

BJGP OPEN

A rapid review of challenges faced by early-career international medical graduates in general practice and opportunities for supporting them

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DOI: <https://doi.org/10.3399/BJGPO.2023.0012>

To access the most recent version of this article, please click the DOI URL in the line above.

Received 18 January 2023

Revised 04 May 2023

Accepted 12 June 2023

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Author Accepted Manuscript

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1 **Manuscript title: A rapid review of challenges faced by early-career International**
2 **Medical Graduates in General Practice and opportunities for supporting them**

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12 **Abstract**

13 **Background:** British General Practice is facing a workforce crisis against a backdrop of an
14 ageing population experiencing increasingly complex health challenges. The National Health
15 Service must increase the supply of General Practitioners (GPs), including International
16 Medical Graduate (IMG) GPs, by increasing recruitment and retention. IMG GPs face
17 distinct challenges during training and their early careers. Understanding these challenges as
18 well as the help and support offered to early-career IMG GPs is crucial to building and
19 sustaining the general practice workforce.

20 **Aim:** To understand the challenges facing early-career IMG GPs and the help and support
21 they can access.

22 **Design & setting:** Rapid review.

23 **Method:** Six databases and four websites were searched. Titles and abstracts were screened
24 according to inclusion and exclusion criteria, followed by the full study where applicable.
25 The included studies were analysed using a thematic synthesis approach to identify the
26 challenges faced by early-career IMG GPs, as well as the help and support available.

27 **Results:** The database search yielded 234 studies, with 38 additional studies identified via
28 handsearching of websites. Twenty-one studies were included. Seven challenges were
29 identified, as well as a range of help and support available. Early-career IMG GPs face a

1 range of psychological, social, and practical challenges which may not be adequately
2 addressed by the help and support currently offered by the NHS.

3 **Conclusion:** Further research is required to understand the extent to which early-career IMG
4 GPs access the help and support offered, and if it adequately addresses the unique challenges
5 they face.

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13 **How this fits in**

14 IMG GPs, while integral to fixing the NHS's GP workforce crisis, face distinct challenges
15 during their early careers, including higher rates of complaints and disciplinary action than
16 their UK-trained counterparts, suggesting they may require tailored help and support. This
17 rapid review synthesised studies on the challenges facing early-career IMGs, as well as the
18 help and support available to them. We conclude that IMG GPs face unique practical, social,
19 and psychological challenges that may not be adequately addressed by the help and support
20 on offer. We provide policy recommendations to improve early-career IMG GPs' wellbeing
21 and clinical practice.

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25 **Introduction**

26 As the United Kingdom's (UK) population has grown larger, older, more diverse, and more
27 likely to seek professional medical help, the complexity and volume of work done by General
28 Practitioners (GPs) over the past two decades has risen substantially.¹ To address this, the

1 National Health Service (NHS) must increase the supply of GPs by increasing recruitment
2 and improving retention.¹

3 The NHS's 2016 'General Practice Forward View' included plans to increase the GP
4 workforce by 5,000 by 2021, enabled in part by an international recruitment programme to
5 attract up to 500 GPs from overseas.^{2,3} This target was later increased to 2,000.⁴ However, in
6 November 2021 there were 5% fewer fully trained whole time equivalent GPs in England
7 than 2015,¹ and only 124 GPs recruited through the international recruitment programme
8 were still practising in June 2022.⁴

9 International Medical Graduates (IMGs) perform worse than UK-graduate GPs in
10 examinations during training,⁵ and are more likely to require training extensions.⁶ IMG GPs
11 are more likely than UK-graduate GPs to leave the GP register within three years after
12 attaining a Certificate of Completion of Training (CCT)⁷ or move abroad.⁸ The driving
13 factors behind doctors (both IMGs and UK-trained doctors) leaving the UK include feeling
14 undervalued professionally, and purported better working conditions and quality of life
15 overseas.⁸ IMG GPs are more likely to receive complaints, with these complaints more likely
16 to lead to sanctions or warnings.⁹

17 Consequently, while pivotal to addressing the NHS's workforce crisis in general practice,
18 IMG GPs face distinct challenges. Understanding these is crucial to identifying how the NHS
19 can offer bespoke initiatives to build and sustain the GP workforce. This rapid review
20 assessed:

- 21 1. What challenges do IMG GPs face early in their careers?
- 22 2. What help and support are available to early-career IMG GPs, and how do these seek
23 to facilitate their careers?

