier and someone channeled my efforts in the right direction."*

*"I was always being told that my reflections weren't up to scratch. No one ever thought me how to do reflections the right way. This wasn't something we used in my home country. It would have been easier if someone had pointed me to resources that would have helped me develop in this area"*



Passing exams and nurturing useful academic skills are important for every doctor's career. ARCPs are designed to evaluate the progress a trainee is making and also helps highlight any difficulties or areas of development. This allows adequate support to be put in place to mitigate those difficulties. Research is central to evidence-based medicine and understanding the principles of this at an early stage in training is crucial. Many IMG trainees, including higher trainees need additional support in understanding this domain well. Starting this process early helps trainees decide what route of training to take, whether academic or routine.



*"I was Initially overwhelmed and disappointed by the statistics about IMG pass rates in examinations and thought I had no chance of passing the exams. I must however say that I found the experience of CASC a lot better than expected, which highlights the importance of having the right mindset. I was able to meet with people to practice so didn't feel isolated revising for long hours. I watched a lot of practice videos and asked anyone I knew that had passed CASC for advice. I found that any piece of advice, even a quick corridor chat with a colleague was very helpful. Practicing for CASC also helped me improve my clinical practice and boosted my confidence, as my approach became a lot more structured and efficient. A couple of weeks before my exams I stopped thinking about whether I would pass or not, after all this was not my job but the examiners to judge. Statistics are right, IMGs pass rates are lower but when it comes to individual experience, other things matter more. CACS is not a difficult exam that people, especially IMGs should be worried about, but an exam that asks you to perform and display what you love best; it is psychiatry in practice!"*

*"I was told by a supervisor that IMGs do not pass exams. Whilst it is an established fact that IMGs struggle more with passing the exams, I felt stereotyped and felt he didn't believe in me or see my potential. That experience was a strong motivating factor to succeed, and I did!"*





## Pillar 6: Leadership & Management Skills

The GMC highlights that being a good doctor means more than simply being a good clinician. In their day-to-day role, doctors can provide leadership to their colleagues, provide vision and foresight for the organisations they work for and the medical profession as a whole. Unless doctors are willing to contribute to improving the quality of services and speak up when things can be done better, patient care is likely to suffer.

Although leadership and management roles may seem laborious and boring for many doctors, it certainly helps influence service provisions and helps the doctor develop important skills in the process. Many IMG trainees have had only a limited experience in leading health care systems before moving to the UK as they are often mainly involved in clinical care and clinical decision making. Some doctors may not be aware of the cost implications and efficiency savings that are needed to ensure the smooth running of services in the NHS.

The importance of medical leadership becomes even more pertinent when a doctor becomes a senior clinician or a consultant and highlights the importance of developing these skills from an early stage in their career.



*“I was a consultant psychiatrist before I came to UK but ended up starting as an SHO. My focus was on clinical knowledge and passing the exams. These I did successfully in the stipulated time. I soon started as an SPR and got my CCT in GA. I had never thought about leadership and management as a skill that I needed to acquire for working and contributing to the NHS. In my country of origin, a doctor is a clinician and the more senior you become the better people expect your clinical skills to be. It was in my final year of SpR training that I understood the importance of leadership skills. As I observed my consultant who was a member of the senior medical leadership, I realised he was able to influence some important decisions in service design. His experience as a senior clinician and his ability to lead the team was important. As an IMG, I feel I would have been able to contribute a lot more if I had been involved in leadership activities as a junior trainee”.*

*“I felt some members of my team were condescending and made subtle comments about me which I found very uncomfortable. I had just started my higher training and was learning the ropes. I was learning to lead the team and develop my own leadership style. I felt I had to work ten times harder and that they accepted and treated the local trainees differently to me”.*

*“As a single mother, I often had to take time off work to care for my child. I would get very uncomfortable comments and looks on my return to work. I didn't feel other trainees were treated that way which was upsetting. Someone once asked if I had completed a clinical letter when I told them my child was ill and I needed to go pick them up from school”.*





There is a general perception by trainees that Leadership is something 'senior clinicians do, so let's leave it till later'. This is especially true for IMGs, who often have other competing responsibilities.

Reflecting on your clinical practice and feedback can be a helpful way to understand what sort of leader you are. Furthermore, adopting flexibility, open mindedness, and patience are crucial tools to navigating this. A self-reflective clinician will inspire others to work together to provide efficient care and services.

Generally, an individual's experience over time can help them see the broader picture and identify what is needed to manage limited resources while ensuring maximum benefits. Even though leadership can feel daunting in a new and unfamiliar environment, we all need to recognise that our confidence grows with time. Also Having the right mentors and coaches cannot be overemphasized. It is important to discuss the best way to go about developing leadership skills with your supervisors but remember that it all starts with small steps like chairing the MDT or leading on a Quality Improvement (QI) project.

The need for leadership development can be identified by clinical and educational supervisors who would be able to signpost

IMGs to appropriate resources. They should be encouraged to take up leadership roles that are within the realms of their capacity and have appropriate support and training to evolve in this area.

The GMC expects a doctor to be an excellent clinician and also to be a good leader. Acquiring the right leadership skills can only be possible if doctors utilise leadership training and opportunities made available to them. Leadership and management are rewarding roles as they give the clinician the opportunity to influence service delivery and implement policies.

**Even though leadership can feel daunting in a new and unfamiliar environment, we all need to recognise that our confidence grows with time. Also Having the right mentors and coaches cannot be overemphasized.**



## Pillar 7: Understanding Career Progression

It is important that all trainees know about the various career routes and opportunities for progression. IMGs are usually at a disadvantage in this area due to the gaps in their knowledge of the system. They can often be focused on completing training successfully and miss out on the opportunity to plan ahead. This requires a lot of foresight as the skills to cultivate a flourishing career and ensure a satisfying progression are often developed in training. Several successful IMGs have expressed their frustration around the gaps in information around systems for career progression and career opportunities early enough. Many IMG trainees and consultant do not recognize the opportunities until later in their careers.

Most IMGs are aware about the routes to becoming a consultant but less so about what opportunities exist to progress in their chosen endeavors. This is changing albeit slowly and is something we need to encourage, as we need a more culturally diverse workforce to cater to the needs of a clinically diverse population.

**It is important that all trainees know about the various career routes and opportunities for progression. IMGs are usually at a disadvantage in this area due to the gaps in their knowledge of the system.**



*“When I came to the UK, I assumed that if I worked hard enough, I could become a consultant and that would be enough. I was successful as a trainee and soon obtained my CCT to become a consultant. I didn't feel my strengths were in leadership and management and was not interested in becoming a leader. I continued with my clinical practice and realised that I was stagnated. After seven years, I had a coaching session and met with a senior colleague who explained the four routes of career progression and how I could make my time in the NHS more productive and innovative. He explained the possibility of being an educator (developing workforce), an academician (influencing policies), a leader (executing policies) and a clinician (Implementing clinical policies). I realised that my natural abilities were in becoming an educator. I wish such concepts are told to us early in our career”.*

*“I didn't get regular clinical supervision and didn't feel confident enough to speak up about it to my clinical or educational supervisor for fear of the negative impacts that would have had on my career”.*





# Help for Trainers

IMGs are as varied as non-IMG Doctors in Training (DIT); from a variety of geographical and cultural backgrounds. It helps to know your IMGs background, and often the varied and hard-working route that they have undergone to get to their current training stage.

Like all Doctors in Training, IMGs provide a rich positive impact to the clinical services in which they work. It is important for the trainer to develop an approach that allows them to spend time getting to know all DITs, but especially IMGs. Understanding their clinical background, personal circumstances and any important personal issues is crucial to knowing how best to support them. They may struggle to vocalise their challenges or ask certain questions for fear of being perceived badly by trainers and others. It is often useful to find out what areas an IMG DIT needs particular help to navigate, as taking the time to get

to know them helps trainers anticipate any future issues and tailor training to best support the DIT. This provides practical opportunities for advice on issues such as local non-work services, amenities, accommodation, driving, cultural opportunities amongst other things.

