

Reflections on my journey as an IMG

OPINION

ABSTRACT

“Nearly 50% of our psychiatrists & physician associates are from BAME backgrounds - how can we recognise and learn from the experience they bring to benefit the organisation and our service users?” was a question on Twitter by a colleague.

I tried putting in a few succinct comments, as much as Twitter character counts would allow, but the thoughts brought back so many memories I could not help but write more. It is a multi-layered question which deserves multi-layered answers and complex thinking. But before we come to solutions, a bit of context will help the uninitiated reader.

Background

But here I am, writing an IMG’s (International Medical Graduate) story. The term Black and minority ethnic (BAME) and IMG are not synonymous, but there is a significant overlap. And we cannot write IMG stories unless we talk about the BAME experience in tandem, as that underpins many of the facets of an IMG journey. What did I struggle with most when I stepped into my first hospital accommodation in 2003? What took the most time to adjust to when I started working six months later? What and who helped the most? What was the moment I thought I could continue living in this country, be happy, and feel that I belonged?

There is a lot more consciousness of racial discrimination and awareness of what needs to be corrected and who needs to be supported now, than I had 40 years ago. My father was a doctor in the NHS in the 1970s. I was too young to remember it well, but I remember being called ‘blackie’ at school; the only girl who would play with me was a Sri Lankan. I was not sorry to return to India to grow up. My father used to talk about interview panels where it was perfectly normal to be asked, ‘So why do you want to stay in the UK? Why don’t you go back to where you came from?’ I think my father answered his last interview panel to say he was not staying for more than a year. Not sure whether that was a factor in him getting his last UK job.

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Back to the UK

So, in 2003, when I came to Scotland to start my life in the UK, my husband had already been working for over six months. I was luckier than most. There was a degree of financial stability; my husband had a job, and we had some good friends in the neighbourhood who spoke our mother tongue and understood our culture. I desperately missed my one-and-a-half-year-old daughter, who I had left with my parents in India while I prepared for PLAB (Professional and Linguistic Assessment Board).

The BAME/IMG struggle is not about discrimination alone. It is about homesickness, missing large extended families, and the lack of help with household chores that most middle-class people in India, at least, take for granted. It is about missing the colours, the smells, the street food, the sounds, and the hustle and bustle. It is about the crowds on the streets, someone to share your language, and celebrating festivities at home.

Retraining

The second shock was starting training all over again. Back home, I was already a specialist. I had done an MD (Doctor of Medicine) in psychiatry and an additional DNB (Diplomate of National Board) in India. Having passed two major psychiatry exams, completed a senior residency for six months, and been in independent private practice for a year, the realisation that I was back to a year one SHO (Senior House Officer), training with colleagues who had just finished their foundation year and had very little experience in psychiatry- was not easy. I had signed up for yet another set of major exams, this time with a young family to care for and a household to look after was sinking in deep.

I was lucky to get some very supportive consultants at work who trusted my skills, recognised that I was experienced and gave me a degree of responsibility higher than that of a year-one SHO. That helped immensely. At a time like this, some self-worth, some recognition of who I was, was something I needed deeply.

Support has to be the right type. When my supervisors made an effort to know my background, enquired how I was coping with childcare and no grandparents to help, showed curiosity and respect about my culture and told me it was okay if I turned up on the ward in a salwar kameez, it helped me settle.

An unfamiliar workplace and customs

Knowing psychiatry from back home in India, at least as far as the knowledge goes, is both an advantage and disadvantage in the NHS. In an unfamiliar work environment, knowledge is a strength. However, we all pick up specific ways of doing things in our own systems which do not work elsewhere. In India, I was grilled at every ward round about what I had written- the details of my history, the phenomenology I had identified, my formulation and diagnosis, and my treatment choice. It was like doing a long case every day. But the nurses called me 'mam', and I called my consultant 'sir' or 'mam'. Though the institute I worked and trained in taught me to work in multidisciplinary (MDT) teams with psychologists and social workers, that is hardly the case in many psychiatry departments in India. In the UK, it took a lot of effort to call my consultant by name- even by title. You learn to work in a non-hierarchical system, and the BAME doctor who settles fastest is the one who picks up the new system quickly. What might be mistaken in the new BAME doctor as rudeness to the MDT colleagues and subservience to their consultants might just be the system they are used to, with no intention to cause offence.

