Overseas Recruitment to Cover Middle Grade Rota: Benefits of Indo-British Collaboration

Introduction

Despite the Coalition Government's plans to cap non-EU immigrants, junior doctors from India are being recruited to resolve current medical staffing shortage. Present and past preoccupation with immigration takes no account of the impact of such decisions on the National Health Service (NHS) which has a long history of reliance on overseas health workers. The story of overseas recruitment is not new. Since the 1930s, successive governments have resolved staffing crises through recruiting workers from overseas. This shortage was predominantly due to not having enough medical student numbers and emigration of UK trained doctors to work mainly in United States and Canada, because of relatively poor pay and conditions of the NHS.

The output from UK medical schools was increased in 2000 and this brought a change in attitude towards overseas doctors. By 2005 the government feared that the recruitment of overseas doctors would deny employment to a large number of home-grown medical graduates, especially as International Medical Graduates (IMGs), many of them often highly skilled, and with several years' experience in their chosen field, remained an attractive prospect for the NHS. In a bid to protect junior posts for graduates who were British or EEA nationals, in April 2006 the Department of Health retrospectively sought to prevent non EU doctors from applying for training posts in the NHS. Under new rules, hospitals could only shortlist overseas candidates if they could prove that they could not recruit a junior doctor from the UK or the EU. The British Association of Physicians of Indian Origin (BAPIO) challenged the Government in the High Court, which ruled in favour of BAPIO stating that the Department of Health's guideline was illegal. The judgement was upheld by the House of Lords in April 2008, but not before thousands of overseas doctors had had their opportunity of permit-free training abruptly withdrawn not only at great personal and financial cost to themselves and their careers but to the NHS, so much so that UK is now once again facing shortages at different levels especially in acute Medicine, O&G and Paediatrics which are becoming unpopular due to workload and increasing number of admissions. The NHS is now again looking to recruit overseas trained doctors to fill vacancies especially in Emergency department and General Medicine, Paediatrics and O&G.

We will share our experience in overseas recruitment in the Department of Acute Medicine in Weston General Hospital.

Weston General Hospital

Medical Registrars in NHS hospitals act as gatekeepers and senior on site clinicians during out of hours. Apart from clerking, they also supervise foundation doctors and give advice to other specialities. With an ever increasing rise in emergency admissions, it is even more important that the Medical Registrar rota is complete and functions well.

Weston General Hospital (WGH) is a small District General Hospital situated between Bristol and Taunton serving a population of approximately 200,000. WGH is predominantly an Emergency driven hospital making it even more important to have on site medical registrars. Since the change in visa rules, coupled with vacancies at the Deanery level in some specialities and inevitable sickness, the trust has struggled to have a fully compliant medical registrar rota. Various recruitment campaigns proved unsuccessful resulting in significant gaps on the middle grade rota. As a result the Trust has had to rely on Locum registrars, who were employed by agencies, to support the out of hours rota. These locum registrars were of variable clinical competence which was difficult to assess on CV alone. Issues with clinical competence impacted on patient care and often created more work for consultants. Foundation doctors often complained about lack of supervision and teaching and the GMC identified this as area of concern during their visit in 2011.

Governance issues in retrospect were hard to address once the Locum had moved on. It proved to be difficult to provide proper induction as they often arrived at night and worked in unfamiliar surroundings. In addition to governance and quality issues, locum doctors were expensive. The cost of locum provision at Middle grade level in 2011/12 was in excess of 1 million pounds; this is obviously is not good value for money.

Aim

The aim was to build flexibility and surplus in the Medical Registrar rota to internally cover any potential absences and provide a safe, competent and reliable workforce at this level. It was believed that internal cover with the established workforce would have financial advantages and would provide better quality service, improve the morale of the work force and overall be of benefit to the Trust.

Methodology

After receiving approval from the executive team of Weston Area Health Trust for extra funding, prestigious Medical colleges in India were contacted and short listed candidates were interviewed face to face in India using appropriate college based interview format.

The candidates had to have post graduate qualifications in general medicine with necessary experience to work at registrar level. The candidates were informed about the rules regarding Medical Training Visa which is only valid for 2 years and the requirement for them to go back to the country of their origin after two years of training.

Details of successful candidates were forwarded to the Royal College of Physicians and Surgeons of Glasgow after recommendation from the Post Graduate Dean of Severn Deanery. The Royal College sponsored the successful candidates for GMC registration and once registered, applications were forwarded to the Border Agency for MTI (medical training visa).

All candidates were given an opportunity for training in a speciality of their choice along with General Medicine experience. Overall 3 overseas trained doctors were recruited to work as medical registrars. All the candidates received a 1 month long induction during which they were paid full salary and were provided with free accommodation.