IMG DIT can provide fascinating forums for discussion on aspects of clinical service, such as hierarchy of our teams, multi-professional working, family and carer issues. It is massively rewarding to watch them evolve and develop through the support received from trainer's in improving communication skills, local knowledge, career progression and CASC preparations. This has worked best with careful and respectful exploration with the IMG DIT of their perception of their strengths and weaknesses, support with areas of need and checking out progress.





It has often been useful to support IMGs to obtain a local DIT mentor, sometimes from an established other IMG DIT, but also other UK graduate DIT. These matches should be done after careful consideration to ensure both parties derive maximum benefits from the relationship. A number of the training rotations also have informal mentoring schemes.

HEE YH have developed a Reverse Mentoring Scheme, which allows trainers to spend time with an IMG DIT, to more fully understand their experiences, and how to support their development. This is an opportunity we would recommend to other trainers. They have also developed a supervision prompt to help trainers support all DIT but also highlights areas that might be peculiar to an IMG. We encourage trainers to speak to their Director of Medical Education, Trust IMG Lead, other IMG trainers and TPDs if they are unsure about how to support an IMG.



*“I have been a trainer for the last twenty odd years. I have trained doctors from varying backgrounds and ethnicity. I am also an IMG and have noticed that we are not a uniform group. Every doctor is unique in his or her experience, even if they belong to the same country. I have had trainees from the middle east, eastern Europe, Nigeria, south Asia and far east. In my initial phase as a trainer, I struggled to understand their needs and felt their communication skills and knowledge about systems were sometimes inadequate. At that time, I did not know how to support them. Now things have improved. I feel reverse mentoring is a great idea...and trainers need training. Furthermore, non-medical staff who deal with the medical work force also need to know and understand the diversity in culture and knowledge that exists among the medical staff, especially IMGs”.*



# Practical Advice & Wellbeing



## Visa Applications

It is important to start the process of obtaining or renewing your visa early enough in advance. This is usually costly, especially if you plan to renew visas for your family as well. It is essential that you save up for this so you are not caught unawares. The rules and conditions for applications change from time to time so we would advice that you read the information on the government website. Some people prefer to use the services of solicitors to fill forms and for advice.

Please refer to the link for further information:

<https://www.gov.uk/browse/visas-immigration/work-visas>

## National insurance numbers

National Insurance (NI) is a part of your earnings that is contributed monthly into a

**The process of obtaining or renewing your visa is usually costly, especially if you plan to renew visas for your family as well. It is essential that you save up for this so you are not caught unawares.**

government fund. This scheme started in 1911, and the purpose was to provide some support to people whose income stream has been interrupted due to various reasons. The amount collected through National insurance contributions serves to fund some parts of the NHS, statutory sickness pay, disability allowances and maternity pay.





The applications for an NI number is a simple online process and can be done in a short time following this link:

<https://www.gov.uk/apply-national-insurance-number>

While applying for the NI number please have these documents to hand:

- Your passport
- Your Biometric residence permit (BRP) to work in this country

It generally asks for proof of identity to be submitted online and in some cases, copies of documents might be requested. After submission of the application, you will receive an email with a reference number, which you should save. The email will also inform you if any additional documents are needed. Once application is completed, you should have your NI number within 8 weeks.

Recently NI numbers have been issued along with the BRP, enabling you to work

in the UK. Please check your BRP as it might already have the number, in which case you can go ahead to share it with payroll.

Doctors in training will pay a fixed percentage of their income into the NI pot. The link below will help understand you NI contributions, depending on incomes:

<https://www.gov.uk/national-insurance/national-insurance-classes>

<https://www.gov.uk/national-insurance/how-much-you-pay>

Once the NI number is sorted and shared with payroll, you do not need to do anything further about your contributions. You will find that a certain portion of your pay is contributed each month.

If your work circumstances change, you may to notify appropriate persons, and this is the link for more guidance on those procedures:

<https://www.gov.uk/national-insurance/change-of-circumstance>.





## Driving

Some people argue that one of the most important practical life skills to possess in the UK is to drive, even though the UK is ranked amongst the top 20 countries with the best transportation links.

Driving generally allows independence in getting around, saves valuable time and is also more comfortable, especially if you have a family.

Listed below are a few other reasons why driving is advantageous:

1. Some Trusts have sites in the community which may not have excellent public transport access links.
2. Community posts would most likely involve home visits which can be difficult to do without a car.
3. During on calls, you may be required to travel to the patients' home, other hospitals and police stations. Some of this might occur at night where public transport

services may be greatly reduced or non-existent unless you take a taxi.

4. Another advantage of driving is that a car makes the demands of childcare and school commitments more stress free.

Most Trusts reimburse you for your mileage which can be claimed back. It is however prudent to factor in the financial costs involved in learning to drive in the UK and maintaining the car you own or lease before deciding.

An agreed system where some trust sponsored taxis can be used when on call or between sites exists in some Trusts. Remember that there may be longer waiting times, especially during peak periods so factor this in. It is however crucial to consider your safety in deciding whether to drive or take a taxi, especially when attending isolated/remote sites at night as the taxi driver could wait to see you go into the building safely before leaving. Speak to other trainees and Supervisors if unsure.





The UK driving test has 2 parts, theory and practical.

Theory tests can be booked at:  
<https://www.gov.uk/book-theory-test>

Practical tests can be booked at:  
<https://www.gov.uk/book-driving-test>

You would need to have lived in Great Britain for at least 185 days in the 12-month period before you apply for a full driving licence. Please note that you can drive in the UK for a set period with a non-GB (International) license. It is important to mention that this may attract a higher insurance premium though. Please follow this link for further details about it:  
<https://www.gov.uk/driving-nongb-licence>

It can feel challenging to get used to the right-hand drive if you have come from a country that uses the left-hand drive.

If you have booked a test and want to change the date/venue for whatever reason, then this is the link for it:  
<https://www.gov.uk/change-driving-test>

Preparing for the practical test can be time consuming, so booking lessons early enough is advisable. It is usually cheaper to book a block of sessions together rather than pay for each lesson individually.

Your driving licence can be for an automatic car, which enables you to drive an automatic car only. If you procure a manual car licence, you are authorised to drive both manual and automatic cars.

If you work for the NHS, then you can avail yourself of the NHS fleet services. Please find the details here:  
<https://www.nhsfleetsolutions.co.uk/>



## Finances

### Credit Score

One of the most key elements in migrating to the UK is your journey through the financial system. Establishing a strong financial history requires a good understanding of how the UK financial system works. It comprises a wide array of factors interacting in a complex but structured system and understanding the importance of not having a bad credit history is crucial. One of the indices lenders use to monitor your credit history is the Credit scoring system. The credit score is a cumulation of your credit activities and history. It is derived from a cumulation of all your financial activities, for instance, number of loans a person may have, number of times an individual might have defaulted in loan repayments, number of bank accounts you have opened, number of credit cards you own, and even number of times you may have performed a credit check (which I will be explaining later).

The Credit score is key to how easily you will be able to access the financial system and utilise the abundant facilities and packages it provides. Lenders and creditors view your credit history as a way of gauging if you are a safe and responsible client whom they will be happy to offer financial support packages to, such a mortgage to buy a house, offering lease deals if you chose to buy a car, insurance packages for everything from travel insurance, car insurance, health insurance, house/content insurance and even life insurance. Other financial packages can be as simple as trying to buy a new phone on a contract, so you pay over a number of months, getting internet and TV services such as SKY and BT, applying for a personal loan to enable you carry out small projects like building an extension in your new home or starting up a business.



We believe that the importance of the credit score has been shown to be not only vital to one's smooth transition into life in the UK, but also continues to play a role in your day to day life going forward.

#### When do I first get a credit score?

You only begin to have a credit score, 6 months after you first start to build a financial history which could be by applying for credit facilities such as a credit card, or other financial lending facilities. From the moment you start this, your credit score starts to build.





### What is the best way to check my score?

There are various services and apps that you can utilise to regularly check and monitor your credit score, and it is good practice to regularly do this. Some examples include Experian and Clear score. These services offer free credit check services, tips on how to grow your credit score, as well as regularly show you good deals on various credit facilities such as credit cards, personal loans and mortgages.