1 Method

2 Six databases were searched in August 2022 (CINAHL, AMED, Embase, Medline, Web of
3 Science, and Scopus) using a search strategy combining three terms: International Medical
4 Graduates AND United Kingdom AND General Practice. Several pieces of grey literature
5 were identified via handsearching (Supplementary Table 1). The results were imported into
6 Covidence,¹⁰ deduplicated, and screened by one researcher according to the inclusion and
7 exclusion criteria (Table 1). A random sample of one in five of the studies was independently
8 screened by a second researcher and the results of the screening compared. The inclusion and
9 exclusion criteria were subsequently refined to ensure consistency during screening.

10 There is no universal definition of ‘early-career clinicians,’¹¹ but in the context of this review
11 an early-career IMG GP is defined as one who has worked as a GP in the UK for ≤ 10 years.

12 The included studies did not typically state for exactly how long IMG GPs had been
13 practising, so the researchers’ judgement decided whether the issues described were
14 applicable.

15 Studies were analysed in NVivo 12.¹² Content relating to the challenges was coded and
16 analysed thematically according to Thomas and Harden’s three stage thematic synthesis
17 approach, consisting of initial line-by-line coding, the organisation of coding into related
18 high-level descriptive themes, and, where possible, the development of analytical themes.¹³

19 The final themes were both descriptive and analytical. Information relating to the help and
20 support available was summarised descriptively.

21 *Table 1. Study inclusion and exclusion criteria*

	Inclusion criteria	Exclusion criteria
Study population	The study is about IMGs in the United Kingdom or one or more of its constituent countries	The study is about IMGs in countries other than the UK <i>or</i>

	<p><i>or</i></p> <p>The study is about IMGs in multiple countries including the UK (or one or more of its constituent countries) and the information/findings on UK-based IMGs are clearly differentiated from those on other IMGs (in this case only the portion of the study on UK-based IMGs will be read and coded)</p>	<p>The study is about IMGs in multiple countries including the UK, but it is not possible to ascertain which information/findings are applicable to UK-based IMGs</p>
Language	The study is written in English	
Study design	The study consists of the analysis of primary or secondary data, or is a descriptive or factual piece describing developments related to IMG GPs	<p>The study is a conference abstract or presentation</p> <p>The study is about the personal opinion of the author, e.g. in the form of a letter or transcribed lecture</p>
Full text availability	The full text of the study is available	
Career stage	<p>The study concerns the early-career stage of an IMG GP, defined as IMG GPs who have been working as GPs in the UK for ten years or less since obtaining one of the following:</p> <ul style="list-style-type: none"> • Certificate of Completion of Training (CCT) following a UK-based GP training programme • Certificate of Eligibility for GP Registration (CEGPR): this route is available to the GP register for GPs not eligible for CCT because they have trained and worked as a GP outside the UK. This applies to overseas doctors with non-UK, non-European Economic Area (EEA) qualifications • Alternatively, for IMG GPs who trained in the EEA and have a recognised European GP qualification, they must have begun working as GPs in the NHS within the past ten years 	The study concerns GP trainees or GPs in the later stages of their careers

1 Results

2 The search results are summarised in the PRISMA diagram (Figure 1): 21 studies were
3 included (Supplementary Table 2), consisting of 15 pieces of peer-reviewed research^{2,14-27}
4 and 6 pieces of grey literature,^{7-9,28-30} identified via database searching (n = 13), hand
5 searching (n = 6), reference harvesting (n = 1), and recommendations (n = 1).

