The contribution of international medical graduate doctors to the NHS

May 2015
Foreword

The NHS is dependent on IMG doctors (international medical graduate) to provide a high quality, reliable and safe service to patients. They enrich the NHS with their skills, enthusiasm and diverse perspectives and have become essential members of the UK’s medical workforce. With over one in three doctors presently working in the NHS having graduated outside of the UK, the BMA equality and inclusion unit has developed this resource to celebrate the contributions of IMG doctors to British healthcare.

This resource shares the experiences of 39 doctors who are working, or have worked in the NHS, but originally trained all over the world, with contributors from as far afield as India, Colombia, and Australia, and as close to home as Italy and Spain. They have shared their reasons for coming to the UK, what they have found difficult, what they have enjoyed, and importantly, what we can do better as an Association to help IMG doctors when they first come to the UK and beyond.

IMG doctors are not a new addition to the NHS workforce – in fact a significant proportion of doctors working in the UK before the NHS was established had trained abroad. Thanks to the excellent clinical and research teaching and the resources available here in the UK, doctors from all over the world continue to come to the UK to complete postgraduate training. Those who do so may stay here, and many contribute their entire working life to the NHS.

While the UK and the medical profession have come a long way in terms of equality since IMG doctors first came to work in the UK, as you will see from these stories, there is still some way to go to ensure equality for all.

The BMA is committed to promoting equal opportunities for development and career progression, and eliminating discrimination in all forms from the medical profession. Fairness, dignity and respect must be at the heart of healthcare. We hope that this resource provides an insight into the working lives of IMG doctors and recognises their invaluable contributions to the NHS.

Mark Porter
BMA council chair
Introduction

IMG doctors and the evolution of the NHS go hand-in-hand. Faced with workforce shortages, the recruitment of health professionals from overseas began before the NHS was established in 1948, and is a practice that has continued through to the present day. IMG doctors have enhanced the UK health system over the years, improving the diversity of the profession to reflect a changing population, providing a fresh approach to healthcare due to training in different systems, and filling shortages in specialties which may otherwise remain empty.

Over the past 60 years there has been a marked shift in the migration patterns of IMG doctors. Historically, the majority of IMG doctors working in the UK came from the Indian subcontinent. By 1960, following numerous mass recruitment drives by the NHS, 30–40 per cent of all junior doctors in the UK were from India, Pakistan, Bangladesh, and Sri Lanka. Currently, a greater number of graduates are arriving from within the EEA (European Economic Area), while the number of doctors arriving from outside the EEA has in fact levelled off. 2013 saw increases in the number of doctors from southern Europe such as Italy and Greece. This shift may well be connected to the tougher challenges that non-EEA doctors now face to settle and work in the UK. These doctors face stricter immigration laws and more complex registration requirements including completing the IELTS (International English Language Testing System) test, which in June 2014 saw its minimum score for a pass increased, and the PLAB (Professional and Linguistic Assessments Board) test – an examination of a doctor’s medical competence and their ability to communicate in English.

Despite this, over a third of doctors on the medical register today gained their primary medical qualification outside of the UK yet there is poor recognition of their importance to the continued development of the NHS. IMG doctors come to the UK for a range of reasons including better working conditions and pay, higher standards of teaching, or to pursue postgraduate training. In reality, however, IMG doctors often face barriers to career progression within the NHS. Those who come to the UK with hopes of continuing their training can struggle to get places on programmes and the GMC reports that currently two thirds of doctors who are not on the GP or specialist register did not graduate in the UK (see Figure 1).1

IMGs may face further difficulties integrating into a new country and a new health system. As seen throughout this resource, these can include communication and cultural differences, lack of knowledge about the health system and regulatory frameworks, poor induction and support, as well as complications in day to day tasks such as finding somewhere to live or opening a bank account.

To ensure that the NHS can continue to deliver safe and effective care in the face of increasing pressures, the skill and commitment of these doctors must be recognised and valued. The NHS is home to one of the most diverse workforces in the world, reflective of the society it serves, and something that should be celebrated. IMG doctors need to be treated fairly and with compassion by the healthcare system and the public, and be given equal opportunities to progress in their careers as they choose.

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Figure 2. Countries of origin of doctors who contributed to this resource.
We asked interviewees which three words they would use to describe their career in the NHS so far:
1. What is your name?
Manish Adke

2. What is your position and where do you work?
Consultant anaesthetist, Betsi Cadwaladr University Health Board, Wales

3. Where were you born?
Maharashtra, India

4. Where did you complete your medical training?
Shivaji University, India and King Edward Memorial Hospital, Mumbai, India

5. When did you come to the UK?
1994

6. Why did you decide to come to the UK? What were your goals/ambitions?
The principal reason I came to the UK was to get better quality of training in intensive care and labour analgesia and, in order to gain a solid and modern understanding of medicine, it was necessary to look abroad. My main goals were to get more experience in intensive care, labour, anaesthesia, and obstetrics.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
The induction to my first hospital near Cardiff was fantastic, and despite my prior experience, the controlled manner in which I was introduced to the ward was handled very well. I lived 15 miles outside of Cardiff, so there was little else to do apart from study. This also made it difficult to shop due to poor access to Cardiff, although I received support from colleagues who would give me a lift once a week. I also struggled with the hospital canteen! The food there was so bad it took me several weeks before I could even go in. In terms of support however, I did feel supported professionally and personally.

8. What have been your best experiences working in the NHS as an IMG doctor?
The NHS is a phenomenal organisation where everyone, both patients and staff, are treated equally. A motivating factor is that we are providing care for all, rather than working within a system that is based on money, as with the private sector in India. The support that the NHS provides for career development is fantastic, such as supporting training programmes allowing you to update your techniques as they evolve in medical practise. There is also a good emphasis on education in role development – I have found that you are developed as a teacher as well, although this is easier in university hospitals.

9. What have been your worst experiences working in the NHS as an IMG doctor?
The struggle to get a post as a trainee or specialist can be particularly difficult for IMG doctors. Restrictions for IMG doctors have increased over the last 10-15 years which have made it more challenging for IMG doctors to get consultant posts. Despite being able to prove yourself, the rewards are not adequate. There have been episodes where IMG doctors have had to bite the bullet and keep quiet about not being allowed to progress in their careers. This may have something to do with the drop in the number of IMGs.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
When I moved to the UK 20 years ago there was no internet available – I only had the telephone and fax numbers of the hospital where I was to go. I received no information on the training programme, the NHS system, the job description, or about career development. There was also no information on visa regulations, or forward travel once I arrived in the UK. More information from NHS hospitals and the immigration office would have been very helpful.

11. What can the BMA do to help IMG doctors working in the NHS?
25–30 per cent of the NHS workforce are IMGs, but the number of IMGs coming to the UK now has dropped significantly. The BMA should lobby to increase the number of IMGs per hospital. A good way to do this would be through using NHS specific visas for new IMGs.

It would also be better if all the information and links that an IMG might need before moving was located in one place on the BMA website such as for NHS jobs, visas, and the royal colleges. It would also only be fair to provide new IMGs with realistic expectations concerning the longevity of their careers with the NHS – currently after two years you are on your own, and unsure whether you will be staying or returning home. The BMA could also support IMGs who are two to four years into their NHS career, as around this period they are often found to be struggling psychologically with the large workload and low pay. The BMA should also give new IMGs the same discount as their UK equivalents – this is only fair given the fact that IMGs often have families at home to support.

12. What are the main contributions of IMG doctors to healthcare in the UK?
IMGs have worked to a senior specialist and consultant level, so have contributed enormously to the safe provision of quality healthcare throughout the NHS. On call services are fantastically supported by IMGs, levels of clinical governance and quality of care are consistently supported, and branches of practice that do not attract UK graduates are supported by IMGs.

13. Which 3 words would you use to describe your career in the NHS so far?
Fantastic
Fascinating
Fulfilling

14. What do you miss the most from home?
Friends and family.

15. What would you miss the most if you left the UK?
Personally, my stable and regular 8am-6pm job and the income it provides. Professionally, my stable and regular 8am-6pm job and the income it provides.

16. What would you miss the least if you left the UK?
The weather! Cold and rainy!
1. What is your name?
Pouya Alaghband

2. What is your position and where do you work?
Specialty registrar year four in ophthalmology, Health Education Yorkshire and the Humber Deanery

3. Where were you born?
Tehran, Iran

4. Where did you complete your medical training?
Islamic Azad University, Tehran, Iran

5. When did you come to the UK?
2009

6. Why did you decide to come to the UK? What were your goals/ambitions?
My wife was already living in the UK and it made sense to join her here. I wanted to further my career and gain postgraduate education.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
I found the bureaucracy difficult to deal with. The culture was very different. I found dealing with patients also a bit difficult, especially when it came to breaking bad news to them and gaining informed consent from them.

8. What have been your best experiences working in the NHS as an IMG doctor?
The support that I received from my clinical supervisor was very useful in helping me to get ahead in my career and training.

9. What have been your worst experiences working in the NHS as an IMG doctor?
Not knowing where to start and where to go for help and advice. All the information that I picked up from my colleagues was anecdotal and ambiguous.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
A website or app highlighting important information for IMGs to help them get started in the NHS would be helpful. I do know now that there is information available but it is often difficult to find. So a simple website that clearly sets out what IMGs need to do to start their career in the NHS, plus what the roles of the BMA and the GMC are, would be helpful.

11. What can the BMA do to help IMG doctors working in the NHS? One day seminars setting out how the NHS is organised and how it works. And a website that brings a lot of relevant information together into one place for IMGs.

12. What are the main contributions of IMG doctors to healthcare in the UK? IMGs bring a lot of valuable experience and different ways of working from their country of origin. They bring different viewpoints and opinions that makes the NHS better and can help with patients from different countries.

13. Which 3 words would you use to describe your career in the NHS so far?
Entertaining
Fulfilting
Innovative

14. What do you miss the most from home?
My family.

15. What would you miss the most if you left the UK?
The culture of the UK and the discipline and organisation that applies to most things in the UK.

16. What would you miss the least if you left the UK?
The weather.

'IMGs bring a lot of valuable experience and different ways of working from their country of origin. They bring different viewpoints and opinions that makes the NHS better and can help with patients from different countries.'
6. Why did you decide to come to the UK? 

What were your goals/ambitions? 
I was keen to emigrate either to the UK or to America to advance my medical training and for better career opportunities. My wife at the time had a British passport so that made it easier to move to the UK rather than anywhere else.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful? 
In Iraq doctors are pretty much left on their own to get on with their work – there wasn’t a strong sense of team working. When I came to the UK it took me some time to realise that here, healthcare professionals work in teams.

Further, the contribution from nursing staff and other allied health professionals is more valued in the UK, and learning to include them in the decision making with regards to the care of patients took some time to get used to.

8. What have been your best experiences working in the NHS as an IMG doctor? 
I found the guidance and supervision of consultants very helpful. I had a consultant supervising me very early on in my career who gave me good advice and recognised my potential.

9. What have been your worst experiences working in the NHS as an IMG doctor? 
My experience of working in the NHS has generally been a positive one. I have on the odd occasion heard comments from other colleagues that IMGs may not be as capable as their UK colleagues, but I have always seen that as their perceptions and their problem rather than something to do with me. I don’t speak English with a foreign accent which may have meant I was not as exposed to these sorts of comments as the majority of people, as many think I was brought up in the UK.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? 
I would have liked to have had an IMG mentor who was successful, who could tell me about the NHS and how it works. I don’t think the mentor would necessarily need to be from the same country as the mentee.

11. What can the BMA do to help IMG doctors working in the NHS? 
It would be helpful if the BMA had a pool of mentors that IMGs could access when they arrive in the UK. It would also be helpful to have talks from mentors that have had positive experiences of working in the NHS. This way IMGs are not exposed to negativity as their first introduction to working in the UK.

12. What are the main contributions of IMG doctors to healthcare in the UK? 
The UK has a very diverse population and IMG doctors bring variety and richness to the environment that would otherwise not be there. For example, coming from Iraq, I could understand why Muslim patients would react in a certain way with regard to issues such as end of life care or organ donation, whereas another doctor would react in a very different way.

13. Which 3 words would you use to describe your career in the NHS so far? 
Interesting
Challenging
Frustrating

14. What do you miss the most from home? 
The food.

15. What would you miss the most if you left the UK? 
Law and order, financial security, the tolerance of society, freedom of speech and standards of living.

16. What would you miss the least if you left the UK? 
I have found that the British way of communicating is not very straightforward! Sometimes people say things and you understand what the words are, but they mean something entirely different and nuanced.

“I would have liked to have had an IMG mentor who was successful, who could tell me about the NHS and how it works.”
6. Why did you decide to come to the UK? What were your goals/ambitions?
I was already qualified as a general ophthalmologist, but wanted to become a sub-specialist in vitreoretinal surgery. I came to the UK to do a fellowship in order to achieve this, but ended up doing three fellowships in a row. Following this, as ophthalmic consultant jobs in the UK were very rare I returned to Australia and worked in Melbourne in 2004. However, a position became available in Kent, and in 2005 I was back working in the UK on a permanent basis.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
The main problems I had when I started my first stint in the UK were always concerning my visa. Though I had sorted things out at my end – it was my places of work that were not completing their paperwork correctly. I was once forced to immediately fly back to Australia to get paperwork completed, which came as a complete shock to my poor mother! I also found the NHS patient record and booking systems difficult to adjust to – I would estimate that when I arrived they were around 10–15 years behind the Australian equivalents.

I found the larger departments very, very useful. Bigger departments meant that there were more colleagues around, which meant that I could bounce ideas off them when I was in need of assistance.

8. What have been your best experiences working in the NHS as an IMG doctor?
I would say that the best thing is that Australian graduates are highly regarded, so many NHS doctors are happy to work with me as a result. The bigger departments also mean that I always have access to sub-specialists, whereas in Australia smaller departments mean that this is not the case.

The biggest contribution is undoubtedly the staffing of the NHS. UK graduates do not supply enough doctors for the NHS to survive, so without IMGs the system would fall apart. This is quite rare for a Western system – countries like the US and Australia have systems in place that significantly limit the number of foreign doctors that can work there.

The NHS still has a good image abroad, one that seems to have formed about 30 years ago, whereas the reality is not as nice.

Anonymous

5. When did you come to the UK?
2000

9. What have been your worst experiences working in the NHS as an IMG doctor?
Aside from record-keeping being a little behind, I am not happy with the increasing amounts of responsibility that consultants here are being burdened with. I am responsible for approximately 15,000 patients a year, but I may only see 3,000 of them. In some cases, locums I have never met are seeing patients I don’t have contact with, and yet I am still responsible for any complaints.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
I think that there needs to be much more human resources support for incoming graduates, as the system seems very disorganised at the moment. I think that there should also be more information supplied about job security and visas. Given my own experiences I think that more information should be available regarding the sheer number of patients that IMGs will be responsible for. The NHS still has a good image abroad, one that seems to have formed about 30 years ago, whereas the reality is not as nice.

11. What can the BMA do to help IMG doctors working in the NHS?
I think that the BMA can try to help ensure that IMGs aren’t put into high-responsibility positions straight away, and be an intermediary between managers and IMGs.