### What are some of the tips that can help me improve my credit score?

**1. Joining the electoral roll:** Check as soon as you can, whether you are eligible to vote in UK elections. For instance, Citizens of commonwealth nation (Commonwealth citizens) who do not require leave to enter or remain in the UK or require leave and have been granted such leave, can register on the electoral roll and vote in parliamentary and local UK elections. Any type of leave to enter or remain is acceptable, either indefinite, time limited or conditional.

[theelectoralcommission.org.uk](http://theelectoralcommission.org.uk)

**2. Pay your bills on time:** Ensure to pay all bills in time, this is made easier by setting up direct debit payments on your bank accounts so you don't forget to make these payments. Defaulting on payments for your bills can significantly harm your credit score.

**3. Apply for a credit card and use it responsibly:** Having a Credit card can help

improve your credit score if used responsibly. This means trying to avoid spending close to your credit card limit and paying off credit on the card within the monthly time limits regularly without defaulting. Creditors view such financial behaviours favourably. Like with bills, ensure to not default on regular monthly repayments as this can negatively impact on your credit score.

**4. Limit the amount of Bank accounts you open and try to avoid closing accounts regularly:** The longer you hold on to a bank account, the better the impact on your credit score. Also, not having too many bank accounts is viewed favourably by lenders and creditors.

**5. Avoid too many hard credit checks:** As much as possible, try to avoid too many hard credit checks. In addition, try to ensure as best as you can that any credit check that is being carried out as part of an application for a financial package, has a high chance of being successful, as you do not want too many rejections for such applications on your financial history.

### Discounts

NHS staff are entitled to a number of discounts if you have a blue light card. Also some restaurants and companies offer discounts for various items if you work for the NHS. This can save you money, so look it up online or ask one of their staff.





**It is important to consider a few things before choosing a bank which includes access to online banking via the mobile app, low monthly fees, limitation on number of transactions and a local branch.**

## Opening a UK bank account

Having a bank account is essential for life in the UK.

To open a bank account, the following documents are required:

1. A proof of identification (passport or driving licence)
2. A proof of address (it is important to check with the bank regarding this as each bank has their own list of documents that they will accept as a proof of address – tenancy agreement or mortgage statement, electricity or gas bill, a council tax bill.
3. Wage slips (can be obtained from the hospital payroll department or can be printed via NHS Electronic Staff Record)

4. Evidence to confirm the right to work in UK

All the documents must be original and issued within the last 3 months.

The application process includes collection of all the required documents, completing the bank application form, booking an appointment at the local branch, attending the appointment to show original documents, and making a deposit. It can take a few days for the bank card and PIN number to arrive through the post.

Most of the banks offer an online account to monitor your income. An app can be downloaded to manage outgoings and transfers.

Opening a bank account is totally free of charge. Most of the ATM machine are free to use if you have a UK based debit card. At some places such as airports or railway stations, there may be a charge for cash withdrawals.

It is important to consider a few things before choosing a bank which includes access to online banking via the mobile app, low monthly fees, limitation on number of transactions and a local branch.

It is possible to open a bank account from overseas, but it would require a large initial deposit and some banks will charge a monthly fee on top.





## Accommodation

Finding the right accommodation is an important factor when trying to settle into a new environment. Some hospitals provide accommodation but be mindful that this may not be suitable for families.

There are a few websites which contain lists of houses to rent or buy in the UK (Rightmove, Zoopla). Visiting a local estate agent could also be helpful in finding a property that ticks most boxes for you and your family if you have one. Please be aware that agents sometimes charge fees for their services, if you take out a contract. It is important to read the terms and conditions carefully and ask someone you trust to check the fine prints with you if unsure.

One important thing you'll need to consider before you start looking for a property to rent is how much you can realistically afford each month. It is important to have a budget and factor in other utility bills and expenses. Another thing to be aware of is

the tenancy deposit fee which usually gets returned if the property is left in a good state of repair. Your landlord should deposit this amount into the Tenancy Deposit scheme.

(<https://www.tenancydepositscheme.com/>) so you are both protected in the event of any disagreements. Most landlords request that you sign a contract which could range from 3 months to 12 months. It's advisable to sign the contract for the shortest period possible in the event that you do not like the area or need to move, in order to be closer to a different work base when rotations change. Generally, rental fees tend to be cheaper the further you move away from London and other big cities.

You may also choose to stay with family/friends, use a hotel/ Air B & B or even purchase your own property (cash buyer or mortgage), depending on your circumstance. We encourage you to consider things carefully and seek appropriate advice before committing to buy a property.





**it is prudent to consider good social support networks, especially with regards to childcare and appropriate cultural support structures for you and your family.**

Listed below are a few things to consider when looking for suitable accommodation as a lot of time can be saved by having local amenities nearby. These may not all be applicable to you.

1. Corner shops/Supermarkets
2. Local bank branch
3. Post office
4. Schools/ day care centres (If you have children, then it's important to have good schools in the area. An Ofsted rating for the schools can be found on the school websites.
5. Good transport links
6. Green spaces and play areas
7. Restaurants
8. Places of worship
9. Sports centres/ community centers

It is vital to do sufficient research about the area where you are looking to live. It is not usually sufficient to rely mainly on pictures

or descriptions of the property from generic websites or estate agents. Making a few trips to the preferred area is normally helpful as it gives you a sense of the communal life and values of the people in the area. Some areas can be busy or noisy even at night, especially when they are close to pubs and bars. This can be challenging, especially if you have a family with young kids. Certain areas are classed as "rough areas" to live in and may have more social deprivation and higher crime rates. These areas tend to have cheaper rental properties compared to others which can be tempting especially if you have a tight budget. It is however crucial to consider your safety and that of your family. You can check local crime data in that area using the UK police website (<https://www.police.uk/pu/your-area/>).

Furthermore, it is prudent to consider good social support networks, especially with regards to childcare and appropriate cultural support structures for you and your family. Another aspect to consider is the distance of travel from home to your work base and how wide the geographical area you may be expected to rotate within is. This is particularly important if you do not drive. Think carefully about safe parking facilities and if you would need to pay for this as that may be an added expense. Also remember that the place you live can affect your insurance.





## Family and Childcare needs/schools

A decent number of IMG doctors have young children by the time they relocate and start their career in the NHS. Although relocating with families throws in an extra layer of responsibility, there are so many immigrants who choose the UK specifically for a better work-life balance. World-class public funded education for their children (ages 4-18 years) is another inviting factor that IMGs consider.

There are special Healthcare related work permits for family members (spouses or civil partners) and children who are under 18 years to get registered as dependants with government guidelines to ensure the process runs smoothly.

Once you have decided where you want to reside with your family, you will need to register your child with the local authority, which can be a borough, county, town, district, or city council. This can be done by post or online and this legal requirement determines the nursery/ primary school placement. You will usually have several choices for where your children will receive

their education, but bear in mind that some of these schools may be oversubscribed or have selective criteria for entry.

If you decide to educate your child privately, there are private schools with limited scholarship provisions in each area which you could explore. You should consider the financial implications of this carefully before going down that route.

Below is a brief breakdown of public and state-funded education by age groups:

### Early years (0-4 years)

Childcare for this age group is essentially not publicly funded although, all 3 to 4 year olds are entitled to 570 hours of free childcare per year. This can be with nurseries, preschools, playgroups or accredited childminders.

On average full-time nursery is expensive and can cost around £200 to £300 a week depending on the provider.

Helpful resources:

[www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk) ·  
[www.workingfamilies.org.uk](http://www.workingfamilies.org.uk) ·  
[www.childcare.co.uk](http://www.childcare.co.uk)





**A normal school day is usually 7 hours and mostly runs between 08:30 and 15:30. Some schools may have longer or shorter days. A babysitter or childminder may be required for childcare outside these hours.**

### **Primary school age (4-11 years)**

Childcare for this age group is essentially not publicly funded although, all 3 to 4 year olds are entitled to 570 hours of free childcare per year. This can be with nurseries, preschools, playgroups or accredited childminders.