BAME doctors need mentoring by BAME doctors- people who have lived through these changes and challenges themselves. Most of all, they must find their community outside of work. The best work environment does not make up for the fact that there is nowhere to go after work where you can discuss other things. A Bengali 'adda' (agenda-less discussion and discourse between friends) over a cup of cardamom tea and puffed

rice- there was a yearning at times I cannot describe enough.

The turning point was finding a Bengali community in Leicester. The shops on Belgrave Road helped, no doubt, but when we found our community, we decided life in the UK was a choice we could live with happily.

Cultural Awareness

It is not just changing the work environment. BAME/IMG doctors need to find a life outside work, a cultural belonging. BAME doctors come with different experiences and different levels of expertise behind them. The MTI scheme has been excellent in taking in doctors at a more appropriate stage. A well-guided overseas CESR might even lead to a direct entry to the specialist register. Personalised and well-thought-out, flexible pathways tailored to individual experiences are needed. We need a flexible approach which focuses on competencies rather than time. Trainees with prior experience for years overseas or in SAS grades might feel stagnated if not challenged with more complex jobs; others might need longer than the 3 years we offer in Specialist training.

The efforts will be worth it. UK today is a flourishing and vibrant multicultural, multi-ethnic society. Our patients come from different backgrounds. I have done single clinics where I've had patients from as many as five countries. Having a diverse workforce to help our cultural understanding and approach is a great strength that needs to be nurtured and strengthened. Support for BAME doctors needs to combine an acknowledgement of skills, valuing experience and helping where they need it. Support is an over-arching word. We need to be careful not to inadvertently patronise in the process.

A multi-cultural Britain

When my parents visited in later 2003, bringing my daughter with them, they noticed changes. They said it was a different UK from the one they had left in 1978, in a good way. We are not there yet- but we are asking the right questions, we are seeking the correct answers, and we are in this together. The journey towards equality and non-discrimination is everybody's journey; the BAME questions are for the entire workforce. We need

to believe that we can achieve what we are aiming for, and I genuinely believe that we can.

Milestones

MRCPsych

And to end the story of my journey, where do I stand now? At a place which I would not have imagined in my wildest dreams in 2003. Passing my MRCPsych exams was the most I could think about. An LTFT (less than full-time) trainee in Scotland, managing a 4-year-old daughter, jobs, and exam prep on my own, my husband in Leicester starting off his training rotation in gastroenterology, and no family around like many overseas doctors. Life had its joys, but the struggles were real.

Training

After exams, I moved to Leicester to join my husband, and the family was together again. The daughter started school. After a 6-month gap in job searching (2007 was when Modernising Medical Careers -MMC hit), a 6-month Associate Specialist job in Leicester was the start. A Local appointment for a training post in Leicester starting in December 2007 was my first job in Leicester. Six months later, I got a locum consultant stint thanks to someone who trusted an SpR after 6 months! And then finally, I entered higher training in general adult psychiatry in August 2008.

CESR

By then, I had been training in psychiatry for 11 years. Not to forget that psychiatry was all I had done since September 1997. I had considerable training experience from India - from the Central Institute of Psychiatry, and no less an MD and a DNB. A year of independent private practice. I sincerely did not feel I needed a full 3 years of general adult psychiatry training. My 2006 CESR application had not been successful, but I had a clear list of what I had to do more, and it was not a long one. I needed my higher training to complete what was needed. Two months in my locum consultant post (before my ST!) had whetted my appetite. I needed to fly now. The list was made in early 2009, towards the end of my

ST4 year, and I posted a 5 KG bundle of papers to PMETB. I was ready.