13. Which 3 words would you use to describe your career in the NHS so far?
Satisfying
Frustrating
Professional

14. What do you miss the most from home?
In a professional respect, the level of power that doctors have.
Also the food and weather!

15. What would you miss the most if you left the UK?
The idea of being in a highly regarded country.

16. What would you miss the least if you left the UK?
Health management.
1. What is your name? 
Elena Barquero

2. What is your position and where do you work? 
GP, Lambeth CCG, London and clinical teaching fellow, Imperial Medical School, London. I am also the facilitator for the monthly peer-support meeting for the Induction & Refresher Scheme.

3. Where were you born? 
Barcelona, Spain

4. Where did you complete your medical training? 
Universitat Autonoma de Barcelona, Spain

5. When did you come to the UK? 
2009

6. Why did you decide to come to the UK? What were your goals/ambitions? 
It was for personal reasons – my partner was leaving Spain to go to the UK, so I left with him. I wanted to improve my English, and my understanding of British culture and the NHS.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful? 
I found it helpful that the patients did not object to me, and that in certain areas there was not strict guidance.

8. What have been your best experiences working in the NHS as an IMG doctor? 
My communication skills have improved a lot, and I can now follow guidelines a lot better. I also think that I have matured far quicker as a doctor.

9. What have been your worst experiences working in the NHS as an IMG doctor? 
As a GP I found it very difficult to get on to the performer list, which is important to me. There were also lots of exams, and it is not clear at all where to get information on how to prepare for them.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? 
Information upon induction on how to get on to the performer list on the GMC website would have been very useful, especially as a GP. Information on the necessary vaccinations, and paperwork, such as criminal records bureau checks, would have made my arrival much easier. Clearer guidelines on the level of English language required would also have been useful, but I understand that this has now changed.

11. What can the BMA do to help IMG doctors working in the NHS? 
As an overseas doctor I didn’t really understand what the BMA was for quite some time, so some information about it on the GMC website would be nice. With all of the exams that IMG doctors need to take I think that free courses to prepare for them would help. Help on the pathway to the performers list would also be nice. It seems like a lot of new IMG doctors get their information from other IMGs who have already been through the system. I think that the BMA should also be providing more legal advice for IMG doctors – I had to spend a lot of money on exams that I did not need to take and would have appreciated advice on this.

12. What are the main contributions of IMG doctors to healthcare in the UK? 
The NHS deals with patients from different cultures, and from all over the world – IMG doctors have an advantage here with how they can deal with these patients. I can help with Spanish and Portuguese patients, such as in translation, which improves patient access.

13. Which 3 words would you use to describe your career in the NHS so far? 
Difficult, Challenging, Exponential

14. What do you miss the most from home? 
I find it easier to understand patients there, and also the teamwork from my old practice. I also miss my family, friends, weather, and food.

15. What would you miss the most if you left the UK? 
I would miss the options that are open to GPs, I am a GP educator for example. I would miss the community and organisation of the UK.

16. What would you miss the least if you left the UK? 
The paperwork, long hours and how lonely the practice can be.
1. What is your name?
Grecy Bell

2. What is your position and where do you work?
GP partner, Green Croft Medical Centre South, Scotland

3. Where were you born?
Cartagena, Colombia

4. Where did you complete your medical training?
Cartagena University, Colombia

5. When did you come to the UK?
2002

6. Why did you decide to come to the UK? What were your goals/ambitions?
My main reasons for coming here were of authority and are not questioned by other
doctors. Partly because the doctor-
centred approach of my schooling in Colombia it was very difficult and
challenging at the beginning until I
realised the difference in approach.
There is a cultural aspect as well, there
are things you need to learn about the
new culture. Some people feel outside
the group because they have different
beliefs and so on.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
There were many challenges in my work.

8. What have been your good experiences working in the NHS as an IMG doctor?
I have had all good experiences. NHS staff are
very supportive to IMG doctors. Every day I
feel supported. I feel very welcome and like a
member of the NHS family.

9. What have been your worst experiences working in the NHS as an IMG doctor?
I would like to rephrase the question and talk
about the difficulties I have encountered.
To start with, you’re not sure because of the lack
of insight, you think you are doing everything
you need to but as an IMG you need to work
extra hard to get to a similar point as the British
graduates. Partly because the doctor-
centred approach of my schooling in Colombia it was very difficult and
challenging at the beginning until I
realised the difference in approach.
There is a cultural aspect as well, there
are things you need to learn about the
new culture. Some people feel outside
the group because they have different
beliefs and so on.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
I found that the GMC now has general
information about coming to the UK on
their website, but this didn’t exist ten
years ago when I moved here. The BMA
has some good resources too. I found
the BMA junior doctors guide very useful
when I came over. The BMA should
have a guide solely for IMG doctors that
covers everything like how to look for
a job, house, also immigration advice and
so on.

11. What can the BMA do to help IMG doctors working in the NHS?
I was pleased that the BMA got involved in the GMC and RCGP examinations
issue. I always have been a member of the
BMA, I was very pleased with the
level of involvement and hope this
expands to more involvement. I think
the BMA should have an IMG committee
or forum as well. Although we are all
from different countries, there is a wide
variety of interests and overlap.

12. What are the main contributions of IMG doctors to healthcare in the UK?
I am not sure about this question
because all doctors do their best. Three
out of ten doctors are IMGs, so really
IMG doctors are the backbone of the
NHS. Furthermore they bring different
cultures, views and experiences that
enrich the experience of the NHS.

13. Which 3 words would you use to describe your career in the NHS so far?
Professional, Rewarding, Challenging

14. What do you miss the most from home?
Food, weather, people, music. I now
call Scotland my home. I do miss
Colombia, but every day that passes
Scotland feels more like home.

15. What would you miss the most if you left the UK?
Professionally, I would miss having
the ability to treat anyone who
comes through the door, nothing
to do with insurance or money.
The NHS experience is unique. In
Colombia, I couldn’t treat a patient
if they didn’t have insurance, which I
always felt bad about.

16. What would you miss the least if you left the UK?
(no answer)
1. What is your name?
Gusztav Belteki

2. What is your position and where do you work?
Consultant neonatologist, Cambridge University Hospitals NHS Foundation Trust

3. Where were you born?
Szekesfehervar, Hungary

4. Where did you complete your medical training?
Semmelweis University, Budapest, Hungary

5. When did you come to the UK?
2003

6. Why did you decide to come to the UK? What were your goals/ambitions?
I am also a molecular biologist. I came to the UK initially to pursue a research career in 2003 but after two years I decided to apply for a clinical job. I undertook my core paediatric training in Budapest, completed my neonatal training here and then became a consultant in 2010. I don’t have an academic post at the moment, but I do have an honorary contract with Cambridge University.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
There are many IMG doctors coming to work in the NHS and many of them face significant difficulties initially. I think it is easier for graduates from Australia, India or from other previous British colonies, places with a similar system to the UK, unlike other European countries with very different systems. On-calls, seniority, organisation, ethics, and legalities—they all can be very different. It was hard at the beginning to find my role and place within the team. I was the first European on the unit, there were many doctors from India, Asia and so on, and they were initially puzzled by me not knowing some things. Most people did, however, keep an open mind and helped me to learn the system.

8. What have been your best experiences working in the NHS as an IMG doctor?
For me, the single best thing about the NHS is that services and resources are prioritised for those who need them most, not for those who can pay for them or who demand them most. From a moral and ethical perspective, it is better to prioritise those in need. In addition, it ensures good outcomes and the best return for the money spent, at least in my specialty, neonatology. I would be really sad if that changed as, in my opinion, this is the single most important asset. Also, the high morale and dedication of front-line staff is really important. Most doctors and nurses are really dedicated even though most nurses are not paid particularly well.

9. What have been your worst experiences working in the NHS as an IMG doctor?
A small number of people were initially dismissive and quite critical of me. I found it difficult to take, as I had been a high-flying trainee at home in Hungary and was not used to it. I think all IMGs are initially vulnerable. From my perspective it changed long ago, I am more senior now and I know the system and so on. In addition, there are now more European doctors in the NHS than 10 years ago and there is an increasing understanding of differences between the systems.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
Some sort of induction to the NHS system. A book or an induction course which explained job roles, seniority, on call systems and so on, would have been very helpful. For example an important thing for people to understand is levels of seniority and the roles and duties attached to them. There is no role or duty equivalent to the NHS consultant in many other European countries. Career progression is in general more gradual with more steps than in the essentially two-tiered (trainee/consultant) UK system. Many European doctors find it difficult to place themselves within the UK system.

In my opinion, if the UK wants to continue to attract IMG doctors who don’t want to start from the beginning of training here—it needs a better way of translating competences and job levels into this system.

11. What can the BMA do to help IMG doctors working in the NHS?
I found a lot of information in BMJ Careers – I had to teach myself a lot and many things were initially completely unfamiliar to me. For example, I hadn’t heard of what clinical governance was before, and the laws of the UK were new to me and so on. I found interesting articles about these in BMJ Careers—they should publish all the articles about the UK system together, perhaps in a book.

12. What are the main contributions of IMG doctors to healthcare in the UK?
There are large numbers of IMG doctors working in the NHS. Currently, the NHS would not function without IMG doctors. They bring in diversity and different backgrounds. The population they serve is diverse, so it is better to have a diverse group to serve that population.

13. Which 3 words would you use to describe your career in the NHS so far? Rewarding – it is very rewarding to work in the NHS and to serve people who really need help, it would not be so rewarding in a private system. Challenging – sometimes the workload is excessive, the resources are limited and communication can be difficult particularly with other specialties and the hospital management.

14. What do you miss the most from home?
You would think that I would say family but my small family is with me and I can fly home to see my parents in five hours door to door. I think it is the language. I am fluent in English but I will never get to the level of being able to communicate to the same level as I can in Hungarian! The second thing is that I lived for the first 30 years of my life in Hungary—it is difficult to explain but it has its own colours, climate—I don’t know what it is and I only realised when I left but then you do miss it.

15. What would you miss the most if you left the UK?
Most people are very polite and tolerant here, it is not necessarily the same in other countries and I would really miss that. Here, they don’t skip you in a queue, they don’t drive aggressively, and it is really nice.

16. What would you miss the least if you left the UK?
This is a very hard question but if I had to say something it would probably be UKIP and the other nationalist parties.
1. What is your name?  
Bimal Bhowmick

2. What is your position and where do you work?  
Locum consultant physician for the elderly in community care, North Powys

3. Where were you born?  
East Bengal, India

4. Where did you complete your medical training?  
Calcutta Medical College, India

5. When did you come to the UK?  
1969

6. Why did you decide to come to the UK?  
What were your goals/ambitions?  
My main goal in coming to the UK was to gain further qualifications which added kudos to practising as a specialist in India. The medical school that I went to in Calcutta was established by the British and many of the professors that were teaching there had been to the UK for further specialty training.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?  
There was no system of induction to the NHS or acclimatisation for doctors that had come to the UK from another country. It felt as if you were thrown into the deep end and had to fend for yourself. There was not much support from the senior consultants that you were supposed to be working under. Further, medical techniques and technologies were far more advanced in the UK than back home, and there was no support provided on how to use them.

At that time I found the support and guidance of the nurses that I worked with was invaluable.

8. What have been your best experiences working in the NHS as an IMG doctor?  
I learnt how to respect the patient and be empathic. The chance to learn new techniques and to use technology that I was not exposed to in India. I did not find anything particularly difficult and have found the whole experience great.

9. What have been your worst experiences working in the NHS as an IMG doctor?  
I didn’t have any negative experiences that I want to highlight. I have always been hardworking and committed and I believe you get back as much as you give from patients, carers and colleagues.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?  
Having a two day acclimatisation course that highlights practical information for new doctors for example how to speak with patients, nurses, other doctors, and how to write a prescription. As an associate postgraduate dean for IMGs I used to arrange such courses for IMGs and I would invite other organisations including the GMC and the BMA to give presentations. The BMA should consider holding these courses as they are a good recruitment opportunity.

11. What can the BMA do to help IMG doctors working in the NHS?  
I think that the BMA should run induction courses for IMGs that should involve patient input as well. The BMA should support IMGs to be safe and effective doctors. They should be informed about the implications of training schedules and revalidation. The BMA should play a big role in helping IMGs to settle into the NHS.

12. What are the main contributions of IMG doctors to healthcare in the UK?  
Without IMGs the NHS would not exist. IMGs are the work horses of the NHS, but have been systematically disadvantaged on what specialties they have been able to get on to. When I was training in the 60s and 70s, we were only allowed to go onto training posts of unglamorous specialties or were stuck in non-progression jobs. This gave many IMGs a complex of being failures.

13. Which 3 words would you use to describe your career in the NHS so far?  
Compassionate  
Caring  
Committed

14. What do you miss the most from home?  
I miss the variety of food that you can get back home but not in the UK.

15. What would you miss the most if you left the UK?  
I would miss the people, over the years I have made many friends and acquaintances, and I would also miss the NHS.

16. What would you miss the least if you left the UK?  
I would not miss the British food! I find it very bland.

‘IMGs are the work horses of the NHS, but have been systematically disadvantaged on what specialties they have been able to get on to.’
6. Why did you decide to come to the UK? What were your goals/ambitions? Serendipity – I actually only came to the UK to do my membership exam for The Royal College of Physicians as I was between training posts. Unfortunately the start date of the training post I had secured in India was brought forward so I could not get back to India in time and ended up losing it. Following this I decided to try and make a go of it in the UK working in the NHS.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful? Given that I did not intend to find work here, I had not done any research on it. The official advice on getting into a training rotation was not very helpful. There seemed to be a bit of a glass ceiling. What I found frustrating was that experience and knowledge prior to coming here was not much taken into account. I can understand why, but still frustrating. What I found helpful was colleagues who were friendly and helpful. It was really helpful talking to friends and relatives that have been in the same situation. A lot of the information that I got to help me through was from them.

8. What have been your best experiences working in the NHS as an IMG doctor? I like the fact that the care that people receive is of a high standard here in the UK and it is free. I find most people to be helpful – both clinicians and patients. I feel proud that I work for an organisation that helps people when they are vulnerable and in need.

9. What have been your worst experiences working in the NHS as an IMG doctor? The feeling that you have to try twice as hard to get any results in an environment that was alien to me, was really hard. I felt that I had to prove myself to be a good doctor to a much greater extent before my colleagues accepted me as such.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? Not sure, my staying here was serendipitous and it is difficult to make a judgement now that the climate is different and training routes for overseas graduates have been closed off. The climate within the NHS has changed as well and generally my advice to overseas graduates has reflected this: do not come here if you are after training. If you have sufficient level of training and qualifications and you need sub-specialist experience, make sure that you have the right job sorted prior to coming here and understand the constraints. Had I known about the difficulties in finding training posts, the subtle barriers to career progression and the constant changes to the training and systems, I would have thought twice.

11. What can the BMA do to help IMG doctors working in the NHS? Ensure fairer environment especially around complaints and sanctions, I understand the GMC has looked at this previously; perhaps the BMA could lend its influence in this matter. Additionally, the BMA can work to ensure that there is a degree of fairness in the recruitment process, and to try and combat the subtle bias that exists.