Once a child is four years old, they are eligible for primary school education from the beginning of the next school year (the school year runs from September to July). Eligibility is in any primary school in the catchment area; although some schools are in higher demand based on their Ofsted ratings, reputation, religious affiliations and so on. You are advised to provide a hierarchical list of preferences rather than a

single choice in the event that you cannot be given your first choice. Allocations are then based on factors like your preference, siblings attending the same school, availability of place, religious affiliations and catchment area. You could choose to appeal against the decision if your child was not accepted by a school and you believe certain things may have been missed in the initial consideration of their case.

### **Secondary school age (11-16)**

Children from 11 years start secondary school, and application for secondary level schools is very similar to primary schools. Some schools like Grammar schools and private schools are selective and require entrants to complete a selection process which mostly includes examinations. Education is focused on more advanced subjects, working towards attaining GCSEs at the time of graduation (16 years of age).

### **Further education (16-18)**

Education is compulsory till 18 years in the UK. There are a number of options available on completion of secondary education. These include going onto sixth form (academic bridge between secondary and university education), attending college or starting an apprenticeship scheme.





### **After-school clubs and out-of-hours childcare in the UK**

A normal school day is usually 7 hours and mostly runs between 08:30 and 15:30. Some schools may have longer or shorter days. A babysitter or childminder may be required for childcare outside these hours. However, many schools in the UK offer 'after-school clubs' or similar groups for wrap around care, to cater to the needs of parents who cannot collect their child(ren) at the end of a regular school day for various reasons.

### **Childminders/baby-sitters**

Childminding is quite common in the UK and well regulated. Independent childminders and childminding agencies must be registered with Ofsted, the regulatory body overseeing childcare standards in the UK.

Childminding/babysitting costs in the UK vary. On average, 25 hours of childcare for a child under two can range between £120-£200.

### **Live-in nannies and Au pair's**

There are also live-in nannies and au pairs available in the UK. The costs for live in nannies are considerably higher. On average,

live-in nannies can cost between £450 to £600 per week, not including national insurance and lodgings. Au pairs are usually cheaper as they usually emigrate short term to embark on learning the language or gaining experience of another culture and opt to stay with a family to help with childcare during this time. The family in turn provide suitable accommodation, food and a stipend. There are a number of agencies that anchor these processes, but it is important to ensure that you are satisfied with the individual you bring into your home and have carried out the necessary checks.

### **NHS and Childcare**

The NHS is committed to ensuring that staff with children are supported. However, many NHS trusts do not provide on-site childcare for children of staff. Many hospitals have nurseries and private childcare options (especially for early years) within a reasonable travelling distance. Your colleagues at the hospital are more than likely to be able to suggest local childcare providers suitable for somebody on an NHS schedule. Helpful resource: [www.moneyhelper.org.uk/en/family-and-care/becoming-a-parent/childcare-costs](http://www.moneyhelper.org.uk/en/family-and-care/becoming-a-parent/childcare-costs)



## Differences in culture and language

Moving from a different country as an adult is an experience that brings a mixture of feelings. The excitement for something new is combined with the feeling of loss and homesickness. Everything is new and feels so much different from what you have been used to especially at the beginning which can be really overwhelming at times. However, there is a constant urge and curiosity to discover new things.

The first and main challenge is the difference in language. Verbal communication is one of the main diagnostic and therapeutic tools in psychiatry and this may have to be done in another language. Interaction with patients, communication with colleagues, sharing thoughts, feelings, emotions when unexpected things happen at work, making jokes, understanding jokes, being spontaneous all depend on language. You ultimately realise that the level of your spoken English may never be at par with your mother tongue and that can be quite disappointing. The accent and prosody remind you that you have to slow down which can be really frustrating and there might be times when you finish work with an overwhelming feeling of loss.

However, It's not all doom & gloom! Everything improves with time and practice. It is worth remembering that non-verbal communication is always present and unconscious connection can always be achieved. Trying to work and live in a country as a non-native speaker is an excellent opportunity to become proficient in another language without having to take any extra lessons.

It is well known since ancient years that people have the need to live in societies. There are structured in such a way that



people share the same ideas, traditions and values. Traditionally UK is known to be a multicultural country which makes it a lot easier for people who come from abroad to adjust. Exposure to a different culture triggers the need to share similar practices from your own culture which transforms interaction to a unique learning experience.



## Food

Food is seen as more than a means of survival and is often an important aspect of peoples lives and cultures. The food available in the UK would likely be different from what you are used to in your country of origin. It is however important to get acquainted with them and try out some local foods as you just might like them. Another reason is that most hospital cafeterias/schools serve local meals. Remember that this can be an important ground breaker during conversations and social outings.

Nowadays, worldwide franchises of multinational food companies are more widespread, particularly in big cities. Specialised diets and personal preference around Gluten free, vegan, halal or kosher meals are also available and can be ordered online if you are based remotely. Its however important to realise that the same dish prepared in the UK may have slight differences, for example in spice content, texture or flavour.

If you enjoy cooking you own food or prefer home cooked meals, ingredients can be brought from local world food shops and recipes obtained from books or online videos. A decent number of supermarkets now stock more international food items and have a "multinational or world foods" section. They often sell delicacies like starters and desserts which are ready to eat! You might find it worthwhile to keep an eye out for promos or multibuy offers and discounts if you love a bargain.

Eating out regularly is expensive but there are a wide range of options if this is what you prefer. Ordering takeaways is a popular choice, with common companies like Just Eat - <https://www.just-eat.co.uk>, Uber Eats - <https://www.ubereats.com/gb> and Deliveroo - <https://deliveroo.co.uk> providing access to a wide range of options, depending on your location. You could also order food



from them and pick this up yourself. Remember that some of these platforms give special discounts to NHS staff so be on the lookout. After eating out in a restaurant or on taking delivery of an order, you could offer a tip to the staff, which is purely optional in the UK.

In the UK, shops maintain special hours on Sundays and bank holidays. It is important to check their opening and closing times before embarking on a visit to avoid being disappointed.



## Support Systems: Peer support and social media

A decent number of IMGs who are new to the UK practice may not know anyone in their local area and have very little social support. There is often the absence of practical and hands on information available at their finger tips as a result. This may result in them making avoidable mistakes that can often set them back. As a result of the gap identified, buddy and mentoring system were established by the school of Psychiatry and supported by various Trusts within the Deanery. Some Trusts have gone further to appoint IMG leads /Tutors who play a pastoral role.

More experienced trainees are encouraged to volunteer to become a buddy or mentor to the newer trainees who are matched based on similarities like cultural backgrounds, experiences and personal preference.

Another useful source of information and support is via social media platforms such as facebook, instagram, whatsapp etc; where exclusive groups exist. These are usually private so you may need to contact an administrator to join. These groups act as sources of support for IMGs within their locality and are often an environment where they feel comfortable to ask questions and seek advice on various matters pertaining to life in the UK.

## Informal support systems & Cultural groups

As the number of IMGs from different countries continues to grow, there has been a gradual drift towards the formation of groups where people of a similar ethnic or cultural background meet, socialise and support each other. These groups have well organised systems for supporting members and are normally led by more established



professionals with a wealth of knowledge and experience.

The establishment of alumni bodies by individuals who attended the same universities or schools is another form of support that is gaining popularity. This provides social support opportunities and avenues for information sharing on what things have made their transition to the UK smoother. The support from these groups can begin long before people arrive in the UK, allowing them access useful information that enables them tackle various challenges ahead of time and avoid common pitfalls IMGs encounter. We encourage IMGs to seek out such groups as a lot of people have found them helpful. You might find it beneficial to establish closer relationships with specific people within the group, as they could serve as informally buddy's and mentors.



## Inductions

The Yorkshire and Humber deanery offers an induction programme specifically for IMGs. Please take advantage of this opportunity.

Inductions can be busy and feel like an overload of information. Gather the materials together to read through in your own time, but pay attention to practical sessions by those who have been in your shoes.

## Supervision

As a trainee, you are entitled to an hour of clinical supervision time a week. It is important to use this time appropriately. You are encouraged to keep a handy list of things you want to discuss like complex cases and situations. It is recommended that you keep a brief documentation of what you discuss each time. Most postings are busy as a result of pressing clinical demands that can impact on supervision time, but make the effort to remind your supervisor about this and raise any concerns through the appropriate channels.