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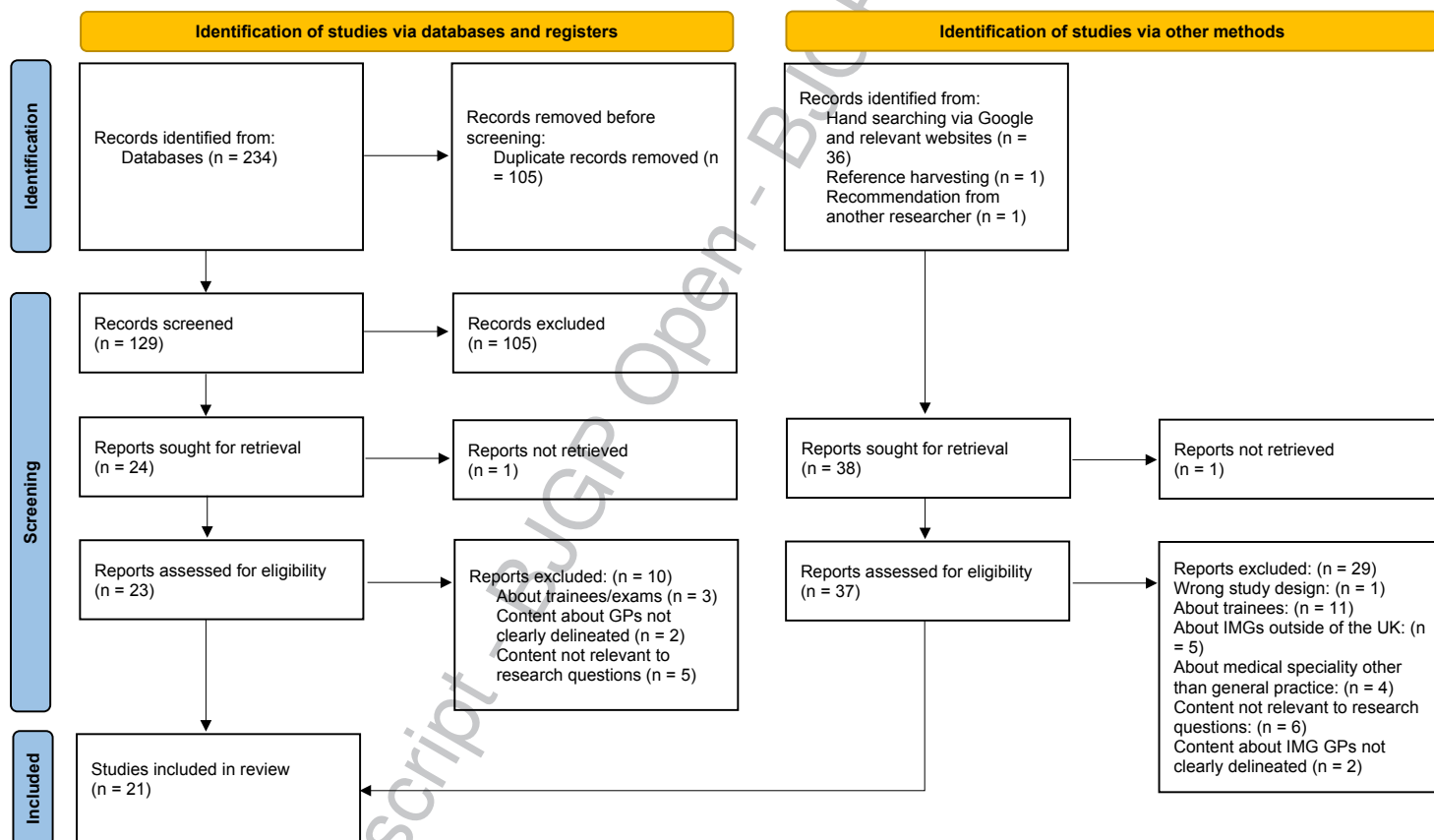
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Accepted Manuscript - BJGP Open - BJGPO 2023.0012

Figure 1 – PRISMA flow chart



Challenges facing early-career IMG GPs

Seven challenges were identified:

1. Complaints and disciplinary proceedings
2. Different GP consultation models
3. Discrimination and marginalisation
4. Geographical area of practice
5. Language and communication
6. Visas
7. Lack of NHS-specific knowledge

Sample supporting quotes are available in Supplementary Table 3.