12. What are the main contributions of IMG doctors to healthcare in the UK? We are very well qualified, our work ethic is exemplary and doctors of Indian origin are recognised as some of the best in the world. We bring a different perspective and innovative ways to work. I regard empathy as one of the essential qualifications of being a doctor and this is something that I feel needs more emphasis.

13. Which 3 words would you use to describe your career in the NHS so far? Varied, Intriguing, Fulfilling.

14. What do you miss the most from home? Family and parents. Arts and literature and the intangible feeling of connectedness.

15. What would you miss the most if you left the UK? I love the fact that the NHS is free and that it offers universal coverage here in the UK. I’d also miss my friends.

16. What would you miss the least if you left the UK? The bureaucracy, guidelines that are sometimes too rigidly adhered to, and the commute to and from work.
1. What is your name?
Marco Burattin

2. What is your position and where do you work?
Specialist registrar, acute medicine, Leicester Royal Infirmary, University Hospitals of Leicester NHS Trust

3. Where were you born?
Rome, Italy

4. Where did you complete your medical training?
Sapienza, University of Rome, Italy

5. When did you come to the UK?
2007

6. Why did you decide to come to the UK? What were your goals/ambitions?
I wanted to pursue a career in hospital medicine and develop my career with further training. I didn’t have any specific goals. I was just attracted by the training opportunities that the UK healthcare system offered. My then girlfriend, now wife, was also in the UK.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?

First and foremost, the biggest obstacle was the language barrier, with the system coming alongside it. There are a number of different components to life in the NHS that you need to adjust to, from simple tests, to the structure of medical teams looking after the wards, and every specific job role. These are all different to the Italian system. You really need to adjust to the new system or you end up asking the wrong questions to the wrong people, and end up interpreting things in the wrong way leading to incorrect results.

I did an attachment placement before I started in my first post and that was very helpful in understanding the framework, such as different roles and the way the systems work, as well as practicalities like note writing. BMA publications were very useful. I had a junior doctors publication which had all you needed to know in one booklet. I think I still have it somewhere. Courses like advanced life support were very useful. I had a junior doctors publication which had all you needed to know in one booklet. I think I still have it somewhere. Courses like advanced life support and intermediate life support were helpful too.

8. What have been your best experiences working in the NHS as an IMG doctor?

I did an attachment placement before I started in my first post and that was very helpful in understanding the framework, such as different roles and the way the systems work, as well as practicalities like note writing. BMA publications were very useful. I had a junior doctors publication which had all you needed to know in one booklet. I think I still have it somewhere. Courses like advanced life support were very useful. I had a junior doctors publication which had all you needed to know in one booklet. I think I still have it somewhere. Courses like advanced life support and intermediate life support were helpful too.

9. What have been your worst experiences working in the NHS as an IMG doctor?

Firstly, I would say that some patients are very demanding which can put a lot of pressure on you, especially when wards are short staffed.

Secondly, you can definitely tell that the relationship between IMG doctors and local doctors can be challenging. You try to integrate and to be part of the team but it can be difficult. The environment can be highly charged and stressful, essentially making it a perfect situation for conflict. There is a divide, quite deep at first but it does vanish over time as you get used to the system. I think experiences can be quite different depending on your colleagues.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?

I specifically wanted to know about the training system. It would have been good to have had a better understanding of the system before I started. I was extremely keen to do my absolute best as a junior doctor and I could have benefited from having advice on how to balance work and personal life which at times was difficult. Now I have learnt how to switch off. In 2007, I was constantly in the hospital in my mind. I didn’t have friends and family around. All I cared about was getting my job done. There is a lot of support out there from the UK institutions. I was eager to meet other Italians working in the NHS, to learn from each other, but there doesn’t seem to be many of us here. Some sort of support in networking would have been useful too.

11. What can the BMA do to help IMG doctors working in the NHS?

I want to be original and not say the obvious. It also enriches the NHS in terms of diversity in background, religion and culture.

‘There are a number of different components to life in the NHS that you need to adjust to, from simple tests, to the structure of medical teams looking after the wards, and every specific job role.’

12. What are the main contributions of IMG doctors to healthcare in the UK?

At the start, any IMG doctor is extremely dedicated. IMG doctors all have experience of working outside the NHS and all have experience of working with different diseases that are uncommon here.

It also enriches the NHS in terms of diversity in background, religion and culture.

13. Which 3 words would you use to describe your career in the NHS so far?

Empowering

14. What do you miss the most from home?

Family and food. Most of my time spent with my family is around a table, so we spend a lot of our time talking and eating.

15. What would you miss the most if you left the UK?

Education, training opportunities are really precious, I doubt other countries could offer the same.

16. What would you miss the least if you left the UK?

I want to be original and not say the weather! Lunch: there is never time to sit down and eat here.
1. What is your name?
  Kovoor Elias Cheriyan

2. What is your position and where do you work?
  Part-time consultant paediatrician, Kent Community Health NHS Trust

3. Where were you born?
  Kerala, South India

4. Where did you complete your medical training?
  Government Medical College, India

5. When did you come to the UK?
  1975

6. Why did you decide to come to the UK? What were your goals/ambitions?
  I came to pursue higher medical qualifications. Britain has a better system of postgraduate qualifications, and a more appealing way of life. My father served with the British armed forces, so I was a big fan of everything British.

I originally only came for a two-month clinical attachment, but at the end of the first week the consultant was so pleased with me that he offered me a job, and I have been here ever since.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
  I had to familiarise myself with a different sort of patient, but generally the NHS was easy to adapt to. Getting the work done was not a problem, but getting a job was — for some time I had to keep changing jobs and doing locum work. I also struggled with my surroundings outside of the hospital, such as the weather, the food, and the loneliness. I worked with very supportive teams though, who were very helpful.

8. What have been your best experiences working in the NHS as an IMG doctor?
  I like the stability that a consultant post provides — once you have achieved one, the NHS is a good employer providing continuity and good pension arrangements. I have been a part of good teams and have enjoyed taking on each of the challenges that has been put in front of us.

9. What have been your worst experiences working in the NHS as an IMG doctor?
  Some people — not patients — find it difficult to accept you as an IMG doctor. They can take their time to get to know and understand you.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
  Back in those days there was absolutely no advice provided in advance. We were thrown straight into the deep end with no induction and expected to learn the ropes. What we provide for IMGs these days is very good, medical personnel were not spoon-fed back then as they are now.

11. What can the BMA do to help IMG doctors working in the NHS?
  The BMA should be more sensitive to the needs of IMG doctors. To gauge their needs they should survey all IMG doctors, which will tell them more than I can, and inform their work.

12. What are the main contributions of IMG doctors to healthcare in the UK?
  IMG doctors have provided the backbone of the NHS, particularly in less attractive but just as necessary specialties.

13. Which 3 words would you use to describe your career in the NHS so far?
  Rewarding
  Struggle
  Learning

14. What do you miss the most from home?
  The weather, the food, and some of my college mates.

15. What would you miss the most if you left the UK?

16. What would you miss the least if you left the UK?
  The bitter winter — it is the only time that I want to escape these shores!

‘Some people – not patients – find it difficult to accept you as an IMG doctor. They can take their time to get to know and understand you.’
1. What is your name?
Pedro Cunha

2. What is your position and where do you work?
Clinical fellow in general surgery, Homerton University Hospital NHS Foundation Trust, London

3. Where were you born?
Rio de Janeiro, Brazil

4. Where did you complete your medical training?
Universidade Federal do Rio de Janeiro, Brazil

5. When did you come to the UK?
2009

6. Why did you decide to come to the UK? What were your goals/ambitions?
The healthcare system in Brazil is very similar to the NHS. I wanted to work in a system that is more organised and a society that is less violent. I came for personal and professional reasons.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
I found it very difficult to understand the different job titles and what they meant, such as where each position is within the training cycle. I found the framework of jobs was very difficult to understand. The culture of work in the UK is also very different to what I am used to but generally I found that British people are accepting of foreign people and do make concessions for the fact that someone is new to the UK.

8. What have been your best experiences working in the NHS as an IMG doctor?
I feel I have a lot that I can provide as a doctor here as I have a wealth of knowledge from outside of the UK.

9. What have been your worst experiences working in the NHS as an IMG doctor?
I have found that British doctors can think that their way is best, and not be open to new ideas. Sometimes they can be dismissive and are not interested in listening to your point. If your specialty training took place outside the UK, then what you have learnt from your country does not count for anything here. I feel IMG doctors are not utilised to their full potential.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
Having a two day acclimatisation course that highlights practical information for new doctors would be helpful. It should include what the different training levels actually entail. It would also be helpful to have a repeat session of this training, so that these doctors can feedback on their experience.

11. What can the BMA do to help IMG doctors working in the NHS?
I think that the BMA should reach out to foreign doctors prior to their entry to the UK. Many IMG doctors do not understand what the role of the BMA is and the breadth of the services that are offered to members.

12. What are the main contributions of IMG doctors to healthcare in the UK?
They enable the UK to have the workforce it needs. Without IMGs the NHS would not be able to meet the needs of the population.

13. Which 3 words would you use to describe your career in the NHS so far?
Challenging, ‘Sweet and sour’, Stuck

14. What do you miss the most from home? My family and the friends I have left behind.

15. What would you miss the most if you left the UK?
The NHS – general interest opportunities that come up and opportunities for medical research, continued professional development, medical education and the professional culture.

16. What would you miss the least if you left the UK?
The administrative work of the NHS – it really is overly bureaucratic.

‘Having a two day acclimatisation course that highlights practical information for new doctors would be helpful. It should include what the different training levels actually entail.’
I think the greatest difficulty is the clinical parts of the royal college membership examinations. I didn’t pass the first time and I couldn’t work out why. I figured out it was nothing to do with my knowledge, but more about my style and approach.

What have been your worst experiences working in the NHS as an IMG doctor?

There haven’t been many really. As a psychiatrist there is a stigma attached generally – sometimes psychiatrists aren’t treated that well by other doctors but actually I haven’t experienced this. Personally I never felt discriminated against as an IMG doctor – perhaps this is because my English is good. The only problem with that is that people think that I’m on the same wavelength and that I understand all the nuances in conversations but in reality I don’t! I do have to work extra hard and pay close attention.

I think the greatest difficulty is the clinical parts of the royal college membership examinations. I didn’t pass the first time and I couldn’t work out why. I figured out it was nothing to do with my knowledge, but more about my style and approach.

What were your goals/ambitions?

– to be very understanding and patient which actually complicates the doctor-patient relationship. The quality of care in the NHS is very good – in Egypt the work is mostly private paid observation in the hospital. I was lucky to have a very understanding supervisor.

The best thing, and this was partly one of my goals for coming here, is the quality of training. The work ethic here in the NHS is really good.

If I left, I suppose I would miss the peace and quiet. My friends and the very laid back culture.

Consultant psychiatrist, Devon Partnership NHS Trust

What is your position and where do you work?

Ramy Daoud

What did you find difficult? What did you find helpful?

It was a culture shock! I think it was probably the first time and I couldn’t work out why. I figured out it was nothing to do with my knowledge, but more about my style and approach.

I found my supervisor/boss — herself an IMG — to be very understanding and patient which was extremely helpful. I was in a catch 22 situation with my GMC registration. When I did finally get a job I alerted the GMC but they were slow with my application so that for two weeks I couldn’t work with patients and had two weeks paid observation in the hospital. I was lucky to have a very understanding supervisor.

What have you been your best experiences working in the NHS as an IMG doctor?

We all bring our own perspectives and a different style and approach. The exams are very culturally specific – which I agree with – we need to be culturally proficient but this is a really big hurdle for a lot of IMG doctors.

This is a really big hurdle for a lot of IMG doctors. We all bring our own perspectives and a different style and approach. The exams are very culturally specific – which I agree with – we need to be culturally proficient but this is a really big hurdle for a lot of IMG doctors.

I think their experiences can and does add to the NHS.

What could the BMA do to make the experience of IMG doctors working in the NHS easier?

I think the BMA should run some induction and training days. I know a lot of IMGs struggle with this and can do things differently – I actually think their experiences can and does add to the NHS.

Which 3 words would you use to describe your career in the NHS so far?

Rollercoaster ride

I have had an up and down relationship with the BMA but from my personal experience the BMA did help me with a dispute I was having so I do recognise that the BMA has an important role to play. For IMGs, the BMA should run some induction and training days.

Fulfilling

I consider the UK to be my home now. If I left I suppose I would miss the peace and quiet.

What can the BMA do to help IMG doctors working in the NHS?

I have had an up and down relationship with the BMA but from my personal experience the BMA did help me with a dispute I was having so I do recognise that the BMA has an important role to play. For IMGs, the BMA should run some induction and training days.

What would you miss the least if you left the UK?

Nothing significant I can think of!
6. Why did you decide to come to the UK? What were your goals/ambitions?
I wanted to relocate to the UK because economically and strategically this country is more secure. I also wanted to pursue a profession in cardiology and my wife was doing an MBA in Cambridge. So a mixture of professional and personal reasons.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
It was a bit of a culture shock and I found the concept of integrated medicine hard to grasp. In my country you did not necessarily see the patient through their journey. They came to you when it was absolutely necessary and sometimes they would come back and sometimes they would not. I found the complexities of the NHS difficult to understand.

8. What have been your best experiences working in the NHS as an IMG doctor? I like the idea of the holistic approach of the NHS and being able to see a patient throughout their journey from beginning to end.

9. What have been your worst experiences working in the NHS as an IMG doctor? I have not really had any bad experiences.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? When I came to the UK I found out about an induction programme. I went along to it and it was useful but I was not entirely sure who was running it and whether it was a recognised course. It would have been helpful for me to attend a course that was arranged by the BMA or the GMC so that I could be sure that it was from a reputable organisation and recognised.

11. What can the BMA do to help IMG doctors working in the NHS? I think that the BMA should run induction courses for IMGs about working in the NHS and maybe give attendees a certificate at the end of the course. These can then be shown to employers.

12. What are the main contributions of IMG doctors to healthcare in the UK? IMGs bring a wealth of experience to the NHS. Oftentimes IMG doctors come to the UK as experienced and senior doctors but work in the NHS as junior doctors. So the NHS doesn’t have the expense of training these doctors either.

13. Which 3 words would you use to describe your career in the NHS so far? Satisfying, Well recognised, Progressive

14. What do you miss the most from home? Family, friends and the weather.

15. What would you miss the most if you left the UK? Quality of life, social life, support of a stable government.

16. What would you miss the least if you left the UK? Revalidation and appraisals.

‘I think that the BMA should run induction courses for IMGs about working in the NHS.’
1. What is your name?
Dev Gupta

2. What is your position and where do you work?
Specialty doctor and locum, accident and emergency, West Midlands

3. Where were you born?
Punjab, India

4. Where did you complete your medical training?
University of Nagpur, India

5. When did you come to the UK?
1978

6. Why did you decide to come to the UK? What were your goals/ambitions?
There were several reasons why I chose to come to the UK – it was a career opportunity, I could undertake postgraduate research, and it was also beneficial from a financial point of view. After four years here I married in India, and then my wife joined me in the UK. It was soon after this point that I gained the FRCS. I was getting a large amount of surgical experience, and had a child here, so I stayed.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
I was working to the best of my ability, and my seniors were able to step in and help when possible. Everyone was very helpful, and tried to teach me. I had no problem with the working conditions. I found it difficult to have to constantly be worrying about what my next job was going to be as most jobs were only six months in duration. Accommodation went with this – it was all very fluid.