## Mentoring Opportunities

Mentoring refers to the process through which a mentor guides, influences and supports the learning process of a mentee with the aim of stimulating self-discovery and actualisation. Mentoring can be formal or informal and births some of the most important connections and relationships.

Each mentoring relationship is unique, providing the opportunity to focus on various themes, depending on the needs of the mentee. The mentoring relationship works best when both share common experiences and a mutual trust that makes for honest but constructive discussions. It is often helpful when mentees can pick their mentors or are carefully matched as this fosters a naturally synergistic relationship

that sets both parties up for smooth sailing. Like Steven Spielberg said, "The delicate balance of mentoring someone is not creating them in your own image but giving them the opportunity to create themselves".

We would encourage you to take advantage of the mentoring programme within the Yorkshire and Humber region. It provides the opportunity for you to speak to someone on a practical level as they may have experienced some of the challenges you encounter or signpost you to other sources of appropriate help.

**The mentoring relationship works best when both share common experiences and a mutual trust that makes for honest but constructive discussions.**





## Registering with a GP and Dentist

GP surgeries in the UK are the first port of call for non-emergency health problems and coordinate the patients care at the grassroots. They treat many basic health issues as well as give medical advice. They also refer patients to specialist NHS services where appropriate. To register for their services, GP surgeries will need some proof of address and identification (passport, driving license or Bio Resident Permit). Their services are mostly free of charge, except for certain health or insurance reports, vaccinations and the like, which may not be covered by the NHS.

You should select a GP surgery that covers your catchment area and suits your need. You could look online to see where they are located and how their services compare to each other. One should ideally change their GP surgery in the event of a change in catchment area. Similarly, you could change your GP if you have problems or difficulties with your current practice. Some doctors prefer to purchase private medical insurance which is completely up to you. You may also decide to get life insurance and other insurance packages for the added peace of mind.

If you need to book or change an appointment with your GP surgery, this can be done:

- **Online**
- **By telephone**
- **In-person, by going into the surgery.**



*"Before I came to the UK, I had been treated for a mental health problem which meant I needed to be on long term medication. I brought enough medication to last me four months and thought I could get more as a friend was due to visit. This didn't happen and I was running short of my medication and did not know what to do. I finally spoke to my educational supervisor who was very understanding. She asked why I wanted to keep it a secret and not inform the TPD or ES. I explained that I had concerns it would go onto my records and cause problems...I was genuinely afraid of being labelled!"*



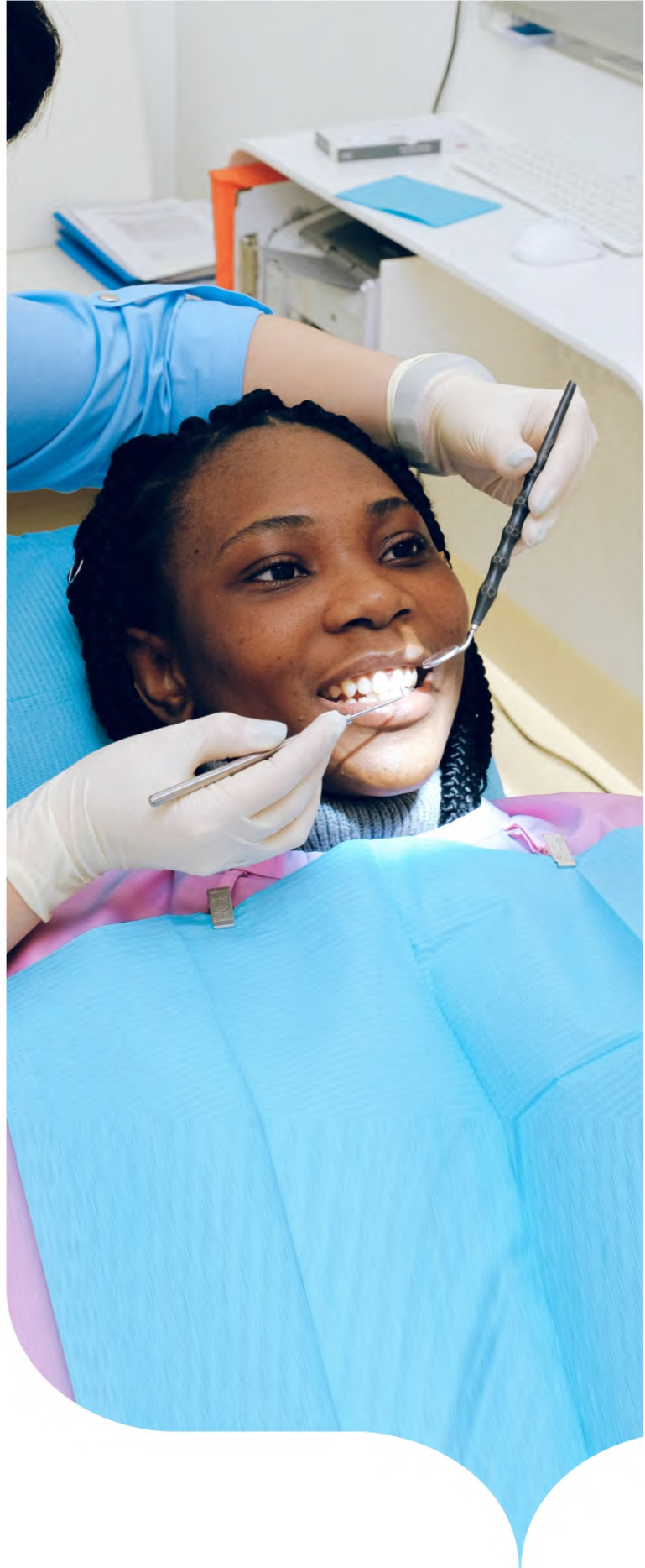
**Rather dissimilar to the ease associated with registering with a GP surgery, finding an NHS dentist can be challenging, depending on the area you are considering.**

Rather dissimilar to the ease associated with registering with a GP surgery, finding an NHS dentist can be challenging, depending on the area you are considering. Dental practices do not restrict patient registration by location or post-codes like GP surgeries, so you can choose anyone that suits your needs.

Everyone in the UK is entitled to register with an NHS dentist; however, there are not enough dentists to cover NHS treatment for the whole population. Most practices however prioritise and accept children for registration even when they are not taking new patients. A lot of dentists have private slots but the prices are significantly higher compared to the NHS dental charges, which have been subsidised. You might also choose to get a private dental insurance to keep handy for the rainy day. Please contact 111 if you have any urgent problems with your teeth and do not yet have a dentist.

The easiest way to find an NHS dentist is to visit the online page [Find an NHS Dentist](#) and click 'Find an NHS dentist near me' or just search on 'Dental Choices' to get a list of your local NHS dentists, accepting new patients.

A useful online resource to get more information:







## Trade unions & Indemnity

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors in the UK. A leading voice advocating for outstanding health care and a healthy population. An association providing members with excellent individual services and support throughout their lives. They represent you both individually and collectively, negotiating your pay and rights, and supporting you at work.

<https://www.bma.org.uk/>

Indemnity organisations like MDU, MPS, MDDUS etc are important when problems arise. They are also a good source of legal advice and protection if there are professional issues relating to negligence, complaints, report writing and investigations. They also provide training

courses and webinars to help your development. Most Trust would have some form of indemnity for their doctors but it is advisable to purchase your personal indemnity as well

**Indemnity organisations are important when problems arise. They are a good source of legal advice and protection if there are professional issues relating to negligence, complaints, report writing and investigations.**



## Looking after your wellbeing/ affordable ways to relax/ bullying, harassment, building confidence

In previous sections of this handbook, we discussed how International medical graduates bring unique skills, attributes, experiences, and remain an asset to the NHS. This journey can be an immersive and rewarding one, albeit often characterised by a complex mix of practical, personal, and professional issues. It presents a slew of challenges as they learn to navigate the obstacles that arise during such transitions, involved in moving to a new country. Having to juggle the many facets of adjustment and acclimatization can be an arduous process and may have an impact on their health and wellbeing.

