St George's University of London

St George's Healthcare

NHS Trust London, UK

Understanding the challenges of non-UK, EU trained anaesthetists starting work in the National Health Service in London: how can we make life easier and safer?

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Introduction

European healthcare depends increasingly on the services of doctors who obtained their primary medical qualification from other countries in the European Union (EU). This is particularly so in the UK. A large number of doctors who come from outside the UK have been trained in non-English speaking contexts and face the challenge of working in a foreign cultural and linguistic environment.
Little is known about (a) the challenges these doctors face in the new system on arrival (b) the impact of existing induction programmes to ease transition and (c) and how their experience differs from UK-trained doctors.

Aims

The aim of our study was to explore challenges experienced by non UK, EU-trained doctors as part of a preliminary needs analysis to develop a simulation-based training induction Programme. We hoped to gain insights to improve current programmes and to make transition into the new health care system as smooth and safe as possible

Setting

St George's Healthcare NHS Trust , London

Participants

Eight EU trained doctors

Ethical Approval

We received ethical approval from the local Anaesthesia department and from the NRES (National Health Research Authority) to conduct educational research with NHS staff.

Research Questions

1. How do non-UK EU trained doctors at our hospital experience the process of induction into the NHS?
2. What are the main challenges they face?
3.How do they engage with induction support systems already in place and what contribution do these make to their work-based learning?
4. How can a simulation-based induction programme be developed to meet these challenges?

Methods

We conducted eight 60-minute one-to-one interviews with EU trained anaesthetists new to the NHS using a semi-structured interview format. Our opportunistic sample included a spread of 4 junior (e.g. clinical fellows) and 4 senior level doctors (e.g. consultants). Interviews were videotaped and transcribed. Transcriptions were coded for thematic analysis using Nvivo qualitative software.

Based on Vygotsky[1], we used Harré's[2] (1983) two-dimensional conceptual space to map our coded themes onto an 'induction' trajectory through four zones of proximal development (Fig 1).

The two axes of this scheme are

(i)A *public-private* axis representing the degree to which the display of one's professionalism in the new system is private or public and
(ii)An individual collective dimension representing the degree to which professional practice can be realised as the property of the discursive interactions of one or many health care professionals

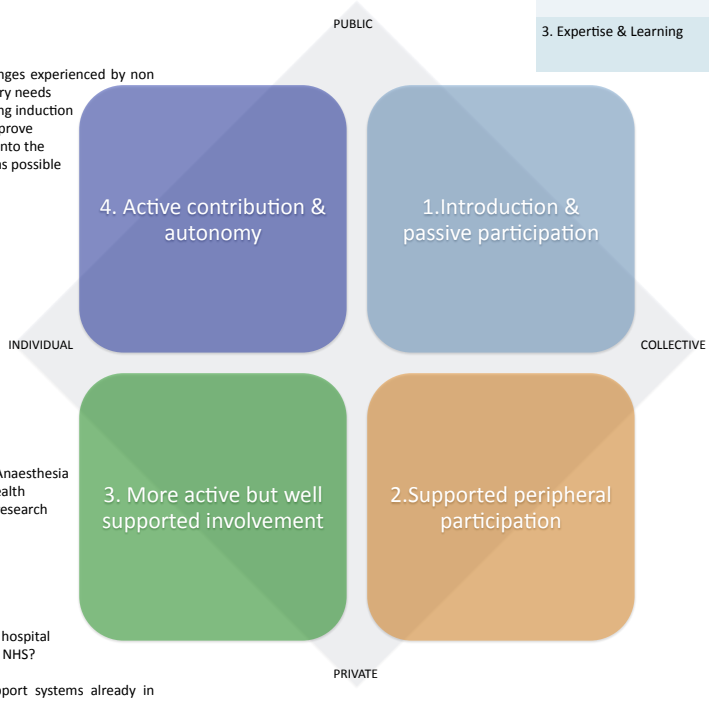

Figure 1 – Vygotskian zones of proximal development for professional induction

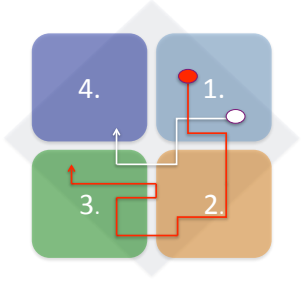

Fig 2. Example of 2 individual 'induction' trajectories. Short trajectories were experienced as more stressful

Interpretation

Co-researchers coded the transcripts and arrived at consensus. Three primary themes emerged from this analysis. For each major theme three related categories were identified (Tab 1)

Theme	Sub category
1. Crossing Borders	- Personal life trajectories - NHS application process - Personal attributes
2. Professional Trajectories	- Patterns of participation -Professional identity, legitimacy & status -Negotiating practice
3. Expertise & Learning	- Relational expertise[3] - Knowledge at the boundaries - Institutional mediation

Table 1

1. Crossing borders

•Consultants associated NHS arrival with longer term life changes. Junior doctors with developing professional experience
•Discomfort and emotional distress accompanied a sense of greater autonomy in NHS in rapid induction to autonomous practice (Quadrant 4, *Fig 2*)
•Senior and junior doctors described sense of being 'under scrutiny' and episodes where their own professional legitimacy was challenged by others. This sense was stronger in 'precocious' moves from Quadrant 1 directly to Quadrant 4 among consultant level interviewees.
•Personal resilience was deemed an essential coping strategy

Professional Trajectories

•Current induction programmes described as inadequate to help doctors to "know how to know who can help" (Quad 1)
•English language skills (even if at high levels) could deprive doctors of native elocutionary force to take a professional stand; this affected their sense of personal legitimacy. *"My professional persona is what connects me to what I care about. But talking about this with others was not at first easy to do"*

Expertise and Learning

•Interviewees describe the challenge of recognising and drawing on expertise in their environment, but also the few opportunities to contribute to it – of 'reciprocity' in learning.
•Junior anaesthetists described their sub-specialty training in home countries as posing a possible challenge when they were required to move across different clinical areas, as is common in NHS.

Implications for induction and Simulation-Based Training

Induction programmes can use SBT on a 'walk in' or planned schedule to provide structuring conditions (quadrants 2-3) to any grade EU doctor arriving in the NHS. Such opportunities should provide ongoing support to help new arrivals

-*Reconfigure and develop* expertise with resources available in the new system
-*Network* across clinical boundaries[4] in various ward based hospital SBT activities
-*Provide opportunities of moral dialogue* – where knowledge & values can be made visible, contested and developed with other professionals.
-*Develop meta skills* to deal with social practices of engaging in collaborative interprofessional conversations about practice.

References

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