8. What have been your best experiences working in the NHS as an IMG doctor?
I have managed to stay in the job I wanted. It is very difficult to get the job that you really want, so doing that was an achievement. I also find it a pleasure how friendly my colleagues are.

9. What have been your worst experiences working in the NHS as an IMG doctor?
I experienced discrimination, but only to some extent. When I was unable to get a job, I would often compete against UK graduates who had less experience, and they would normally get the jobs. This happened every six months, although it happens less now as jobs are longer-term, and much has changed in the last ten to fifteen years. Consultants used to be very powerful in the decision of whether or not you got the job, but this is different now, as there are panels of doctors deciding. I only experienced discrimination from a patient once. They wanted to see a white doctor, but this wasn’t possible.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
Information on the weather conditions, transport information, where you could get your next job, and mentoring. My entrance to the UK was admittedly very easy, as my uncle used to work in the UK, so already had contacts, and through this I was able to source a job before I arrived.

11. What can the BMA do to help IMG doctors working in the NHS?
Things have improved a lot in the last ten to fifteen years. If doctors are discriminated against, the BMA should help out. Diaspora organisations should be supported. Work should be done on clinical examinations, help should be provided for IMG doctors taking interviews, and the BMA should also look into why patients are more likely to complain about IMGs than UK graduates.

12. What are the main contributions of IMG doctors to healthcare in the UK?
IMG doctors play a substantial role in healthcare in the UK – we form part of the whole team, and we also bring our own knowledge and expertise.

13. Which 3 words would you use to describe your career in the NHS so far?
Enjoyable
Part of the country
Good life with little ups and downs

14. What do you miss the most from home?
I am socially cut off – I miss my family.

15. What would you miss the most if you left the UK?
I have spent over half my life here, and feel like I am part of the country, so would miss that.

16. What would you miss the least if you left the UK?
I cannot think of an answer.

‘I experienced discrimination, but only to some extent. When I was unable to get a job, I would often compete against UK graduates who had less experience, and they would normally get the jobs.’
1. What is your name?
Karl Hattotuwa

2. What is your position and where do you work?
Consultant, obstetrics and gynaecology, Bedford Hospital NHS Trust

3. Where were you born?
Colombo, Sri Lanka

4. Where did you complete your medical training?
Faculty of Medicine, University of Colombo, Sri Lanka

5. When did you come to the UK?
Spent my first 10 years in the UK, returned in 1991

6. Why did you decide to come to the UK? What were your goals/ambitions?
The main reason for coming to the UK was to further my education and gain postgraduate training, which now includes MBBS, MS, FRCS Ed, FRCOG, and FSLCGG. I had previously intended to return to Sri Lanka once this had been completed.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
I was already at senior registrar level by the time I came to the UK. I found all the paperwork and administration that the doctors have to do here quite difficult to adjust to. Also, adjusting to the British way of life and understanding how British people work.

8. What have been your best experiences working in the NHS as an IMG doctor?
Listening and talking to patients, which we didn't really do in Sri Lanka.

9. What have been your worst experiences working in the NHS as an IMG doctor?
When I decided to stay and work in the NHS I had a lot of issues with the Home Office even though I had the right to stay here. Once I had resolved those, I had many issues with my national training number and which part of the country I was meant to be training in. During my training, the goal posts were constantly changing and once I had completed my training I was encouraged to take a staff grade rather than go for a consultant post. I was also encouraged not to work in certain areas as they were predominantly white areas and told that I would not fit in. This all felt discriminatory to me.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? Information on the roles of the BMA and GMC, how the NHS works, advice on medico-legal challenges one might face, and advice on the different roles of healthcare professionals who work within the team such as the importance of nurses within the team.

11. What can the BMA do to help IMG doctors working in the NHS?
If there was a way for IMG doctors to be identified before they actually came to the UK that would be helpful. They should specifically be given information on the role of the BMA and the GMC, and the importance of being a member of either the BMA or the MDU.

12. What are the main contributions of IMG doctors to healthcare in the UK?
In my view 60 per cent of doctors are IMG and therefore if you take away IMG doctors, the NHS would collapse.

13. Which 3 words would you use to describe your career in the NHS so far?
Enjoyable Enlightening Fulfilling

14. What do you miss the most from home? The laid back way of life, my friends and family, and the respect that doctors in Sri Lanka receive.

15. What would you miss the most if you left the UK? British pubs that serve really good local ale and rib eye steak!

16. What would you miss the least if you left the UK? General administration and bureaucracy.

‘Once I had completed my training I was encouraged to take a staff grade rather than go for a consultant post.’
1. What is your name? 
Jawad Husain

2. What is your position and where do you work? 
Consultant urologist, divisional medical director of surgery, Wrightington, Wigan and Leigh NHS Foundation Trust

3. Where were you born? 
Lahore, Pakistan

4. Where did you complete your medical training? 
King Edward Medical University, Pakistan

5. When did you come to the UK? 
1994

6. Why did you decide to come to the UK? What were your goals/ambitions? 
The King Edward Medical University is one of the oldest medical schools in the Indian subcontinent and most of my teachers and professors, including at the Mayo Hospital in Lahore, were either British trained or had completed their postgraduate degrees in the UK. For me the standard was very high and having heard about their experiences, I aspired to complete my postgraduate training in the UK from one of the surgical royal colleges.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful? 
In 1994, there was no established structure in the system of how an IMG doctor would progress from SHO to registrar to consultant. Which part of the country you ended up working in, the type of hospital (district general/teaching) you worked in and how you moved around the country from job to job was random and essentially ‘pot luck’. It was difficult to get to know the system and figure out how to acquire the experience I needed for my own career progression. What I found really helpful was the support that I received from my consultant – I am really indebted to the consultants who took an interest in my development. As an SHO in a urology unit, the consultant I was working for advised and guided me, and helped me get a registrar position within six months of joining the NHS – I knew of many doctors working in SHO positions for much longer and who were unable to progress. I think it is vital that consultants can pick up on potential and recognise talent in doctors and help them along their journey.

8. What have been your best experiences working in the NHS as an IMG doctor? 
The recognition of talent by medical and operational managers. I think in general this is a great credit to the system. If you have the correct attributes you will be guided in the right direction and most of the time will be supported. I wasn’t a British national but once I decided to stay in the UK, work and contribute to the system, I was provided with good support from my programme directors and senior management in the deanery and NHS. My experiences have been very positive and I have been able to acquire the skills I’ve needed and in return contribute to the health system and country that has trusted in me.

9. What have been your worst experiences working in the NHS as an IMG doctor? 
I think the lack of structure and uncertainty in how to progress in careers. Though I personally didn’t feel this, I knew of colleagues that had lots of enthusiasm for the work but unfortunately were moving from one job to another without progressing. When I was in Ireland, at the beginning I was moving job every six months and this can be so frustrating. I knew a lot of colleagues also had struggled with getting their visas to stay in the UK.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? 
I think clear information on expectations would have been useful – what you can do in the UK and where you could be in the future as a doctor in UK. This information needs to be clear, easily available and visible so that one is able to plan their career and have realistic expectations. In my time the information we received was either through word of mouth or what we learnt from our own experiences. Having an organisation or forum that you could go to for advice and information would have been very helpful – there may have been some in my time but this could be quite hit and miss.

11. What can the BMA do to help IMG doctors working in the NHS? 
Something dynamic – it can’t just be a document on the website. The medical system, workforce and political environment are changing rapidly in this country. The advice that we provide to IMGs coming to the UK or who have recently started should reflect the future projection of the workforce in this country which can help doctors make decisions about their future career paths.

12. What are the main contributions of IMG doctors to healthcare in the UK? 
If IMGs weren’t here I think the health system would collapse. In most district general hospitals 70 to 80 per cent of the workforce are consultants and mid-grade IMG doctors. The health system is predominately relying on the service commitment of IMG doctors – in reality they are the backbone of the system.

13. Which 3 words would you use to describe your career in the NHS so far? 
Excellent, Rewarding, Satisfying

14. What do you miss the most from home? 
Home comforts and luxuries.

15. What would you miss the most if you left the UK? 
Equality – respect of human beings.

16. What would you miss the least if you left the UK? 
The weather! It is the winter and rain that I would certainly not miss.
Amer Jafar

1. What is your name?
Amer Jafar

2. What is your position and where do you work?
Associate specialist in care of the elderly, Royal Gwent Hospital

3. Where were you born?
Baghdad, Iraq

4. Where did you complete your medical training?
Baghdad Medical School, Iraq

5. When did you come to the UK?
1990

6. Why did you decide to come to the UK? What were your goals/ambitions?
The medical syllabus in Baghdad is almost the same as in Britain so when I considered where I might go to undertake my postgraduate studies, the UK was the first place I thought of. I had an ambition to continue my studies but to be honest when I came to the UK I wasn’t planning on staying here. When I finished my PhD in 1993 there were political problems in Iraq and I was advised not to go back home, so in 1994 I started working in the NHS in Wales.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
I initially came to the UK for academic reasons, so to start working in a hospital again was very different. The switch from academic to clinical work was difficult. Coming from Iraq the main adjustment was to try and adapt to life here, it is a complete lifestyle change. It is especially challenging when you have a family here as well. What I found helpful was the support from supervisors, managers and heads of departments. I felt that they looked out for me, if I was stuck on an application, or had failed an exam a few times they looked after me. Not only professionally but also in my day to day life, like how to register as a foreigner in the UK and stay here. Of course this all depends also on your skills, engagement and demonstration of competencies.

8. What have been your best experiences working in the NHS as an IMG doctor?
For me the system itself is a good experience. I found helpful was the support from supervisors, managers and heads of departments. I felt that they looked out for me, if I was stuck on an application, or had failed an exam a few times they looked after me. Not only professionally but also in my day to day life, like how to register as a foreigner in the UK and stay here. Of course this all depends also on your skills, engagement and demonstration of competencies.

9. What have been your worst experiences working in the NHS as an IMG doctor?
Sometimes you find yourself with so much paper work! There are so many forms and so much paper work. This takes away time that you could be spending with your patients. In my view we need more support for this. The interaction and engagement with the nursing team and junior doctors is also important. There can sometimes be a lack of understanding that there are cultural differences in communications. Everybody has to help and support each other on this.

Also, career progression sometimes is not that easy. I personally haven’t faced any problems but I know it can be difficult to become a consultant as an IMG doctor in the UK.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
Information was difficult to find but I did manage to gather everything I needed to actually get here. When I started working in the NHS there was a lot that I didn’t know about, especially around employment rights. Often you can end up with a contract that you don’t understand the terms and conditions of. It would be really useful to have information in one place about both the practical issues of coming to the UK and about working in the NHS.

11. What can the BMA do to help IMG doctors working in the NHS?
I think that the BMA provides so many important services for IMG doctors such as helping with your contract, but the problem is nobody is aware of it and people don’t know what the role of the BMA is.

12. What are the main contributions of IMG doctors to healthcare in the UK?
They fill many vacancies that we have. Bring new experiences to the country. From a cultural point of view it is good to have a good mix for cultural enrichment.

13. Which 3 words would you use to describe your career in the NHS so far?
Challenging Rewarding Interesting

14. What do you miss the most from home?
The night life! Back home all the shops stay open in the evenings.

15. What would you miss the most if you left the UK?
I have become very attached to Cardiff, I feel like it is my city now – so I would miss the place and all my friends here.

16. What would you miss the least if you left the UK?
Paying council tax, it is expensive.
6. What is your name? Farah Jameel
7. What is your position and where do you work? Sessional GP, London
8. Where were you born? Abu Dhabi, United Arab Emirates
9. Where did you complete your medical training? Gulf Medical University, United Arab Emirates
10. When did you come to the UK? 2007

6. Why did you decide to come to the UK? What were your goals/ambitions?
I always knew I wanted to come to the UK for postgraduate training because of the high standards and opportunities here. I didn't have a clear idea of how long I was coming for; I just wanted to see how things went. It could have been long term or short term, I thought I would come over at the end of my PRHO year (F1 equivalent) in the UAE (United Arab Emirates), but was lucky enough to meet a registrar who had trained in the UK who suggested that joining the UK system as early as possible would make the transition easier. Ultimately, I left my UAE PRHO year midway through to make a new start in the foundation programme and this has served me well.

7. In starting your work as a doctor in the NHS, what did you find difficult?
What did you find helpful?
Cultural norms can be very different between ethnic groups within the UK and in a similar fashion across different countries, for example in many countries the style of consultation is very doctor centred with a lot of emphasis and respect being placed on the words of the doctor. Coming from a country where the doctor is practically worshipped I initially struggled with the general lack of public respect for doctors. British use of language and English nuances remain hard work, even now. Simple examples would include the use of words like knackered, wee, dinner (for lunch), teamearling afternoon tea with sandwiches or lunch, pants for underwear, and trousers being what I had previously referred to as pants. I am now just beginning to understand and value the subtlety of the English language both written and spoken in the UK. It certainly can knock one's confidence and make you question your language skills. All the bad press IMG doctors receive only makes this worse.
Unlike many British doctors who have been born and brought up in this country with their friends and family at hand, relocating from a different country can leave one feeling isolated and lonely. Experiencing this is daunting and overcoming this is a challenge.

8. What have been your good experiences working in the NHS as an IMG doctor?
My F1 year was excellent. I was in a large teaching hospital but it was manageable because I was part of a supportive team that regularly socialised together. Everyone looked out for one another and the traditional medical camaraderie helped break down the hierarchy, with the consultants and registrars regularly checking in with the trainees. Similarly as a GP registrar, everyone in my training practice was very friendly and always did absolutely everything they could for their patients and me.

Finding the BMA and becoming involved made me more confident in taking on challenges when faced with uncomfortable situations or discussions. This empowered me to positively influence my experience in many of my jobs.

I have found the NHS a positive work environment and I think this helps us to do the absolute most we can for patients within the limited resources we have. I have seen excellent evidence based care being delivered uniformly all across the country and this is something other countries can only aspire to.

9. What have been your worst experiences working in the NHS as an IMG doctor?
Following my excellent F1 year at a teaching hospital, I rotated to a district general hospital for F2 in a much smaller town. I struggled to find the same supportive social network and, without a way to debrief after work, the year quickly became a struggle. I got to a point where I began to question medicine as a career and my decision to relocate to the UK. This was the lowest point in my NHS career and is certainly something that I wish I'd been prepared for as I would handle things differently now. I suspect there are many who have similar stories. When family and friends are far away, work becomes the central point of one's life and when work itself isn't enjoyable, it can all start to fall apart very quickly.