1. Complaints and disciplinary proceedings

The relatively high rates of complaints (including from the public, other doctors, and employers) and disciplinary proceedings against IMG GPs were highlighted in two studies.^{9,30} Black and Minority Ethnic (BAME) IMG GPs were complained about more frequently than other ethnic groups; between 2012 and 2016, 25% of BAME IMG GPs received complaints, compared to 17% of their UK-graduate counterparts.³⁰ Of doctors on the GP register in 2011-15, both BAME and white IMG GPs were more likely to receive complaints, as well as sanctions or warnings, than their UK-graduate counterparts.⁹

2. Different GP consultation models

Three studies mentioned that some IMG GPs trained in countries with GP consultation models that could appear to be ‘dominant’ and ‘doctor-centred’ to their UK colleagues and patients, even if the IMG GPs were clinically competent and practising a consultation style

appropriate to their native culture.^{20,21,30} The studies described the UK-model of doctor-patient relationships as more ‘patient-centred’,²¹ associated with less expected deference from patients, which IMG GPs may not have been adequately trained for in their home countries.³⁰

3. Discrimination and marginalisation

The literature described incidences of IMG GPs experiencing discrimination and marginalisation related to race, ethnicity or sex at the hands of patients and clinicians.^{18,25,27,30}

In one study, the authors argued that IMG GPs face not only racism but also heterophobia, namely a fear and rejection of difference or ‘fear of the other,’ which can lead to marginalisation.²⁷ South Asian female IMG GPs described suffering sexist discrimination from other IMGs.²⁷ IMG GPs faced discrimination from white medical colleagues²⁵ and others in the NHS.³⁰ This could lead to exclusion from job opportunities, such as BAME IMG GPs being prevented from joining ‘white’ GP practices, although this discrimination was sometimes covert.³⁰

Patients sometimes refused to be treated by an IMG GP on the basis of the GP’s ethnicity.²⁷ A study of 395 white, native English adults concluded that they preferred UK-graduate GPs to those who graduated in Asia; participants preferred older GPs who had graduated in Asia to younger ones, possibly because they spoke better English and were more aware of cultural norms and customs.¹⁸

One study found that building social networks may be difficult due to cultural reasons, and described the marginalisation of female migrant doctors and those who did not drink alcohol at events.²⁷

4. Geographical area of practice

Seven studies noted that IMG GPs were more likely to work in poorer areas than UK-graduate GPs, with concomitant population health challenges.^{8,15,19,25-27,30} IMG GPs were more likely to work in deprived areas,^{8,30} South Asian GPs were more likely to work in deprived working-class areas,²⁷ IMG (and BAME) GPs worked disproportionately in inner city areas, ex-mining communities, and coastal towns,³⁰ and GPs who qualified in Bangladesh, India, Pakistan, and Sri Lanka had more patients than average living in deprived areas.¹⁵

Working in more deprived areas is linked to financial, workload, and patient challenges. Remuneration for GPs working in inner-city areas is often less than that of doctors working in more suburban areas.¹⁵ The additional funding for GPs in more deprived areas may not be sufficient to compensate for multiple patient co-morbidities, which is linked to heavier workloads.³⁰ An analysis of GPs who qualified in Bangladesh, India, Pakistan, and Sri Lanka found that these GPs practised, on average, in areas with more mobile populations with an excess of mental health problems, making it more difficult to meet targets.¹⁵