Consultant

A consultant post in EIP came vacant in the Trust in mid-2009, and a colleague encouraged me to go for it. I went for my ARCP (annual review of career progression) that year with a consultant job offer under my belt, but the wrong specialist training numbers. I still got outcome 1 from the panel but faced a separate panel of more senior educators from the Deanery to be told to reflect on my ambitions and aggressive attitudes. To cut a long story short- I got my CESR around the 9th of December 2009, was on the specialist register on the 11th of December, and joined my consultant job on the 14th of December 2009. The start of a new journey.

Additional Roles

In 2010 I took up my first College role- external advisor. Since then, I have visited deaneries around the UK to watch how different deaneries have very different ARCP panels. In 2011, I became a clinical director. That was also the year I first visited Nigeria as part of our Trust international links project, a labour of love that has continued. I have continued to deliver mhGAP training in rural Benue, got involved in 2 projects instead of one and now lead the project for our Trust.

In 2013, I became GA TPD (training program director) in the Deanery. In 2014 I also became the MRCPsych course organiser and continued both roles simultaneously for one year. In 2015, I left the TPD role when I became a PLAB part 2 examiner. In 2016, I left the MRCPsych course organiser role when I became Associate Dean for Equivalence at the Royal College of Psychiatrists. I was careful to make sure that I balanced my roles.

In the meantime, I continued to work full-time in EIP, had several publications and progressed through honorary titles at the University of Leicester. I was a SCAN trainer in the UK who had trained delegates from Denmark, Greenland, the Philippines, Taiwan, Nigeria and Ghana. I was now the secretary of the international panel. I had been on the Equivalence Committee of the

College since 2012, 4 years before I became Associate Dean for Equivalence.

Fast forward to 2016 onwards- set up CESR training in the College and trained hundreds of potential CESR applicants throughout the country. I led the committee, trained more evaluators, and had regular meetings with the General Medical Council (GMC) and the Academy of Royal Medical Colleges to understand the broader picture of specialist registration. I continued my charity work in Nigeria and did several fundraising events. (one of them was climbing Mt Kilimanjaro in 2013 when I raised around £550 on my own). I became involved in various other committees in the College- quality assurance, ETC course, and curriculum revision. I have chaired judging panels for College awards. I became part of the task-and-finish groups looking at shaping the psychiatry workforce. I published guidance for CESR support for NHS Trusts. I answered dozens of individual emails asking for CESR advice, met medical directors and DMEs to advise on the same, and continued attending ARCP panels.

Somewhere along the way, I became a CASC examiner and a PLAB 1-panel member. I gathered yet another College role-member lead for CALC-operational. A role I share with Dr Raouf, the two of us taking over from Dr Lade Smith CBE.

Academic roles

So that is how in October 2020, I found myself Hon Prof of the University of Leicester and RCPsych Council elected nominee for the Dean elections. It had taken 14 years from that point when I was a trainee facing her final MRCPsych exams. 14 years in which I have lived every moment with a passion for psychiatry to drive me on.

Moving another year forward, and I have now finished my role as associate dean for Equivalence and started as the National Lead for Recruitment in Psychiatry, a joint appointment by RCPsych and HEE. I have picked up roles with various charities and volunteer organisations in the last year. Most notably, I am helping set up a community mental health ambassador programme with South Asian Health Action.

Life

There are more stories to share. I learnt Bharatanatyam in the UK, have performed widely, passed up to grade 6 ISTD exams, travelled widely (47 countries so far!) and now have my own travel newsletter. Being happy is not just about work; it is discovering every aspect of yourself.

My Reminiscences

To all IMGs considering coming to the UK, the NHS is not perfect; like any other organisation, we have our problems. Relocating to another country is never easy. But you must follow your heart and do what is right for you. Hard work and determination always win in the end, more than academic brilliance. Believe in yourself is the motto I hold on to now because life has taught me to discover and nurture talents I never knew existed inside me.