The irony of my situation was being trained in an environment that was socially quite heavily dominated by religious values of the NHS. The concept of equal opportunities for all. I get reminded about all the wonderful things about the UK. I came to the UK for more than just training. I came here because I value free expression and the human rights that are fostered in the UK, where the shared aim is always for a fairer society with equal opportunities for all. I get to contribute to that through healthcare. I am a strong believer in the principles and founding values of the NHS. The concept of accessible healthcare, free at the point of need, is one that should be adopted by more countries.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
Barb is a teaching hospital, I rotated to a district general hospital for F2 in a much smaller town. I struggled to find the same supportive social network and, without a way to debrief after work, the year quickly became a struggle. I got to a point where I began to question medicine as a career and my decision to relocate to the UK. This was the lowest point in my NHS career and is certainly something that I wish I'd been prepared for as I would handle things differently now. I suspect there are many who have similar stories. When family and friends are far away, work becomes the central point of one's life and when work isn't enjoyable, it can all start to fall apart very quickly.

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13. Which 3 words would you use to describe your career in the NHS so far?
Fulfilting Successful Enlightening
You can be whoever you want to be in this country in both your home life and medical career.

14. What should the BMA do to help IMG doctors working in the NHS?
The BMA could and needs to do more. The BMA could have come out earlier and stronger in their defence. In terms of what actions can be taken, this could include creating supportive networks, mentoring, and producing guidance that can be distributed to all trusts around the country. The BMA would also benefit from a wider range of IMG role models. Through the BMA’s networks, it should exert, and be seen to exert, pressure within the NHS to improve numbers of IMGs applying competitively for NHS management and leadership roles.

12. What are the main contributions of IMG doctors to healthcare in the UK?
IMG doctors work as hard as those from the UK across the health sector. Each of their contributions is as valuable as that of any other doctor. They do bring experience that can help break down cultural barriers to healthcare that may exist in our multicultural society and also greater familiarity with diseases that may be more common overseas.

15. How would you miss the most if you left the UK?
Having spent some time reflecting on this question, I am reminded about all the wonderful things about the UK. I came to the UK for more than just training. I came here because I value free expression and the human rights that are fostered in the UK, where the shared aim is always for a fairer society with equal opportunities for all. I get to contribute to that through healthcare. I am a strong believer in the principles and founding values of the NHS. The concept of accessible healthcare, free at the point of need, is one that should be adopted by more countries.

16. What would you miss the least if you left the UK?
Heather.
1. What is your name?
B Nirmal Kumar

2. What is your position and where do you work?
Consultant ENT (ear, nose and throat) surgeon and director of medical education, Wrightington, Wigan and Leigh NHS Foundation Trust, honorary professor, Edge Hill University, training programme director for ENT, Health Education North West, honorary secretary, ENT UK and editor-in-chief, Biomed Central Ear, Nose, Throat Disorders

3. Where were you born?
Chennai, India

4. Where did you complete your medical training?
Stanley Medical College, University of Madras, India

5. When did you come to the UK?
1995

6. Why did you decide to come to the UK? What were your goals/ambitions?
My professor was a fellow of the Royal College of Surgeons and after I got the university gold medal in ENT he persuaded me that experience of surgery, training programme director for ENT, Health Education North West, honorary secretary, ENT UK and editor-in-chief, Biomed Central Ear, Nose, Throat Disorders

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
I was in Ireland (from 1991 to 1995) before I moved to the UK my consultant was British and my registrar was a Spaniard, so we were all really foreigners in a foreign country – Ireland!

8. What have been your best experiences working in the NHS as an IMG doctor?
For me the most impressive thing has always been that if you put in the extra effort and work you can really achieve a lot in this system, which is truly meritocratic. I have been very lucky and fortunate. If you show you can do something, I have always felt you will be rewarded. I had to learn to work as the system required – I couldn’t really expect it to adapt to me. Early on I realised that education and research were very important and I undertook both higher research degree at university and higher surgical training, and eventually got to a consultant post. At the end of the day, I have always found that merit is rewarded even if you come from a different system.

9. What have been your worst experiences working in the NHS as an IMG doctor?
To be honest I’ve not really had any bad experiences. I feel like there are many fair minded people in this system. Of course I am not denying that there might be an element of discrimination but if you work hard and get into the top percentile everything is open to you. If you are in the bottom 20 per cent I do know that the support mechanisms are perhaps not as strong for those who come from abroad and are not doing so well.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
My entry was easy but for people whose English isn’t so good they may need some help in learning the cultural norms, communications etc. For me the nurses were my ‘best friends’ and they can and do really help you if you are kind and respectful to them. However, I do see a lot of foreign doctors who speak to the nurses very rudely. People aren’t see a lot of foreign doctors who speak to the nurses very rudely. People aren’t inherently racist – if as an IMG you are pleasant, polite and kind, and do your job well, you will be fine. An induction to the language and culture would be very helpful I think.

11. What can the BMA do to help IMG doctors working in the NHS?
The BMA can help to identify those that need support adjusting to the culture, communications and so on, and give them support through inductions and resources, combined with ongoing support.

12. What are the main contributions of IMG doctors to healthcare in the UK?
It is enormous. There is no doubt that IMGs have propped up the health services to a large extent. A few can get into leadership roles but many haven’t. However, this system is based on meritocracy. People need to work extra hard and make a large contribution.

13. Which 3 words would you use to describe your career in the NHS so far?
Rewarding Opportunity (research and education) Quality

14. What do you miss the most from home?
Not much really – my home is here now.

15. What would you miss the most if you left the UK?
The NHS combines the best teaching, training and research that you get – this combination really isn’t available elsewhere. This is the essence of what the NHS stands for. This is the most enjoyable part of my career.

16. What would you miss the least if you left the UK?
Nothing.
6. Why did you decide to come to the UK? What were your goals/ambitions?

Two reasons really. The basic training in India is similar to that in the UK and I consequently anticipated the transition to working here would be relatively smooth. It also helped that the UK is an English speaking country. I would have been lost in France! My goals were to progress in my career and gain specialist training in psychiatry.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?

Even though the training system was similar to that in India there were important differences, which I had to grasp quickly. Other basic things like setting up a bank account, credit history checks for renting a house, getting appropriate visas were all difficult in the beginning.

In terms of working however, I had a very supportive supervisor and colleagues so starting work wasn’t too much of a problem. My first supervisor made my transition very smooth and I built on that. I found the management structures in my trust (eg medical staffing) very supportive in helping me when needed.

8. What have been your best experiences working in the NHS as an IMG doctor?

In India a lot depended on the ability of patients to pay for care unlike here in the UK. Being free at point of use ensures that you focus on delivering the best quality care you can for your patients without the pressure of thinking about payment.

To have crossed half the world to get here and work in a completely different system was made much easier by the fact that I felt I was valued for my skills and that made working here valuable. In terms of my career I couldn’t have asked for anything more.

9. What have been your worst experiences working in the NHS as an IMG doctor?

I’m sure some of my other colleagues will agree with me on this; the MTAS. This was the worst experience I had whilst working for the NHS. There were professional and personal costs in that year for me. I had to move away from home and take a break in my career.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?

An IMG specific induction pack would have been much appreciated. This could have highlighted the cultural differences and expectations in terms of working in the UK. It could have included general information about the structure of the NHS but also focussed on the specifics of working in a certain hospital or trust. My experiences were from 11 years ago; I have heard from my junior IMG colleagues that the GMC does have a good induction system now so things will have improved.

In hindsight it would also have been useful for me to observe or shadow a colleague for a few weeks when I first started.

11. What can the BMA do to help IMG doctors working in the NHS?

It would be useful if on a regular basis the BMA could highlight the positive impact that IMG doctors (who are almost a third of the medical workforce) have made to the NHS. It might be also useful if the BMA could lobby the government to keep our visa rules consistent, as currently they change for IMGs on what seems like a yearly basis.

12. What are the main contributions of IMG doctors to healthcare in the UK?

I have begun to believe in a value-based system. We bring different values here and have a very strong work ethic. We live in a multi-cultural society so it is important to have doctors from different places.

13. Which 3 words would you use to describe your career in the NHS so far?


14. What do you miss the most from home?

The food.

15. What would you miss the most if you left the UK?

Value for meritocracy and the inherent fairness in the workplace here. This view is based on my personal experience. I think the NHS is an inherently fair organisation.

16. What would you miss the least if you left the UK?

Apart from the weather. It is difficult to generalise but I have found wading through the sometimes rigid and hierarchical NHS structures would be something I wouldn’t miss much.
Christopher Magier

1. What is your name?
   Christopher Magier

2. What is your position and where do you work?
   Substantive consultant paediatrician, St Mary’s Hospital, Isle of Wight NHS Trust

3. Where were you born?
   Kedzierzyn-Kozle, Poland

4. Where did you complete your medical training?
   Wroclaw Medical University, Poland

5. When did you come to the UK?
   2004

6. Why did you decide to come to the UK?
   What were your goals/ambitions?
   It happened kind of accidentally. I had been at Wroclaw University for 10 years, and I started to think about changing jobs around 2003. Poland was due to join the European Union at the start of 2004, and as a result there was a heavy recruitment drive by the NHS in Poland. I had done one month as a student at Great Ormond Street Hospital, and remembered it fondly. I also applied for a position in South London, with one year at Greenwich Hospital, and one year at St Thomas’ Hospital. Someone came to Warsaw to conduct the interview, and I was successful.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
   I struggled with the language barrier. I was adept at the written form, but this is of course different to spoken language, especially in the medical arena. British colloquialisms and abbreviations are very confusing – it took me several weeks to get used to them, as well as the accents. One small difficulty that I did come across was having to do my own intravenous cannulations – in Poland nurses perform these. I had a very beneficial shadowing period with a very helpful consultant. He assessed me, and placed me according to my experience.

8. What have been your best experiences working in the NHS as an IMG doctor?
   The support from the consultant during my shadowing period was a very good experience. After my first year I was completely competent and up to speed, and was able to make a very good impression at my second hospital. I also thought that it was good that there was a well-structured approach to problems in structures and guidelines.

9. What have been your worst experiences working in the NHS as an IMG doctor?
   I had a very nasty experience with a coroner’s inquest in my first year here. My team were accused of errors that were not our fault, which came as a shock after a very supportive six months. We were found not to be responsible, but it was a very unpleasant experience.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
    On reflection I was very lucky. Some of my friends arrived in the UK to find themselves on call from their first day. When I employ doctors now, I always give them two weeks of unpaid board with their clinical attachment, and then two weeks paid shadowing for safety reasons. This gives them a better chance to tune their ears and adjust to the guidelines.

11. What can the BMA do to help IMG doctors working in the NHS?
    I think that the BMA can inform prospective IMGs better about employment rights in the UK. I was underpaid during my first year of employment here, as my employment history from Poland had been ignored. It was only picked up towards the end of that year that I should have been on the highest pay for my scale.

12. What are the main contributions of IMG doctors to healthcare in the UK?
    IMG doctors bring a fresh mind to healthcare in the UK, and knowledge of other systems from around the world – the NHS is good, but it is not optimal. Doctors from abroad tend to approach cases differently, with more logic and common sense. UK-based doctors tend not to think as independently, and rely on guidelines more.

13. Which 3 words would you use to describe your career in the NHS so far?
    Pleasant, Successful, Promising

14. What do you miss the most from home?
    For quite some time it was Polish food, but now that there is a Polish shop on the Isle of Wight I’m not sure that there is anything! With technological advances I can now read a Polish newspaper, visit Polish websites, watch Polish television, and my friends are able to visit on a regular basis.

15. What would you miss the most if you left the UK?
    This is difficult to say – you are basically asking me in a polite way what annoys me the most about the UK! Call centres and helplines. They are incredibly infuriating, but aren’t as bad elsewhere.

16. What would you miss the least if you left the UK?
    That is difficult to say – you are basically asking me in a polite way what annoys me the most about the UK! Call centres and helplines. They are incredibly infuriating, but aren’t as bad elsewhere.
1. What is your name?
   Joan Melendez

2. What is your position and where do you work?
   Senior specialist registrar, obstetrics and gynaecology, Royal Free Hospital

3. Where were you born?
   Girona, Spain

4. Where did you complete your medical training?
   Universitat Autonoma de Barcelona, Spain

5. When did you come to the UK?
   2006

6. Why did you decide to come to the UK?
   For me adapting to the system and the language was difficult. The medical English, the abbreviations and the jargon were completely new.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
   For me adapting to the system and the language was difficult. The medical English, the abbreviations and the jargon were completely new. I had to learn the often subtle differences when talking to other doctors compared to patients. The organisational structure of the hospital and its departments was also different and that took time to learn and understand. Simple things like being on call, job roles, who is meant to do what – it is all very different and confusing at first.

   It was helpful to find someone who understood your situation and was willing to help you, to guide you and act as your mentor. My supervisor was very helpful, he was patient and he was willing to give me the extra time I needed to settle. You can feel lost and helpless and that nobody cares at times. When you start, you are always one or two steps behind local graduates so it is very helpful when someone can see through your difficulties and gives you a hand because they think you can potentially be a good doctor.

8. What have been your best experiences working in the NHS as an IMG doctor?
   The challenges are very exciting. Every achievement (getting your training number, passing the exams, presenting or publishing studies and so on) makes you feel the work you put in was worth it. That is very rewarding.

9. What have been your worst experiences working in the NHS as an IMG doctor?
   At the beginning there is a language barrier which could make it difficult for people to see who you really are, sometimes you may feel a bit ignorant and brainless. It is hard to communicate, you don't understand everything they tell you, you don't know how the system works and you don't know exactly what you are supposed to be doing. Local graduates are generally unaware of these difficulties and not everybody sympathises with you for going through a tough time.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
    Going through the working system and explaining it in detail, what you are supposed to do and what is expected of you. It would need to be very specific, and not assume anything from the IMG doctors.

11. What can the BMA do to help IMG doctors working in the NHS?
    I participated in a workshop for F1 doctors from abroad who started working in the UK. I felt they found it really helpful, to get together and share experiences from other doctors who have been through the same process. For example during interviews, local graduates have a clear idea of what being yourself means in an interview, but it can mean something completely different to someone from Eastern Europe or Africa. A proper system of tutorials and workshops to go through the specifics for new IMGs would be helpful.

12. What are the main contributions of IMG doctors to healthcare in the UK?
    Most (not all) of IMGs come very well prepared, with excellent knowledge and good clinical skills. However things may not be so smooth in terms of communication and language. IMG doctors are a good workforce to fill the gaps in the otherwise short rotas. You will often find specialists (consultants in their country of origin) happy to take middle grade jobs for the experience, to learn the system, develop certain skills and spend a couple of years here. I also think that most of them plan to return to their country eventually, therefore they would not be competing for consultant jobs.

13. Which 3 words would you use to describe your career in the NHS so far?
    Challenging, Achieving, Rewarding

14. What do you miss the most from home?
    I would say family and friends but I am only two hours away on a plane so in my particular case, it is not difficult to see them fairly regularly!

15. What would you miss the most if you left the UK?
    I am used to the system now, so I guess I would miss being comfortable with how things are organised. Also, here I feel there is always something else, a next step. Whether it is doing a fellowship, going into research for a while, joining committees and scientific groups, there is always something else to aim for and always people pushing you to get there. In other countries, I feel they let you settle too easily.