International medical graduates are sadly susceptible to experiencing mental health related concerns. The causes of these are complex and multifactorial. From personal and professional challenges to psychosocial considerations, IMGs deal with unique issues ranging from their socio-geo-cultural background, training experience, professional trajectory, migration experience, and risk of exposure to judgement and discrimination. IMGs are a more diverse group than UK graduates, with "less predictable problems" related to personal experience, systems, and culture. They are often more isolated and less integrated with their peers, on both a personal and professional level. Several GMC focused studies have also shown that doctors who have graduated abroad are more likely to be involved in regulatory or disciplinary processes than other UK graduates. Further considerations include underlying, undiagnosed mental health illnesses or cultural and practical barriers in accessing and accepting support.

While the degree and intensity of the

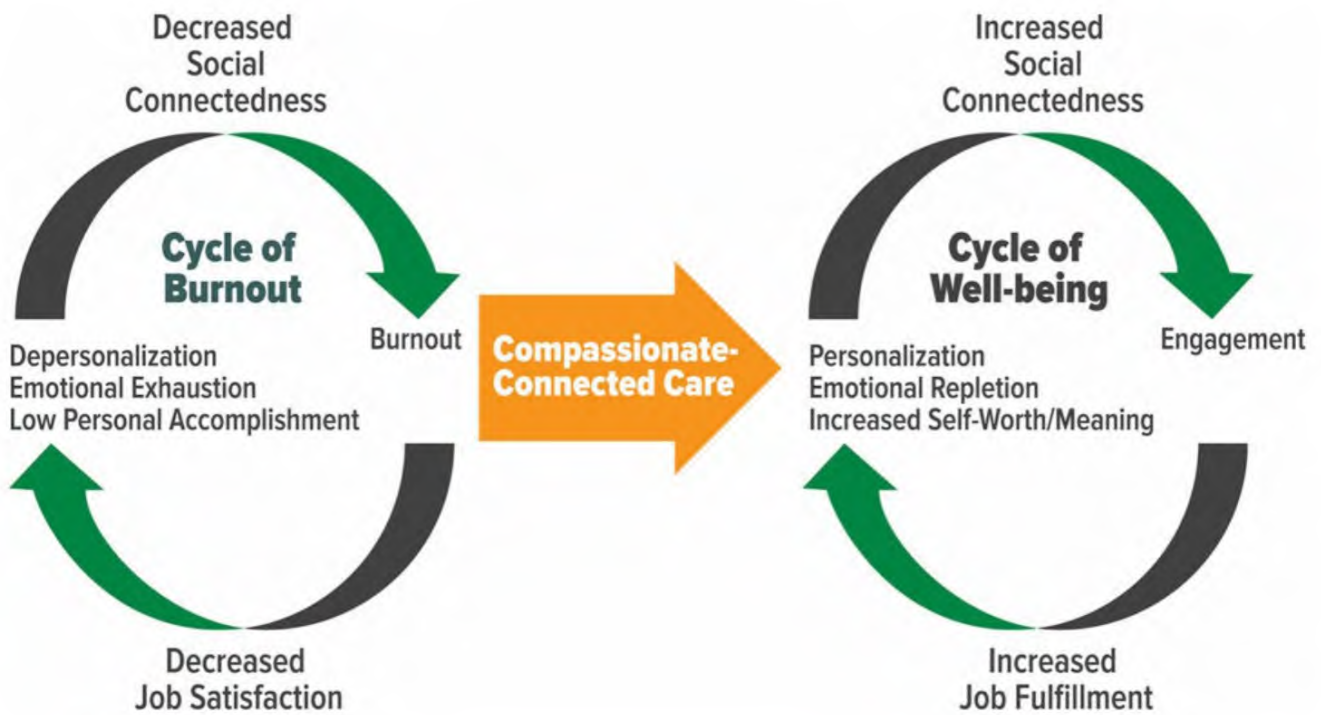


impact vary, these are some of the situations that directly or indirectly affect IMGs, predisposing them to work-related stress and burnout, as well as a lack of morale, motivation, and productivity. This also makes them more prone to absenteeism and a general decline in health and well-being, predisposing them to developing mental health illnesses like anxiety, depression, substance misuse and the like.

It is therefore imperative that we prioritise our health and wellbeing on a proactive basis. While wellness is, once again, a highly subjective notion, evidence highlights that simple initiatives can facilitate coping with day-to-day micro and macro stressors and are also known to help prevent the build-up of stress and anxiety from occurring.

The cycles of burnout and well-being are connected in a rather thought-provoking way. It is often difficult to acknowledge, understand, or conceptualise how simple measures can help us pendulate from one end of the spectrum to another, leading to better outcomes and job fulfilment.





For example, the way people manage and deal with stressful events vary from one person to another. It is important to identify your own coping mechanisms before the need arises and share this with people who may be able to support you to use them meaningfully. Some people withdraw and need the head space to reflect while others cope by keeping busy. Whatever your approach, It's important to find a safe space to process and reflect on your experiences in a healthy way. This can prevent a crisis and avert a break of morale, with an impact that is difficult to measure.

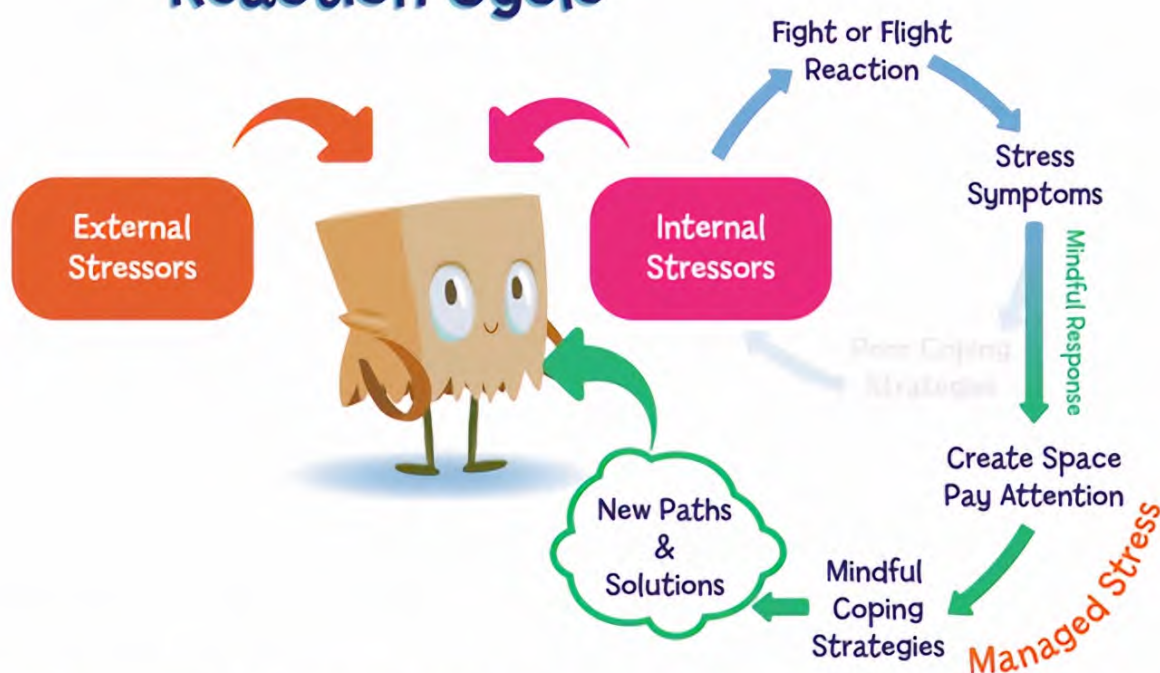
Ensuring good social support networks with people you trust, going on walks, travelling, running, cooking, reading a book, baking, watching movies and embarking on spiritual journeys are some activities people find helpful. Its important that we take the

time to “refill” our emotional tanks as this ensures that we are adequately equipped to care for our patients and support our colleagues in meaningful ways.