5. Language and communication

IMG GPs had challenges communicating with native English speakers, even when they performed well on (standardised) English language tests and understood English grammar and vocabulary.²¹ IMG GPs sometimes struggled to understand idioms and accents, and used phrases translated from their native languages or intonation patterns that native speakers perceived negatively.^{21,30} According to one study, sociolinguistic errors are judged more harshly by native speakers than grammatical mistakes, meaning that IMG GPs whose first language is not English may unintentionally jeopardise their rapport with patients.²¹ IMG

GPs born in South Asia described being trained in ‘the kind of language which is spoken in England’ as facilitating their careers and potentially shielding them from discrimination.²⁷

6. Visas

Once IMG GPs have completed their GP training, most need to find a GP practice to sponsor their visa, or risk being forced to leave the country.³¹ IMG GPs can apply for an ‘Indefinite Leave to Remain’ after five years of residency, but GP training takes only three years: this problem is unique to general practice, since other specialty training takes a minimum of five years.³¹ An RCGP study found that few practices were willing to ‘sponsor’ visas as the process was onerous, and that most practices only started this process once they had identified an IMG GP they wished to recruit, leading to stress and uncertainty.³¹

7. Lack of NHS-specific knowledge

Four studies^{8,21,23,30} briefly mentioned that some early-career IMG GPs lacked NHS-specific knowledge, including a lack of confidence to practise independently following an induction scheme,²¹ little experience in interviewing employers and negotiating job plans,²³ and a lack of knowledge about GP Induction and Refresher Schemes.⁸ One study noted that IMG GPs were not perceived to ‘know the rules’ and did not understand the ‘hidden curriculum’ for practising ‘the art of medicine’ in the UK, which included knowledge surrounding personal interactions and clinical practice that was taken for granted (and thus likely uncodified).³⁰

Help and support available to early-career IMG GPs

Supplementary table 4 provides an overview of the help and support available to all early-career GPs and specifically to early-career IMG GPs, summarised below. Some NHS and local organisations offer their own fellowships and support.²⁹

Empowerment and leadership skills training

The Next Generation GP programme empowers early-career GPs by giving them the belief that they ‘can translate insight into impact.’²⁹ The First5 initiative aims to equip early-career GPs with the skills to lead the profession.²²

Integration with/representation on national bodies

The RCGP’s First5 initiative aims promote a ‘sense of belonging’ for early-career GPs within the college,²² potentially tackling feelings of isolation.

Learning and development support

Early-career GPs can access support for learning and development, including support for passing mandatory requirements such as revalidation, and Continuing Professional Development (CPD) via the First5 initiative.²² Various fellowships provide support via educational bursaries, protected learning time, and learning and development packages.²⁹

Mentoring and coaching

Mentorship and coaching can help early-career GPs ‘get the most out of being a GP’ and better understand the varied career opportunities available to them.^{22,29}

Networking and peer support

Networking and peer support can help early-career GPs feel less isolated, improve their confidence and provide reassurance by understanding that others may have similar feelings and worries.^{22,29}

Online support

Online support such as Facebook and forums facilitated communication and debate, and can be used to link early-career GPs to more senior members of organisations.²²

Advocating and lobbying for IMG GPs

Representatives from the Overseas Doctors' Association (ODA) have held meetings with the government, influenced policy, and obtained representation in bodies such as the GMC.²⁷ The British Association of Physicians of Indian Origin (BAPIO) has advocated on behalf of IMG GPs.¹⁶

Facilitating cultural exchange and collaboration

'Twinning programmes' can facilitate cultural exchange, collaborations in research projects, and learning from each other's experiences, etc.²⁰

Linguistic support

Language support, especially related to sociolinguistic and applied language skills, (signposting, active listening, etc.) helps IMG GPs consult more effectively.^{17,21,23}

Practical and financial

This support includes relocation packages,¹⁴ help with accommodation costs,²³ and providing help with paperwork and practical support such as guidance on vaccine requirements.¹⁷ This helped IMG GPs understand what is expected of them.¹⁷