16. What would you miss the least if you left the UK?
    Bureaucracy and how the managerial staff have lost sight of what is really important. It feels as if they do not care about doctors, patients or people in general, they only care about short term numbers and figures. Doctors are stretched and bullied, and that affects morale which inevitably translates into how patients feel when they see a doctor. I think doctors used to be more respected and appreciated for the work they do.
6. Why did you decide to come to the UK? What were your goals/ambitions?
I was born here and spent the first 10 years of my life here. I always planned on coming back at some point.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
Since being back in the UK, I have worked for the NHS and have had an academic appointment. I have never worked full-time in the NHS. I did have to adapt a little when I came over but I felt it was very easy as I have spent my whole life adapting in terms of teaching, practice and research in different languages and in different countries.

8. What have been your best experiences working in the NHS as an IMG doctor?
The structure of the NHS is really very good. Having worked in environments with less structure, the protocols here are good to fall back on. Further, there is safety in protocol.

9. What have been your worst experiences working in the NHS as an IMG doctor?
Explaining myself to people. I feel that I am in a community by myself – IMGs don’t relate to me fully and neither do European medical graduates. The first few years I had to explain myself a lot. People are obsessed with putting people into boxes, and having to explain my life’s history to people when it was irrelevant was difficult. I have undertaken four postgraduate posts in the UK, in Scotland and England, which makes things even more complicated. As a positive, being questioned so much has pushed me to work even harder and looking back I have done a lot.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
I became a member of the BMA within months of arriving back in the UK. Within a year I was on the junior doctors committee and the medical academic staff committee. We put together a publication about IMG doctors in

2006: a fairer future. I wanted to leave a bit of a legacy so that other people could build on it. On the back of this policy work I undertook a plethora of work on influencing various key policy figures and that had a big effect. After 2006 partly due to our lobbying, the crisis died down and better workforce planning is more the norm now.

11. What can the BMA do to help IMG doctors working in the NHS?
Help to crackdown on unfair discrimination due to racism or other issues. And recognising equality and diversity.

12. What are the main contributions of IMG doctors to healthcare in the UK?
Their contribution is invaluable, since the 1940s over 20 per cent of medical workers in the UK on and off have been IMGs, with the majority from the Indian subcontinent. Without IMGs, the healthcare system would be severely handicapped. IMGs are undervalued and discrimination is definitely there, although it is often covert.

13. Which 3 words would you use to describe your career in the NHS so far?
Successful beyond expectation Unique Impactful

14. What do you miss the most from home?
Food – Indian food in Britain is horrible.

15. What would you miss the most if you left the UK?
Systematic approach to medicine and associated research and teaching.

16. What would you miss the least if you left the UK?
Bureaucracy, the number of committees and the approval needed is too much.

‘The structure of the NHS is really very good. Having worked in environments with less structure, the protocols here are good to fall back on. Further, there is safety in protocol.’
1. What is your name? Charilaos Minas
2. What is your position and where do you work? Salaried GP, Bristol, appraiser for 12 years, educator for GPs, and undertake CQC inspections
3. Where were you born? Serres, Greece
4. Where did you complete your medical training? Aristotle University of Thessaloniki, Greece
5. When did you come to the UK? 1991

6. Why did you decide to come to the UK? What were your goals/ambitions? It was very much a career move for me – the opportunity to undertake postgraduate training in the UK was too good to turn down. Following compulsory army training in Greece, the waiting list was up to four years long for postgraduate training there.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful? I found it difficult obtaining a post, even as a locum/sessional doctor. Until I found a referee, getting any sort of work was impossible. I submitted 120 applications, and received 119 rejections. I was close to returning to Greece, until I was finally successful with a urology locum post. It was Easter 1991 and they could find no one to cover the 72-hour locum. I found the support offered by an Australian surgical consultant was the most helpful thing.

He acted as my referee, which proved to be far more useful than the references that I had from Greece and the United States.

8. What have been your best experiences working in the NHS as an IMG doctor? I have learned a lot through being a part of different teams. There were long sessions in the early days, so I forged strong, close working relationships with fellow team members. We were actual teams then, rather than a team of individuals as often is the case nowadays. I also found it enjoyable working in so many different locations and cities, such as London, Essex, Bath, Bristol, and South West Wales.

9. What have been your worst experiences working in the NHS as an IMG doctor? I had to work extremely long sessions. There was a lot of death and destruction around, and little counselling available in those days, which took its toll physically and emotionally. I also found that there were unsatisfied patients referring to my accent – not that this had a bearing on the quality of care provided. On the whole people were friendly, accepting and helpful.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? The support offered to newly arriving international doctors now is far better than it was when I first arrived. Back then I only had access to the GMC website, which as you can imagine was very limited at the start of the 1990s! I did not know that you needed particular references, or what I needed in order to work in the UK.

11. What can the BMA do to help IMG doctors working in the NHS? Firstly, relevant signposting. Secondly, some deaneries have a mentoring scheme in place. The BMA could introduce a similar informal scheme, even just with emails, with international doctors who have been through the experience already.

12. What are the main contributions of IMG doctors to healthcare in the UK? IMG doctors make up a huge amount of the NHS workforce – 20 years ago there was a shortfall in doctors, and the NHS would have collapsed under the strain of demand if not for IMG doctors filling vacant posts. We have also brought our respective cultures to the UK, and have enriched the NHS, which suits the UK as it is a multicultural country.

13. Which 3 words would you use to describe your career in the NHS so far? Varied Challenging Worthwhile

14. What do you miss the most from home? It used to be the weather, but now I can go back quite a lot. I am not as keen on the hot weather now, as it can limit your working.

15. What would you miss the most if you left the UK? I have been here 23 years now. The first few years, I mentally belonged at home, then I was in limbo for a few years, and now I feel like I belong here. I would be a foreigner in my country of origin if I were to return now.

16. What would you miss the least if you left the UK? This is an easy answer – the bureaucracy and endless political meddling in medicine.

“We have also brought our respective cultures to the UK, and have enriched the NHS, which suits the UK as it is a multicultural country.”
I was a confident doctor and communicator. I never thought that English would be my downfall.

6. Why did you decide to come to the UK? What were your goals/ ambitions?

I graduated in Ethiopia in the 1980s. During the early 1990s, I was undertaking my postgraduate training and working as a registrar in Addis Ababa. My job used to include teaching and every day I was developing. As a young and angry idealist, I volunteered to treat patients in armed conflict. I was however detained in a military camp for 10 years by the winners of the conflict. I witnessed all sorts of torture in the detention camp, and my life became politicised. I dedicated my service to the people in need and my life became politicised.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?

I was a confident doctor and communicator. I never thought that English would be my downfall. Once I arrived in the UK, I was placed on an English training course for IMGs at Salford Royal Hospital in Manchester. I was really shocked. I was taught high school in English, medical school in English, I was an English teacher and had worked in English. I found it very confusing to study English for an exam. I had been studying it lovingly for ages, especially in the detention camp. Naturally I was an anglophile and I did not see why I was being pushed to learn a language which I can talk fluently and even write a poem in. I started to study but I did not get over seven in the IELTS exam. It unnecessarily exhausted me and for the first time in my life I started to feel tired.

This aspect of the education had made the desire for honest learning irrelevant. The formula became to get enough money and take as many IELTS exams as your money and time would allow you. I am a middle aged doctor who neither has the money nor the energy for the unfair IELTS examination. I don’t believe the IELTS system is a true or good evaluation system. It does not genuinely evaluate your capabilities. There was so much pressure to pass this exam and ultimately it is all about exam technique rather than the ability to speak English. I love my profession, however I refuse to take this exam up to 40 times (and pay €10,000 as some doctors do). To me, this is extremely unfair. It is the commercialisation of medicine and learning in an extreme and discriminatory way based on age and race.

8. What have been your best experiences working in the NHS as an IMG doctor?

Not applicable.

9. What have been your worst experiences working in the NHS as an IMG doctor?

Not applicable.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?

Authentication of honest doctors coming to this country would have helped me a lot. An initial 30 minute interview by an experienced doctor would help an IMG. All IMGs are not the same and they should not be treated like children. Respect for the experience of the IMG should be valued alongside their communication skills. I support this unequivocally.

11. What can the BMA do to help IMG doctors working in the NHS?

I think the best thing is to evaluate doctors as doctors – give them patients and ask them to take their history, make an impression, differential diagnosis, investigation and so on. If a doctor does not do that in England or Siberia or Africa, you should question whether he is a doctor or not. This isn’t a case of a noun, pronoun, or verb! The BMA can lead by example and help to change the evaluation system.

The long term effect of squandering doctors will be far reaching. African doctors bite the dust because their governments have not negotiated EU treaties for them. Doctors from the Commonwealth countries are more likely to become efficient doctors in UK than the EU unless some other factors play a role. It is ridiculous to exhaust doctors who have gone to primary school, high school and university in English to sit an English exam rather than an exam specifically on the skills of communication.

We need research on doctors like me. There is a deficiency in the evaluation system and we need to research why this is happening and how we can change it.

12. What are the main contributions of IMG doctors to healthcare in the UK?

IMGs are and can be a huge support to the system. It is the commercialisation of medicine which is the source of the problem. Nobody can deny the immense contribution of Asian and other doctors in this country, but as things stand now I doubt whether that will continue.

13. Which 3 words would you use to describe your career in the NHS so far?

I only have one word: shocking.

14. What do you miss the most from home?

I miss the big scientific discussions – but really I mostly miss my profession. Working with pure doctoral confidence amenable to another doctoral comment, no political comments in doctors business. There is too much politics in the NHS.

15. What would you miss the most if you left the UK?

I would miss the tolerant British people whose tax money funds the NHS.

16. What would you miss the least if you left the UK?

The hypocrisy of British politics.
1. What is your name?  
Not disclosed

2. What is your position and where do you work?  
Consultant

3. Where were you born?  
Not disclosed

4. Where did you complete your medical training?  
Not disclosed

5. When did you come to the UK?  
1992

6. Why did you decide to come to the UK? 
What were your goals/ambitions? 
When I finished my postgraduate studies I was sent over to the UK as part of my training. I stayed because there were many opportunities for further training. During this time my wife was doing a degree here and I became a consultant.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful? 
It is a completely different system here, it is hard to fit into this system and very difficult to communicate. People were not very helpful and I found that there was nobody to guide or help you. Communication can be very hard, language and so on, and when you go from one environment to the next so quickly, it can be difficult to adapt. One night I was working in my home country, the next day I arrived in the UK and that weekend I was on-call. In a totally different system, you need to know how the system works. Though I was very senior when I came here it wasn’t enough. I didn’t have difficulty with the surgical side of work, but communication and counselling the patients was very hard.

8. What have been your best experiences working in the NHS as an IMG doctor? 
Learning everything, every day. The NHS is a very good system. If you don’t keep up to date, you do get left behind.

9. What have been your worst experiences working in the NHS as an IMG doctor? 
Discrimination. There have been cases where you go for a job, and you have more experience, but because you are foreign a local doctor is chosen instead of you. I have been a consultant since 1998 and I don’t think that things have changed since then. Even now when I am on a panel, I can see and hear that things have not changed. Discrimination does go on, it is a struggle to find your feet and prove your strength. You need to persevere and prove yourself through your personality.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? 
I think coming to the UK, it would be very helpful to have an induction programme. Workshops should be given by overseas doctors because they understand how it is to join a new system. I think it would be important to give the new doctors between four and six weeks to shadow and learn how the system works. Overseas doctors who have learnt the system understand best the type of information that new doctors will need. Within the induction, expectations of new doctors should be explained. I also don’t think doctors should have to work straight away, but when they feel comfortable.

11. What can the BMA do to help IMG doctors working in the NHS? 
I think the BMA should provide these courses and I think they should be free.

12. What are the main contributions of IMG doctors to healthcare in the UK? 
Most hospitals have at least 30 per cent overseas doctors, there are only two local doctors on my team. There are people from all over the world working here and the NHS depends on them.

13. Which 3 words would you use to describe your career in the NHS so far? 
Successful Discrimination Struggle

14. What do you miss the most from home? 
My family the most, but I also miss my patients. There is a group of us that go back every few months and give medical workshops so I do go back and help when I can.

15. What would you miss the most if you left the UK? 
The system, the NHS. It is a very good system.

16. What would you miss the least if you left the UK? 
I don’t really have a social life here so that is what I would miss the least.

‘Discrimination does go on, it is a struggle to find your feet and prove your strength. You need to persevere and prove yourself through your personality.’
The mentality of a Sudanese person is very difficult for foreign doctors is actually the difference in background and culture, not racism.

8. What have been your best experiences working in the NHS as an IMG doctor? Working in the NHS as an IMG doctor has really broadened my experience. My early life in Sudan with the lack of healthcare taught me to put up with a lot of challenges. I have transformed into a Brit. People moan about the NHS, but it is always on quite a trivial basis. Coming from Sudan and working as an IMG doctor has given me resilience.

9. What have been your worst experiences working in the NHS as an IMG doctor? I had to prove my worth in every hospital I worked in while I was a new doctor. It wasn’t racist, but simply that people didn’t know me. If I started at the same time as a British doctor, he was assumed to be a good and reliable doctor, whereas I was assumed to be the opposite. People changed their opinions once they saw me working and got to know me, and through that I gained respect. I have heard of this happening from other IMG doctors and I think it can be worse for younger doctors. As a registrar and trainee, I knew that I needed to demonstrate my worth. I learnt that this was a part of life and that you can’t change the world, so you must change yourself and the world will follow. For example, when I started a job in Liverpool, the staff doubted me, but I persevered and saw the job through. I have friends with them all now. I think that things are still the same, things haven’t changed. Most people aren’t xenophobic, people just aren’t used to people from different backgrounds. If I were to summarise my bad experiences of the NHS in two words it would be the sensation of being ‘excluded’, which can lead you to feeling marginalised, and having feelings of ‘doubt’.

Having said that, when you have lived in Sudan you learn to put up with anything and everything. I came here with a lot of resilience, so my bad experiences here weren’t really that awful or very difficult for me to deal with. The reason that many IMG doctors stay is because their previous experiences were so much worse.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? It is hard to say what would have made a difference. In terms of support I think mentoring with doctors that went through similar experiences would be very helpful. Sometimes the cycle of doubt and exclusion can begin a downhill spiral and young IMG doctors can begin to doubt themselves. The more junior you are, the more vulnerable you are. Young doctors can be affected very badly. Mentoring could be a really useful way to stop this and build confidence.

11. What can the BMA do to help IMG doctors working in the NHS? I think mentoring for clinical and secretarial staff to help them to understand and appreciate IMG doctors a bit more and help to make their lives more comfortable. Mentoring should not be for the new doctors but for the existing ward staff as there is a need to address the real problem: attitudes. I think treating people differently is something that happens subconsciously and people are unaware that they are doing it.