Induction included the following:

- Tour of the hospital
- Resuscitation assessment/training session - they had their capability assessed in a session with a trust resuscitation trainer and they were also sent on an ALS course as early as possible
- IT Training - training on the millennium system, access to the IT systems and emails
- Stat Man Training - health & safety/manual handling/ infection control/child protection/fire
- e-learning modules - blood transfusion, information governance, using telepath, NG tubes, equality and diversity, safeguarding adults, VTE
- Meetings were arranged with the Medical Director, Divisional General Manager and Matrons.
- Shadowing for half a day in ITU and ACC (ambulatory care centre) staff.
- Shadowing medical registrars for few night shifts (and an on-call shift where applicable).
- Shadowing their Buddy at all other times during the induction period.
- Educational and clinical supervisor allocated

Results

Since 1st August 2012, there have been 11 Registrar grade doctors on the rota instead of the normal establishment of 9 Registrars. Over establishment has led to a reduction in frequency of on call duties and has given more training opportunities to Specialist Registrars to enhance their skills and meet their training requirements. All the teams led by consultant now have a registrar along with other junior staff. Overseas registrars, despite induction, needed support from consultants to overcome their initial difficulties and settle down. All 3 overseas registrars are committed to complete MRCP and are progressing well. Foundation doctors have found their presence on the wards extremely beneficial and feedback to the Deanery and GMC has been very positive.

Since the implementation of this scheme, all absences of any kind have been covered internally without the need to recruit locum doctor of any description. Trust management is pleased with the investment and the faith they showed in the proposal put forward by the division. Savings of £400k have been achieved up to the financial year 2012-13.

Discussion and Conclusions

The emigration of overseas doctors is built on Britain's historical links with its ex-colonial territories, especially India. As a direct result of colonial rule, by the time of Indian Independence in 1947 Indian medical schools and hospital administration ran along the lines of the British model. Medical education and training were delivered in English, and geared towards meeting the requirements of the General Medical Council. This ensured that Indian-trained doctors would be able to work in Britain, and encouraged overseas medical graduates to come and gain further training and experience that they would then take home. For this reason, India was chosen as the first choice for recruitment.

Weston General Hospital being a small District General Hospital does not have the flexibility and extra workforce seen in teaching hospitals e.g help provided by research registrars during unforeseen circumstances like sickness. These unforeseen circumstances are either dealt with by calling upon the existing workforce to help or employing agency locums. With rising admissions especially elderly patients who have significant co morbidities, medical registrars play a key role in decision making and support consultants and foundation doctors both in and out of hours. We believed that building a surplus in the workforce would lead to resilience, flexibility, improved morale, reduction of workload, better understanding and eventually reduce sickness by making the hospital a better workplace.

Our experiment clearly demonstrates that building a surplus into the rota when there has been an inability to recruit is desirable. The benefits of doing this are three fold. Firstly, there is improved clinical governance, teaching, supervision of foundation doctors and patient safety outcomes. This is due to the consistency in the rota with substantive doctors who understand the hospital's systems and processes. Secondly, there is improved team morale with the remaining doctors not being asked to continually cover gaps or pick up additional work. Thirdly, there is a clear financial benefit as one shift covered by an agency locum doctor can cost three times as much. It also supports the ability to accurately forecast the expenditure for the year rather than the huge variability in expenditure when locums are required.

To be able to achieve the benefits of an over established rota, international recruitment for Medical Registrar level doctors has been necessary due to the unavailability of suitable local doctors. India has provided a perfect opportunity given the historical links and medical teaching delivered in English. Learning points from the first cohort of international doctors have been to provide a more robust induction time table and include non clinical issues like communication skills and exposure to social services. In the future it is the Trust's desire to strengthen links with Indian medical training to be able to provide a rolling programme.

In summary, recruitment of international doctors directly at Registrar/middle grade level is safe if appropriate selection methodology is applied and good induction provided. Over establishing leads to better training opportunities for Specialist Registrars and is associated with significant financial benefits.

We believe that this concept should be rolled out across different health professions e.g nursing where sickness, vacancies and extra capacity is often filled by agency nurses.

We sincerely thank Prof Davinder Sandhu, Postgraduate Dean, Severn Deanery for supporting the recruitment.

Kerry White
Divisional General Manager Emergency Division, Weston General Hospital.

Nick Wood -
A graduate of the NHS Gateway to leaders programme supported by Kings Fund. Highly operational and service focussed Chief Executive with a 20 year track record of delivery within the public, private and independent sectors. Currently delivering significant strategic change, performance and efficiency improvement. Email: nickwood@nhs.net

Dr Doug Wright
Doug is a Consultant physician and lead Clinician for dept of Medicine, Weston General hospital.
Email: douglaswright@nhs.net

Advisory Author

Dr Parag Singhal MD, MPhil, FRCP
Consultant Physician in Diabetes and Endocrinology
Divisional Director - Emergency Care