1 Discussion

2 Summary

3 This review identified the challenges facing early-career IMG GPs and the help and support
4 available to them. Many challenges are interrelated: for example, discrimination from
5 patients or communication challenges may lead to higher rates of complaints. While there is
6 some overlap between the challenges and the help and support identified, early-career IMG
7 GPs deal with complex challenges that may be insufficiently addressed by what is offered or
8 perceived to be available. The findings of the included studies were multifaceted, including
9 recognition of the positive contribution early-career IMG GPs make to the NHS and their
10 ability to overcome obstacles,^{25,27} whilst also noting that they require specific help and
11 support.^{15-17,19,30} Eschewing this could lead to retention difficulties,² especially given the
12 increasingly competitive international market for doctors.⁸

13 The next phase of this project will aim to understand the extent to which early-career IMG
14 GPs are aware of the help and support offered, the reasoning behind their (non-)uptake of it,
15 and the help and support they currently access and want to access, including support from
16 non-NHS settings such as informal support networks and support in the countries in which
17 they trained.

18 Strengths and limitations

19 To the authors' knowledge, this is the first review focussing exclusively on the challenges
20 faced and the help and support accessed by early-career IMG GPs in the NHS. It is timely in
21 view of the ongoing workforce challenges in general practice, and will be used to inform the
22 primary data gathering phase of a larger research project about how the NHS can better help
23 and support early-career IMG GPs.

1 The literature search was truncated due to time and resource constraints. While there was no
2 quality appraisal of the studies, they were all either peer-reviewed or published by public
3 bodies. The studies provided little information on the extent to which the help and support
4 available to IMG GPs are accessed. The information included in supplementary table 4 is
5 limited to the help and support outlined in the included studies, and therefore may not be
6 exhaustive. Two included studies were published before 2000, but the challenge identified in
7 these studies (geographical area of practice) was concordant with more recent studies.

8 Comparison with existing literature

9 Many of the challenges identified parallel the literature on trainee IMG GPs, other IMG
10 clinicians, and IMG GPs in other countries. A study on trainee IMG GPs in the UK
11 highlighted similar challenges of cultural differences, difficulty with communication, and
12 discrimination.³² A review of IMGs in the NHS emphasised challenges related to cultural
13 differences and discrimination, as well as practical issues such as visas.³³ A review of the
14 ‘foreign cultural paradigms’ facing IMGs highlighted similar themes about communication,
15 discrimination, and varying levels of deference in doctor-patient relationships.³⁴ The existing
16 literature on trainee IMG GPs and other IMGs explored the psychosocial difficulties they
17 faced in more detail than the studies in this review, such as fear, uncertainty, difficulty
18 coping, and the psychological stress incurred by moving abroad.^{32,33}

19 Implications for research and practice

20 The challenges identified were not driven by IMG GPs’ lack of clinical knowledge. Tentative
21 policy recommendations include the provision of more language training, including idiomatic
22 English. Training on conflict resolution and a patient-centred care models could help diffuse
23 tensions in consultations, potentially reducing complaints and disciplinary proceedings.

1 Early-career IMG GPs' work colleagues should inform themselves about the challenges IMG
2 GPs face and consider how they could support them.

3 Future research could explore challenges surrounding visas, given IMG GPs' uniquely
4 vulnerable situation, and if some IMG GPs' beliefs and value systems may be at odds with
5 the NHS's organisational culture. Co-production methods (involving IMG GPs, colleagues,
6 and patients) could be used to develop help and support.

8 **Declarations**

9 **Author contributions**

10 Alexandra Jager: conceptualisation, methodology development, data curation and analysis, writing
11 (original draft and review and editing), visualisation

12 Michael Harris: conceptualisation, methodology development, writing (review and editing), funding
13 acquisition, validation, review of data curation and analysis

14 Rohini Terry: writing (review and editing), review of data curation and analysis

15 **Data sharing** Date available on reasonable request

16 **Competing interests:** None disclosed.

17 **Patient/participant consent:** Not applicable

18 **Funding**

19 This study was jointly funded by Health Education England and NHS Improvement

20 **Ethical approval**

21 None required

22 **Provenance**

23 Freely submitted;

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Accepted Manuscript