12. What are the main contributions of IMG doctors to healthcare in the UK? Between half and two thirds of UK doctors are foreign graduates. If they all left and went home, the health system would fall apart. I am amused when far right politicians talk about foreigners coming over to use the NHS. They portray foreigners in a very negative light and always ignore the positive contributions of foreign doctors to the health system. Collectively, IMG doctors are a major pillar of the NHS.

13. Which 3 words would you use to describe your career in the NHS so far? Successful. Fulfilling. Inspirational.

14. What do you miss the most from home? Being with my parents. I got to see them at least once a year, sometimes more. I wish I was with them all the time. My sisters are there to care for them, but I also want to be there so I can play my part.

15. What would you miss the most if you left the UK? So much! It is difficult to even put into words. I’d miss the way of life and job satisfaction. Nowhere else in the world would I be able to get the same job satisfaction, even in the US. In other countries, the health system is privatised and driven by quotas and it’s not right.

16. What would you miss the least if you left the UK? Moving into a new environment and being mistrusted. In Britain I am looked at differently, and I wouldn’t miss that.
1. What is your name?
Not disclosed

2. What is your position and where do you work?
Specialty doctor, forensic psychiatry

3. Where were you born?
Moscow, Russia

4. Where did you complete your medical training?
Moscow Medical Academy, Russia

5. When did you come to the UK?
2005

6. Why did you decide to come to the UK? What were your goals/ambitions?
I wanted to further my education and gain postgraduate training. There are also more opportunities for research in the field that I am interested in here in the UK than in Moscow.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
Unfamiliar administrative systems were difficult, and jargon that people may use assuming that you will know what they mean. There was a lack of clarity in both the roles of my colleagues and what was expected of me. Further, the system itself is a completely different system in terms of assessments and exams.

Having a mentor and spending long enough with a team that were willing to accept my contributions was really helpful. I was really impressed with the high level of training and expertise that the other colleagues on the team had.

8. What have been your best experiences working in the NHS as an IMG doctor?
There were lots of uncertainties but generally my colleagues were very helpful. I found that in the UK patients understand more about their conditions and are more empowered as a result. Patients were mostly understanding and supportive though some patients did not hide their racist attitudes or being frustrated at the constant change in healthcare professionals.

9. What have been your worst experiences working in the NHS as an IMG doctor?
Not being able to continue training due to the whole debacle with modernising medical careers and the MTAS system. I have also found some members of the public, mainly relatives of patients, a little aggressive and this has given me a bit of an inferiority complex.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
Greater awareness and information about the working and processes of the NHS – shared decision making between patients and clinicians. Communication skills training as well, as I know that a lot of IMG doctors often struggle with this. The opportunity to be able to talk to someone that has made it through a similar transition to the other side would have been helpful.

11. What can the BMA do to help IMG doctors working in the NHS?
Courses on communication skills and acclimatisation courses highlighting differences in cultural norms etc.

12. What are the main contributions of IMG doctors to healthcare in the UK?
There is a biased view of IMG doctors in the UK. I find that IMG doctors end up going into specialties that are not attractive to UK graduates. They end up filling the gaps that no one else wants to fill.

13. Which 3 words would you use to describe your career in the NHS so far?
Insecurity, Supportive, Possibilities

14. What do you miss the most from home?
Russian people are emotionally more open than people in the UK, so I sometimes feel isolated here.

15. What would you miss the most if you left the UK?
Family and friends.

16. What would you miss the least if you left the UK?
Tabloids!

‘Having a mentor and spending long enough with a team that were willing to accept my contributions was really helpful.’
6. Why did you decide to come to the UK? What were your goals/ambitions?
I was very keen to undertake a postgraduate course in psychiatry. The UK is world-renowned for psychiatry training, so it was to further my expertise and career.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
I found getting an attachment very difficult as I didn’t know anyone. It was not a streamlined process – I was blindly targeting hospitals. Frequent changes in visa rules also made it difficult for me to manage my circumstances. Once I had started my first attachment I found networking with both UK graduates and IMGs very helpful. It helped me understand the NHS better, pick up techniques on how to do well in interviews and set up a portfolio for training posts.

8. What have been your best experiences working in the NHS as an IMG doctor?
I like the fact that when it comes to treating patients, the NHS does not discriminate based on financial capacity of an individual. I caught up eventually. I also struggled to get to grips with the amount of paperwork. I would have found advice on clinical attachments and visa regulations very helpful. I found that there was no organisation that I could turn to for help, including the BMA, or the human resources department of the various NHS hospitals. I was surprised that even certain diaspora organisations did not help me because I had no money to pay for their membership – I thought they would understand my need for help as they shared similar cultural backgrounds.

9. What have been your worst experiences working in the NHS as an IMG doctor?
I have sensed that there may be a racial bias, or maybe another sort, in terms of progression of training – I have experienced a delay in progress for no reason. At the start of my training, lots of doctors at my level knew what to do, whereas I was unsure due to lack of any structured focussed induction for IMGs.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
I would have found advice on clinical attachments and visa regulations very helpful. I found that there was no organisation that I could turn to for help, including the BMA, or the human resources department of the various NHS hospitals. I was surprised that even certain diaspora organisations did not help me because I had no money to pay for their membership – I thought they would understand my need for help as they shared similar cultural backgrounds.

11. What can the BMA do to help IMG doctors working in the NHS?
The BMA these days (unlike in the past) is doing a lot already – such as its visa alert service, working more with diaspora organisations, holding more diversity and leadership events, which acknowledge the diversity of the NHS.

12. What are the main contributions of IMG doctors to healthcare in the UK?
IMG doctors fill in the service gaps in the short term – such as over the Christmas period, as well as in the long term for staff shortage. International doctors also see things from a different perspective, and cater to the ever-increasing diversified population of the UK by understanding cross-cultural issues.

13. Which 3 words would you use to describe your career in the NHS so far?
Hard work
Inspiring
Exciting

14. What do you miss the most from home?
My family, and the food.

15. What would you miss the most if you left the UK?
Professionally I would miss working in a publicly funded health system like the NHS that treats people as equals – a different type of system leads to corruption, ethical issues and dilemmas.

Personally, I would miss the lifestyle here. I would also miss snow!

16. What would you miss the least if you left the UK?
Professionally, the paperwork and management interference in clinical decision making.

Personally, the English weather – the long winter nights and the unpredictable rains.
6. Why did you decide to come to the UK? What were your goals/ambitions? The UK offered much better facilities for training, so I wanted to complete my surgical training here.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful? From a medical point of view, I didn’t find anything particularly difficult. It did take me a few months however to understand the cultural differences, such as the difference in names. British culture places emphasis on first and second names, and how to address people, which we have no concept of in India. It was also difficult adapting to the weather and food – I couldn’t believe it when I saw people eating salad, but now I think it’s quite tasty.

In terms of what I found helpful, my team was brilliant, and they all gave me any help that I needed to settle into my role and training.

8. What have been your best experiences working in the NHS as an IMG doctor? My training was absolutely brilliant. After I completed my training I was able to get a consultant job in 2000, and before that had held a variety of junior roles across the surgical spectrum. I am proud to work in the NHS, and am glad that it has progressed my career.

9. What have been your worst experiences working in the NHS as an IMG doctor? The NHS is good for career progression, but for an IMG doctor this is at a much slower rate than for UK graduates. I had to work much harder and compete fiercely to prove why the job should be mine. What took me 12 years as an IMG, would take eight years for a UK graduate.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? I was very lucky as I had friends already in the UK, so I was very well informed. A different body used to exist back then that provided much of the information that I needed.

11. What can the BMA do to help IMG doctors working in the NHS? I don’t think that there should be special treatment for IMG doctors – all doctors should be equal, the playing field should be level. However, as issues such as the membership of the Royal College of GPs exam have shown there is not a level playing field. I think that the BMA should explore the problems behind these issues, or whether it is just a case of statistics. The BMA should also be actively involved in the career progression of specialty doctors which is largely staffed by those who do not progress to be a consultant.

12. What are the main contributions of IMG doctors to healthcare in the UK? They have made a huge contribution. While UK graduates tend to go from trainee to consultant or GP, IMG doctors have many more grades across the system, and make up the vast majority of these grades, which number in the thousands. These posts are essential to maintain core emergency services as these cannot be run by only the training grade doctors.

13. Which 3 words would you use to describe your career in the NHS so far? Jolly good indeed.

14. What do you miss the most from home? I miss cultural aspects, and my family and friends.

15. What would you miss the most if you left the UK? Professionally I would miss the ability to practice in the NHS – the system is fantastic because it is free at the point of delivery, and I do not have to worry about whether or not the patient can afford treatment. The ability to carry out national trials is particularly something to be proud of in the NHS.

From a personal point of view, I have become part of this society, so would miss the friends that I have made here.

16. What would you miss the least if you left the UK? The weather!

‘The NHS is good for career progression, but for an IMG doctor this is at a much slower rate than for UK graduates. I had to work much harder and compete fiercely to prove why the job should be mine.’
Carlos Oroz

1. What is your name?
   Carlos Oroz

2. What is your position and where do you work?
   Associate specialist, sexual health, Chalmers Centre, Edinburgh

3. Where were you born?
   Zaragoza, Spain

4. Where did you complete your medical training?
   University of Zaragoza, Spain

5. When did you come to the UK?
   1994

6. Why did you decide to come to the UK? What were your goals/ambitions?
   I moved to the UK to take up a training post to further my medical skills. I found that it was too competitive in Spain to get a training post at the time and the training system was not flexible enough. So the youthful feeling of adventure took me abroad, and I knew that the UK was a good place for training. I found I fitted into the system better here, although I had no long term plans – I only thought that I would be here for six months to a year.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
   I found that I had difficulty with the language barrier and the working hours. Being a junior doctor in 1994 was very tough and the European Working Time Directive was not fully implemented at that time. I found the flexibility of the system very helpful, and the practical and sensible approach to healthcare that the NHS took at the time. Colleagues (all healthcare staff) were very respectful and I also found that the general public had great respect for the medical profession.

8. What have been your best experiences working in the NHS as an IMG doctor?
   Well, I am still here 20 years later so I must have had a very positive experience! I enjoyed working here much more than in Spain, and I have found that I fit this system much better. The vast majority of doctors and nurse colleagues made me feel very welcome. I like to think that we IMGs bring something different to the NHS.

9. What have been your worst experiences working in the NHS as an IMG doctor?
   The culture of hierarchy in hospital medicine is very much a barrier. I did not expect this upon my arrival in the UK. I occasionally get a comment that I perceive as negative with regards to being an IMG, but this is very rare. When I first started, some patients preferred to trust a UK graduate, but I understood this.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
    I would have preferred more information on what is expected of you when you begin your training. Perhaps more information about practising in the UK arranged by professional bodies, including NHS Employers, would have been helpful. I think the GMC is now better prepared for this.

11. What can the BMA do to help IMG doctors working in the NHS?
    I would like to see the BMA offering introduction courses to practising medicine in the UK for international doctors.

12. What are the main contributions of IMG doctors to healthcare in the UK?
    Dedication and hard work. IMGs enter the NHS with energy and enthusiasm, and they carry this through their time in the system. Their cultural and linguistic limitations make adapting to the system harder but I also think that international doctors bring a fresh approach to the British system, which benefits not only domestic doctors, but also the patients that we treat.

13. Which 3 words would you use to describe your career in the NHS so far?
    Intense
    Enjoyable
    Fulfilling

14. What do you miss the most from home?
    I miss my family, although I now have my own family in Edinburgh.

15. What would you miss the most if you left the UK?
    I would miss my family here! I would also miss my job.

16. What would you miss the least if you left the UK?
    The weather!

‘International doctors bring a fresh approach to the British system, which benefits not only domestic doctors, but also the patients that we treat.’
In terms of what I found helpful, I had a very open-minded GP trainer, which really helped. After my GP training I could go for any GP job, there were no regulations like there are today. In the Netherlands, and it became apparent that he did not want me there. I didn’t get the job, and shortly afterwards I received a phone call from another member of the board who explained why I hadn’t got the job, but also to apologise for his colleague’s behaviour. I later worked for this nice board member and I always remembered his fair and kind words.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? I was younger when I arrived, and it was an adventure to me. The GMC wanted to know all sorts and were very strict but I now understand why they were. During my geriatric training a colleague created a list of every abbreviation that a doctor may encounter, so that would have been particularly helpful from the beginning.

11. What can the BMA do to help IMG doctors working in the NHS? I think that the BMA can do more particularly when it comes to abbreviations and colloquialisms! In England there seem to be so many for illnesses, names and organisations. The one that I remember was a female patient telling me she had trouble spending a penny...'

12. What are the main contributions of IMG doctors to healthcare in the UK? I have friends in the NHS from different countries who are doing good jobs across the board. They are as important as any other doctor.

13. Which 3 words would you use to describe your career in the NHS so far? Unusual Successful Enjoyable

14. What do you miss the most from home? Not a lot – as home is so close I see my friends and family often.

15. What would you miss the most if you left the UK? I live in a beautiful part of the country, and I would miss the very varied, unspoilt countryside a lot. Holland is very regulated, over-organised and living in the UK is more natural and enjoyable.

16. What would you miss the least if you left the UK? People in the Netherlands are more outspoken and straightforward – in the UK people tend not to be direct, not straight with each other, and I have learned to read between the lines. What people say is not necessarily what they actually mean. I have learned to be more nuanced in expressing my opinions and how I express them.
1. What is your name?
Ana-Catarina Pinho-Gomes

2. What is your position and where do you work?
Foundation year two, Oxford University Hospital NHS Trust

3. Where were you born?
Porto, Portugal

4. Where did you complete your medical training?
The Faculty of Medicine, University of Porto, Portugal

5. When did you come to the UK?
2013

6. Why did you decide to come to the UK? What were your goals/ambitions?
The medical training is much more organised, comprehensive and demanding here than in Portugal. The NHS is also a much better system than the Portuguese equivalent and I am very proud to be a part of it.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
I found the level of discrimination difficult – discrimination within my job, rather than from the general public. Some colleagues looked at me very differently. Fortunately I am adaptable, so I did not struggle too much. My English is good, but I was not used to colloquialisms, so that has been a challenge. For the most part the majority of people that I have worked with have been very helpful towards me.

8. What have been your best experiences working in the NHS as an IMG doctor?
I am glad to be part of an organisation that places quality first, along with safety, and is seriously committed to provide the best care possible bearing in mind that the whole system needs to be sustainable. People are very supportive and accommodating, and they help to ensure that you are learning.

9. What have been your worst experiences working in the NHS as an IMG doctor?
A registrar that I worked with once took me aside and told me that I should go back home. At that point I had only been here for three months, so it was very distressing and dealt a blow to my confidence. I think that it is a question of rationalising and learning to ignore this.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
I think that any direct support given to IMG doctors would look like discrimination, as we are all capable of doing the job. I think it would be better if we were helped to become more confident in our roles.

11. What can the BMA do to help IMG doctors working in the NHS?
I think that the BMA website could be helpful in explaining who can help and support doctors when they are struggling with personal or professional issues and their supervisors/employers are not attending to their needs.