**The way people manage and deal with stressful events varies from one person to another. It is important to identify your own coping mechanisms before the need arises and share this with people who may be able to support you to use them meaningfully.**



# The Mindful Stress Reaction Cycle



<https://www.brownbagfilms.com/labs/entry/changing-the-stress-cycle-StressAwarenessMonth>

it is important to highlight that wellbeing is not a mutually exclusive term, and this is something that doctors are eager to convey to decision-makers, stakeholders, trainers, peers and most importantly to themselves.

We need to continue to strive to make working in the NHS holistic, realistic, and sustainable. The considerations range from curriculum development to plausible goal setting, protected time, and pastoral support. The importance of integrating and prioritising 'A, B, C of core work needs'; are to be considered and met in order to ensure wellbeing and motivation at work, and to address occupational stress and associated challenges.

Michael West and Dame Coia talk about wellbeing in the context of 'compassionate leadership'. This is detailed in their work 'Caring for doctors Caring for patients'. This report can be seen as a detailed practical, proposal that provides a road map to health service leaders and professionals, faced with the challenge of developing healthy and sustainable workforces. It makes for an interesting read.

Lastly, it remains a key realisation that ensuring psychologically safe, practically well equipped, workplaces with compassionate environment, realistic workload and supportive colleagues can help, if not mitigate the burn out epidemic amongst the healthcare work force.



## Health and Wellbeing Resources

- <https://www.bma.org.uk/advice-and-support/international-doctors>
- <https://www.rcpsych.ac.uk/training/international-medical-graduates>
- <https://www.practitionerhealth.nhs.uk/international-medical-graduates-imgs>
- [https://www.yorksandhumberdeanery.nhs.uk/general\\_practice/international-medical-graduates](https://www.yorksandhumberdeanery.nhs.uk/general_practice/international-medical-graduates)
- <https://medicfootprints.org/alternative-careers-wellbeing-support-for-international-medical-graduates-imgs/>
- **7 Evidence based strategies to deal with stress and anxiety:**  
<https://www.intentionalgenerations.com/blog/7-evidence-based-strategies-for-completing-the-stress-cycle>
- <https://www.yorksandhumberdeanery.nhs.uk/ophthalmology/trainee-resources/wellbeing>
- **Hiding in Plain Sight: Compassion as an Antidote to Burnout in the Post-COVID Era:**  
<http://anesthesiaexperts.com/uncategorized/hiding-plain-sight-compassion-antidote-burnout-post-covid-era>
- **NHS England:**  
<https://www.england.nhs.uk/mental-health/>
- **RCPsych:** <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/wellbeing-and-support>
- **HEEYH:**  
[https://yorksandhumberdeanery.nhs.uk/learner\\_support/professional-and-wellbeing-support](https://yorksandhumberdeanery.nhs.uk/learner_support/professional-and-wellbeing-support)
- **Public Health England:**  
<https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing>
- **Every Mind Matters:**  
<https://www.nhs.uk/oneyou/every-mind-matters/>
- **Mind:** <https://www.mind.org.uk/>

## Mental Health and Wellbeing Audio Guides

- <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/mental-wellbeing-audio-guides/>
- <https://www.mentallyhealthyschools.org.uk/resources/mental-wellbeing-audio-guides/>
- <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/>

## COVID-19 Specific Resources

- <https://www.mentalhealth.org.uk/en/explore-mental-health/covid-19-resources>
- <https://www.mind.org.uk/information-support/coronavirus/coronavirus-and-your-wellbeing/>
- <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/wellbeing-and-support>

**The article below, talks specifically about doctors and shares some case studies, which may be quite relatable.**

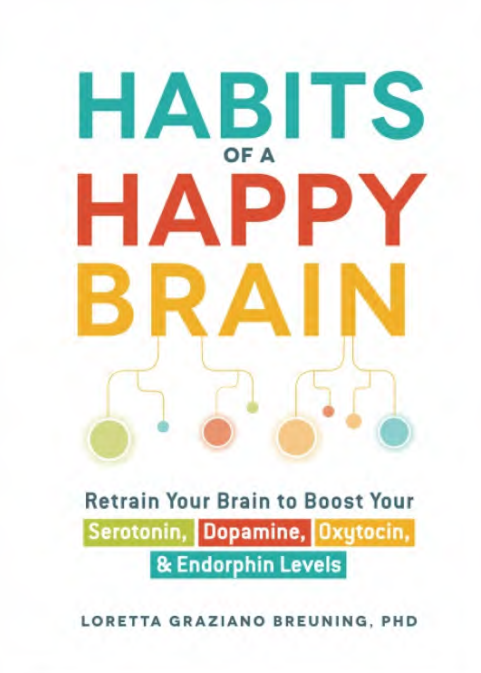
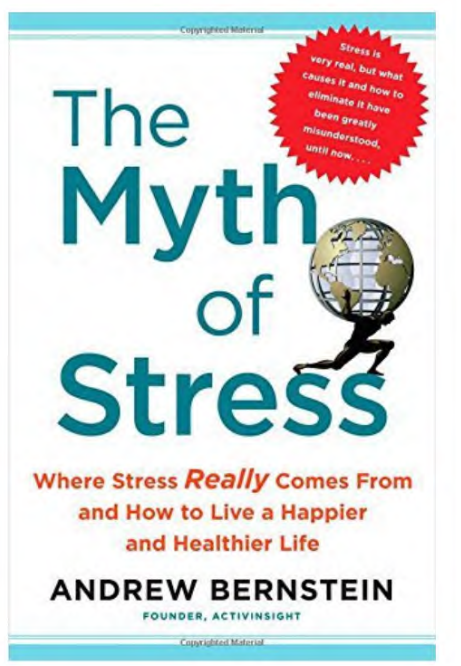
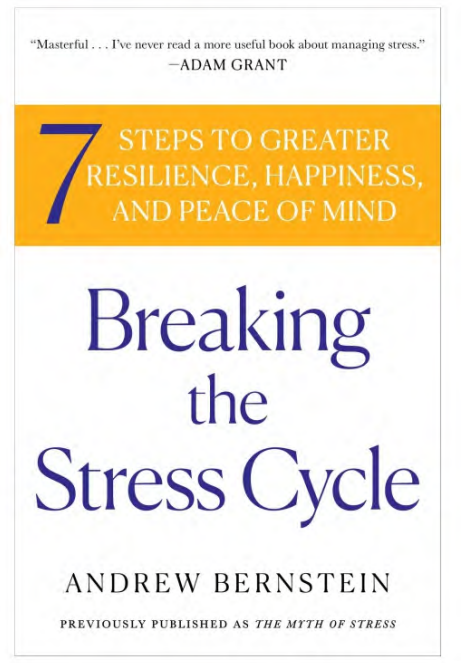
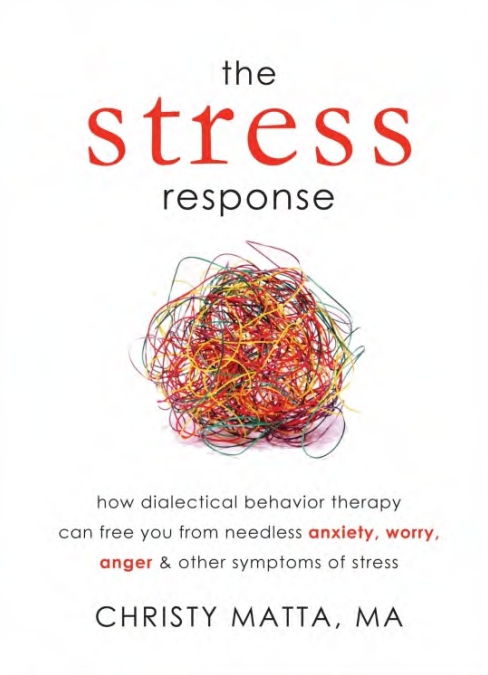
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## References:

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<https://doi.org/10.1177/0706743717752913>
- Whelan, Gerald P. MD Commentary: Coming to America: The Integration of International Medical Graduates into the American Medical Culture, *Academic Medicine*: February 2006 - Volume 81 - Issue 2 - p 176-178
- Pippa Hall, Erin Keely, Suzan Dojeiji, Anna Byszewski & Meridith Marks (2004) Communication skills, cultural challenges and individual support: challenges of international medical graduates in a Canadian healthcare environment, *Medical Teacher*, 26:2, 120-125, DOI: [10.1080/01421590310001653982](https://doi.org/10.1080/01421590310001653982)



## Additional reads:







## Using the library

Most Trusts have a library service which can support and train staff on accessing relevant information. For most NHS trusts, registering with the Library would also give you access to an Athens account and Best Practice BMJ, which provides a lot of up to date evidence-based information at your fingertips. There are also other useful resources including academic materials that can be provided. You could borrow books and get help with literature searches. Remember that although your local library may not have a book, they are able to outsource materials from other libraries or even purchase the book in question.

## Professional registration

Ensure that you keep your GMC registration up to date. We would recommend that you consider having this

on a direct debit to avoid any lapses. Your Royal College of Psychiatry (RCPsych) membership fees should also be paid as this makes for smooth running of the College. Also identify special interest groups and Faculties which you want to be affiliated with and participate in their activities.

**For most NHS trusts, registering with the Library would also give you access to an Athens account and Best Practice BMJ, which provides a lot of up to date evidence-based information at your fingertips.**



## Management and Leadership courses

One of the most popular leadership courses is the Edward Jenner Programme which is an NHS leadership Academy course. It is a flexible initiative that helps people develop and build confidence in their leadership skills. King's Fund runs an online course that aims to support trainees to understand the make-up of the NHS and its current challenges. This is an interactive course with talks from experts, useful articles and quizzes. Health Education England, Yorkshire and the Humber run an excellent online three days course on Leadership and Management for final year higher trainees. This has helped people understand their roles as leaders in their working environments and set direction for their future senior roles. There is a large variety of courses such as Leadership for Clinicians, Management and Leadership Skills, Leadership Foundation, Quality Improvement and Change Management, available through Health Education England which is worth exploring for further development.

Recently, the Royal College of Psychiatrists started the Leadership and Management Fellowship Scheme (LMFS), which has been well received and is affiliated to the Faculty of Medical Leadership & Management (FMLM).

- <https://www.rcpsych.ac.uk/improving-care/using-quality-improvement>
- <https://www.rcpsych.ac.uk/members/supporting-you/leadership-and-management/leadership-and-management-committee>
- <https://www.rcpsych.ac.uk/docs/default-source/files-for-college-members/occasional-papers/occasional-paper->

[80.pdf?sfvrsn=f06df938\\_2](https://www.kingsfund.org.uk/publications/talking-leadership-advantage-blindness)

- <https://www.kingsfund.org.uk/publications/talking-leadership-advantage-blindness>
- <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/long-term-plan-for-the-nhs-in-england>
- <https://www.leadershipacademy.nhs.uk/programmes/the-edward-jenner-programme/>
- <https://www.kingsfund.org.uk/health-care-explained/online-course>
- [Medical HEE - Yorkshire and the Humber - Course: GEN13JUN22 \(maxcourse.co.uk\)](https://www.maxcourse.co.uk/course/GEN13JUN22)
- <https://www.e-lfh.org.uk/>

## Medical Education Resources

Most Trusts have a Medical Education department who are a source of support and guidance during your training. We've provided some links to e-learning resources and materials which will differ from one Trust to the other. Please contact your local medical education department for any specific enquiry. Below, are a list of resources linked to Medical education:

- Health Education England Education and Training:  
<https://www.hee.nhs.uk/our-work/population-health/training-educational-resources>
- NHS Careers in Medical Education:  
<https://www.healthcareers.nhs.uk/explore-roles/doctors/career-opportunities-doctors/alternative-roles-doctors/medical-education>
- Health Education Faculty Hub:  
<https://www.elsevier.com/education/health-faculty-hub/medical-resources>
-



- Academy of Medical Educators:  
<https://www.medicaleducators.org/>
- NHS/ HEE Educator Development Resources:  
<https://www.nwpgmd.nhs.uk/educator-development/resources>
- Medical Schools Council:  
<https://www.e-lfh.org.uk/programmes/medical-schools-council-elearning-resources/>
- BMA Medical Training Pathways:  
<https://www.bma.org.uk/advice-and-support/studying-medicine/becoming-a-doctor/medical-training-pathway>
- Career in Medical Education, what do you need to know:
- <https://medicfootprints.org/a-guide-to-a-career-in-medical-education/#:~:text=There%20are%20many%20formal%20roles,service%20you%20are%20working%20in>
- Twelve tips for junior doctors interested in a career in medical education:  
<https://pubmed.ncbi.nlm.nih.gov/23102023https://www.bma.org.uk/advice-and-support/studying-medicine/becoming-a-doctor/medical-training-pathway>
- Career in Medical Education, what do you need to know:
- <https://medicfootprints.org/a-guide-to-a-career-in-medical-education/#:~:text=There%20are%20many%20formal%20roles,service%20you%20are%20working%20in>



# Definition of Terms

- **The Head of School (HoS):** is responsible for providing advice and support to HEE in their role as commissioners of educational programmes. They oversee all aspects of training by leading and managing the specialty within the existing and future framework by ensuring standards are maintained. (HEE NE)
- **The Training Programme Directors (TPDs):** Are responsible for the operational delivery of the specialty training programme and are accountable to the Head of School. They will focus upon improvement of learner supervision, assessment and experience, engagement of faculty and ensuring effective educational outcomes, both now and in the future. (HEE EoE & YH)
- **Educational Supervisor (ES):** Is a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a clinical training placement or series of placements." (GMC)
- **Clinical Supervisor (CS):** Is a trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. (HEE NW)
- **International Medical Graduate (IMG):** Is a physician who has graduated from a medical school outside of the country where he or she intends to practice. This could also be known as Foreign Medical Graduate or non-local medical graduate. (Wikipedia)
- **Trainee:** In the United Kingdom, trainee (junior) doctors are qualified medical practitioners working whilst engaged in postgraduate training. (Wikipedia)



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2. The state of Medical Education and practice in the UK A workforce report 2019 by the General Medical Council. <https://www.gmc.uk.org/org/--/media/documents/the-state-of-medical-education-and-practice-in-the-uk-workforce-report.pdf.80449007.pdf>
3. Mustafa Jalal, Karna Bardhan Jan Illing Overseas doctors of the NHS Migration, transition, challenges and towards resolution Future Healthc J 2019 Feb 6 1 76 81
4. The state of medical education and practice in the UK, 2020 Chapter 3 pg 92 94 103 <https://www.gmc.uk.org/media/documents/somep-2020-chapter-3.pdf.84686032.pdf?la=en&hash=D2F3AD68AF8820D40A285BDC6A391A85A780C88B>
5. Fair pathways for all Understanding experience of progression A GMC report prepared for the General Medical Council 17 th March 2016 and revised 28 th April 2016 <https://www.gmc.uk.org/org/--/media/2016-04-28-fairpathwaysfinalreport.pdf.66939685.pdf.73893295.pdf>
6. Katherine Woolf, Antonia Rich, Rowena Viney et al Medical education and training Perceived causes of differential attainment in UK postgraduate medical training a national qualitative study <http://orcid.org/0000-0003-4915-0715>
7. <https://www.bma.org.uk/news-and-opinion/international-medical-graduates-require-better-protection>
8. <https://www.gmc-uk.org/--/media/documents/the-state-of-medical-education-and-practice-in-the-uk---workforce-report.pdf-80449007.pdf>
9. [https://www.rcpsych.ac.uk/docs/default-source/training/img/rcpsych-img-guide.pdf?sfvrsn=af3b5e0a\\_2](https://www.rcpsych.ac.uk/docs/default-source/training/img/rcpsych-img-guide.pdf?sfvrsn=af3b5e0a_2)





"We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of the tapestry are equal in value no matter what their colour." - Maya Angelou

"Our ability to reach unity in diversity will be the beauty and the test of our civilization." - Mahatma Gandhi

"An individual has not started living until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity." - Martin Luther King, Jr

"It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences." - Audre Lorde

"Good leadership requires you to surround yourself with people of diverse perspectives who can disagree with you without fear of retaliation." - Doris Kearns Goodwin



**Health Education England**  
Yorkshire and Humber