12. What are the main contributions of IMG doctors to healthcare in the UK?
A vital contribution is the different perspective that IMG doctors offer. The more multicultural a system is, the better it is. Although the NHS is a great system, there is always something that can be improved, and these improvements can come from other systems, or from the wealth of knowledge that IMG doctors bring with them. IMG doctors are flexible and it is undeniable that without them, the UK health system would not be able to support itself.

13. Which 3 words would you use to describe your career in the NHS so far?
Challenging
Rewarding
Valuable

14. What do you miss the most from home?
I do not miss the country itself, but I miss my friends and family.

15. What would you miss the most if you left the UK?
I would miss my work – I really like my job.

16. What would you miss the least if you left the UK?
The weather!

‘A registrar that I worked with once took me aside and told me that I should go back home. At that point I had only been here for three months, so it was very distressing and dealt a blow to my confidence.’
Secondly, I felt really alienated, an outsider. Communication has been a really large problem. When you come to the UK as an IMG, what did you find difficult? What did you find helpful?

I decided to come to the UK to gain experience as a practicing doctor. Doctors that have worked abroad can get a much higher degree of energy to remain composed in situations like these. It really started to affect my self-confidence and made me doubt my professional abilities, which stunted my career progression.

Honesty speaking, I think by the end of my first job I did feel a part of the team and that people understood me. I was largely accepted, but now that I have moved I have to start the process all over again. I’m still facing these challenges but I guess my attitude is changing so it is becoming easier.

8. What have been your best experiences working in the NHS as an IMG doctor?

The system here is good compared to back home. I do appreciate the service the NHS provides to people—I think it is important to acknowledge this. The allocation of resources is also much better and a lot less is wasted.

9. What have been your worst experiences working in the NHS as an IMG doctor?

IMGs can come to the UK through very different routes. The earlier they join the NHS the better the integration into the system is. It is really difficult to progress in the UK and many IMGs become trapped in specialty doctor positions. It is very hard to gain experience unless you’re in a training post but those are basically impossible to get onto!

Some doctors come here to settle, have a family and don’t mind staying in a midgrade position for a long time and then they retire. Other IMGs, like me, come here to become professionally accomplished. If I saw myself progressing and gaining experience and learning then I would consider settling. But I haven’t—so far it has been extremely difficult to progress—you end up in the same jobs again and again. I came to the UK with all these dreams and now my goal has been reduced to sitting my exams and moving to another country.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?

There are one day inductions but because they wait until there are enough new starters to fill them, it was actually a bit too late for it to benefit me. It would have been really useful to have the inductions right at the beginning when I started.

IMG forums would also be really useful, where people can give information about what to expect as an IMG—I think sometimes the expectations of IMGs aren’t met when they come here and that can be frustrating. If you come in the right frame of mind it might actually be easier to adapt in the long run.

11. What can the BMA do to help IMG doctors working in the NHS?

The BMA offers good services but people may not really know this. I think people just think of the BMA as a trade union—I didn’t know the BMA could help to provide specific services to IMGs.

When you first register as a doctor the GMC gives you a starter pack—which has nothing specific for IMGs—maybe the BMA can put some information/leaflets for IMGs in these starter packs.

A mentoring programme would be good where a newcomer is helped by a more established IMG. There shouldn’t be too big of an age gap between the two though. This could be really useful in getting acquainted with your new role and could help to overcome obstacles.

12. What are the main contributions of IMG doctors to healthcare in the UK?

IMG doctors are versatile team members. They can come into the system at different levels, fill in any gaps in the team and can help with indirect teaching processes and workplace training. They contribute a lot but it is really about how they are acknowledged in my opinion. I think when it comes down to formally recognising the skills of IMGs, this doesn’t really happen. If they were allowed there would be so much more that they could contribute.

13. Which 3 words would you use to describe your career in the NHS so far? Tedium Challenging Frustrating

14. What do you miss the most from home? My family.

15. What would you miss the most if you left the UK? The greenery and also carrot cake!

16. What would you miss the least if you left the UK? My failure to get a driving license!
1. What is your name?
Kasra Taherian

2. What are your positions and where do you work?
Consultant ophthalmologist, Lancashire Teaching Hospitals NHS Foundation Trust, national lead clinician for Ophthalmology, Health Education England e-learning for healthcare, honorary secretary, trustee & chair of the governing council, North of England Ophthalmological Society, member education committee and chair of e-learning subcommittee, Royal College of Ophthalmologists

3. Where were you born?
Tehran, Iran

4. Where did you complete your medical training?
Agra University and the All India Institute of Medical Sciences, New Delhi, India

5. When did you come to the UK?
1997

6. Why did you decide to come to the UK? What were your goals/ambitions?
To gain a fellowship from The Royal College of Surgeons of Edinburgh and The Royal College of Ophthalmologists.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
Initially, it was very frustrating for me having to repeat exams (PLAB as well as parts 1-3 of FRCS) without being able to talk to the various agencies (stakeholders like the GMC or royal colleges) about seeking equivalence for the four years of postgraduate ophthalmology training that I had already received in India as there was no mechanism for that at that time unless one was already at consultant level.

I was however able to draw on the experiences and advice of colleagues that had gone through similar experiences, which was a great help.

8. What have been your best experiences working in the NHS as an IMG doctor?
As a result of my working here in the UK I was awarded a scholarship to do a master’s degree in clinical education at Leeds University. This has been very helpful in progressing my career and developing a special interest in medical education.

9. What have been your worst experiences working in the NHS as an IMG doctor?
During my training towards gaining accreditation there were some partially funded non-standard jobs that I took which, though counted towards my training, were advertised at a very low salary (about one-third of the norm) along with reduced employment privileges. The issue was that some trusts took the view that some trainees would have no choice but to take these jobs in order to complete their training. I felt that this small minority of trusts used this excuse to take advantage of trainees to get them to do the maximum amount of work for minimum rights. Fortunately, all that has changed now, following the subsequent reforms to postgraduate training.

Also during the initial stages of my training in the UK, the system for training and recognition of equivalence training changed suddenly and without any prior notice. I found myself moving from being an applicant for registrar positions and attending interviews for the same to having to languish a further 18 months in a senior house officer position due to an abrupt moving of goalposts without any chance to seek any redress.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
At that time there was no clear information on the most appropriate route that I was supposed to be taking to complete my training with a number of different avenues open.

11. What can the BMA do to help IMG doctors working in the NHS?
If the BMA offered a subsidised membership rate for IMGs at their initial entry into the UK and before they have secured any employment, similar to what medical students are offered. Mentoring and learning in the form of one day seminars or workshops plus support via e-learning would also be extremely helpful.

12. What are the main contributions of IMG doctors to healthcare in the UK?
Fundamentally, I don’t think that the contributions of IMG doctors are any different from the contributions made by doctors trained in the UK. However, IMG doctors come with experience from their own countries and that brings with it a unique perspective which serves to enrich the system here.

13. Which 3 words would you use to describe your career in the NHS so far?
Rewarding, Challenging, Frustrating (at times)

14. What do you miss the most from home?
My family and parents.

15. What would you miss the most if you left the UK?
The British people.

16. What would you miss the least if you left the UK?
The weather.
6. Why did you decide to come to the UK? What were your goals/ambitions?
To continue my career and learn new skills in the UK. My partner, who is also a doctor, moved to the UK to further his career so I moved here with him.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
The start of my career in the NHS was not a conventional one. I went to an interview and then was taken straight onto the ward round. During this, the consultant did not make any concessions for the fact that not only was I new to the job, but also to the NHS and the UK. I was given no training or induction and felt as if I had been thrown into the deep end. I also endured comments such as “if you are Arab why have you come to work here?” inferring that as Saudi Arabia is a rich country that I should not have come to the UK.

8. What have been your best experiences working in the NHS as an IMG doctor? New experiences and the information that I have managed to come across whilst working in the UK.

9. What have been your worst experiences working in the NHS as an IMG doctor? I find that what has been issued in the policies in order to keep high professional standards is very good but what actually happens in practice is very different. When I tried to raise concerns about defects to the Trust, they view this as an attack rather than an opportunity to improve things. I also came to the UK with the expectation of being given the opportunity to teach as I enjoy this, but have been told that I cannot due to lack of experience and knowledge, which is very disappointing.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier? Having a course or materials that highlight practical information for internationally educated medical health professionals. A course that covers how the NHS works, funding and how the system of investigation works would have helped me greatly to see the bigger picture and understand the whole situation.

11. What can the BMA do to help IMG doctors working in the NHS? I think that the BMA could do a lot to make life for IMGs easier in the UK. UK doctors need to be educated on how to be more accepting of IMGs. IMGs need to be helped to integrate into the NHS. Oftentimes IMG doctors sacrifice a lot when they come to the UK but find when they get here that they are worse off.

12. What are the main contributions of IMG doctors to healthcare in the UK?
They make a great contribution. They do a lot of valuable work but are not valued, do not receive recognition and are given little or no opportunity to progress.
Alex Theodossiadis

1. What is your name?
Alex Theodossiadis

2. What is your position and where do you work?
Part time consultant psychiatrist for older people at the Royal Oldham Hospital. Previously, a consultant psychiatrist in adult general psychiatry in North Manchester General Hospital (1975-2008)

3. Where were you born?
Athens, Greece

4. Where did you complete your medical training?
Medical School of Athens, Greece

5. When did you come to the UK?
1968

6. Why did you decide to come to the UK?
While working in a multidisciplinary team with colleagues sharing the load, the difficulties and the rewards, I often found that what kept me buoyant was trust from patients and their relatives and working with frontline staff, all supporting one another. Job satisfaction came from looking after patients and providing a good standard of care; patients were appreciative of the care they were receiving. I have also enjoyed working on a team with colleagues sharing the past, the difficulties and the rewards.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
Understanding all the different idioms that patients and their relatives use was very difficult. In the winter of 1969 when I was considering what to do, I sent over 200 applications and the vast majority were negative replies. Another hard period has been since the 1980s - the multiple tiers of managers in the NHS generating tick box exercises. The current crisis of acute mental health services is phenomenal – recently the press has been drawing attention to this problem. This is a real challenge. However, working in a multidisciplinary team gave me a sense of belonging, so my alien status did not come into play. I felt supported by all members – not just medical staff but the whole team, including nurses and occupational therapists. It was nice because I didn’t feel alone. There was a very different attitude in Athens where doctors were really seen as being superior to all other staff, with nurses as second class. I have learned a lot from non-medical members of the team, and from my patients, in the UK.

8. What have been your best experiences working in the NHS as an IMG doctor?
Becoming a consultant in 1975, just seven and a half years after joining the NHS was one of my best experiences. I had many opportunities to see and be part of changes such as modernising the NHS and changing systems. When I started as a consultant in 1975 I was based in a mental health hospital where there was no community based service. We had the opportunity there to make plans to reduce dependency on beds, increase outreach, arrange visits to patients in their own homes, improve working with nurses, provide new services for patients, and make services more accessible. I developed, with my colleagues, an acupuncture clinic – it was successful and we were able to provide services, generate income and employ staff. Medical staff could innovate within the NHS at that time. We had local autonomy to provide patients with what they needed.

Introducing a packed lecture theatre to hospital work. I cannot think of anything that could have made it better for me.

11. What can the BMA do to help IMG doctors working in the NHS?
IMG doctors at the beginning of their work in the NHS need to familiarise themselves with British culture. I examine for the GMC and my college and come across a small number of doctors who struggle with the English language and especially the vernacular. I made a resolution from the beginning of my work for the NHS that I wouldn’t speak Greek with other Greek doctors unless we were in private. I have, however, noticed other colleagues speaking their national tongue at work in front of other doctors and feel they are not doing themselves any favours. I think there should be more of a focus on the integration of IMG doctors, particularly in terms of language assimilation.

12. What are the main contributions of IMG doctors to healthcare in the UK?
They provide energy, innovation, thinking outside the box, a fresh pair of eyes and enthusiasm.

13. Which 3 words would you use to describe your career in the NHS so far?
Fulfilling Interesting Successful

14. What do you miss the most from home?
Good friends and the weather.

15. What would you miss the most if you left the UK?
I like the British way of life: tolerance, fairness and a good dollop of compromise. I don’t think this is available elsewhere.

16. What would you miss the least if you left the UK?
Dreary, dull days with drizzling rain from mid-Autumn to mid-Winter.

"I had the option of doing postgraduate training in the UK and it was like winning the lottery to see how the NHS worked in practice."
6. Why did you decide to come to the UK? What were your goals/ambitions?
I did not specifically set out to come to and stay in the UK, but it was mainly an interest in neuroscience that brought me to Queen Square London. The initial interest came at the end of my medical training as I was to undertake an elective rotation and I enquired about an internationally renowned centre to learn about neuroscience, which was and is still my main area of interest. By that time, I met Dr Luis Gabriel Cuervo, who had worked as editor of a publication of the BMJ group, and he directed me to the National Hospital for Neurology and Neurosurgery in Queen Square where I successfully completed a three month elective in neurosurgery following by an MSc in clinical neuroscience at University College London.

7. In starting your work as a doctor in the NHS, what did you find difficult? What did you find helpful?
The main challenges were understanding the structure of the NHS and the medical training system, including the institutions regulating the medical profession, the specific role of non-medical and supra-specialised staff and the expectations of doctors at different levels. The time spent doing an elective rotation and a Master’s degree before gaining medical registration in the UK helped me to learn more about the country, the language and the culture, which I believe are essential elements for any medical professional.

8. What have been your best experiences working in the NHS as an IMG doctor?
I really appreciate the guidance and support that I receive from non-medical staff members such as nurses, secretaries, radiographers etc. They have extensive knowledge of the health system and valuable experience that I am able to rely on. These members of staff support many activities that are unfamiliar to IMG doctors.

9. What have been your worst experiences working in the NHS as an IMG doctor?
I cannot recall any specific negative experiences related to working as an IMG doctor in the NHS.

10. What information, advice, support, would have made your entrance to the UK and the NHS easier?
The structure of the medical and health systems in the UK is quite different to their counterparts in Latin America and it was a very frustrating experience to go through several websites and documents to try to figure out what the roles of the BMA or the GMC are, or why the royal colleges are so important. A single resource summarising the role of the most important institutions in the UK medical system would have been very helpful.

11. What can the BMA do to help IMG doctors working in the NHS?
Most information published online on postgraduate medical training is intended for UK medical graduates and very little information is available specifically for IMGs in this respect. Information regarding access to postgraduate medical training for IMGs, presented in a practical format such as a video, could facilitate their integration with the UK medical system and optimise their contribution to the NHS.

12. What are the main contributions of IMG doctors to healthcare in the UK?
The UK hosts an extensive and growing international population with differing social and health needs. IMGs provide diversity to the NHS which is a key element when responding to the challenges of a changing multicultural population.

13. Which 3 words would you use to describe your career in the NHS so far?
Rewarding and challenging

14. What do you miss the most from home?
I miss the variety of fruits found in tropical countries like Colombia.

15. What would you miss the most if you left the UK?
I would miss the international atmosphere of London and the interaction with people from different places around the world and different walks of life.

16. What would you miss the least if you left the UK?
I would not miss the NHS bureaucracy. Especially the endless committees and meetings, forms and signatures required for research projects.