Road To UK

PRESENTS

YOUR GUIDE TO THE NHS

TIPS, ADVICE & HOW TO ASK FOR HELP

Prepared by:

Dr. Ibreez Ajaz

Dr. Ibrahim Ivan

A Platform to Support International Doctors & Medical Students

roadtouk.com

FIRSTLY...

We'd like to thank you for downloading this booklet. Road to UK started out as a way to help international doctors understand how they could come to the UK and work in the NHS, and we're proud to see how it now encompasses the entire process. It's not just about getting GMC registration, it's also about finding success beyond that.

We've tried to put together some things we feel would have been useful for us to know when we first started in the NHS. No matter where you are in your journey, please know that you are never alone. There are so many of us undertaking exams, facing isolation from friends and family, and dealing with things we've never had to ever before. So never for a moment think that you will go unsupported or unheard. We are here to help.

Please feel free to share this with any colleagues or coworkers you feel may benefit, or even with the post-graduate education center of your hospital or local deanery. We hope that from this small endeavor, more can be learned and shared.

And while we are happy to allow our work to be shared, we kindly request that no modifications be made and that appropriate attribution be given.

Dr Ibreez Ajaz
Dr Ibrahim Ivan

ASK FOR HELP

Sometimes, it's difficult to know when you need help. A good majority of international doctors have experience in workplace settings where they are always going above and beyond. So when we are faced with a situation similar to one we have dealt with back home, we don't see any reason to ask for help.

This is potentially our undoing because we forget that in a new healthcare system, we must now abide by the stipulations and regulations put in place. Stop for a moment and understand your role. What position are you working at? What are your expectations at this level? Who is the next in your chain of command if you're unsure on how to proceed?

The other thing is that as an international doctor, we often feel the need to hide if we require assistance. We don't want others thinking we aren't capable or that we are struggling. If someone belittles you for asking for help in the face of a difficult scenario, that is their shortcoming, not yours.

Take every unknown as an opportunity to learn. Keep a small notebook that you fill with your findings or where you jot down a topic to read up on later. Find the guidelines for your specialty and/or hospital and use them as points of reference.

If you're confident about a plan but unsure if it is sound, speak to the most appropriate individual to confirm. This could be another colleague, your ward registrar, the medical registrar, the surgical registrar, etc. Specialties will have their own go-to doctor. It may or may not be a registrar- you could potentially find yourself calling a consultant to seek their advice. And that's okay. That's why they are there.

What you need to ensure is that the call or referral to seek advice is appropriate. For instance, if you have a question about whether or not an anticoagulant which was started by cardiology should be stopped for a procedure, it would not be of much use to directly call the cardiology consultant who made the change or even the medical registrar.

First you should investigate. When was it started? Was any information provided as to duration of treatment? Why should the patient be on it? Is there any guideline which explains what should be done in this situation? These questions will also help guide you on what you're asking when you make that call.

If after you've done all of this, you're still unsure, and no one on your team can help any further, consider asking for help outside of your team. Ideally, given this scenario, you should speak to the cardiology registrar. Having said this, if your hospital does not have one, and you also cannot get in touch with a cardiology consultant, speaking to a hematology registrar/consultant or even the medical registrar may be appropriate.

This is because you need to understand the question you're asking. If you're unsure of who would be the most appropriate person to call, you can ask a member of your team what they'd suggest. Whatever the concern, raise it. If you try to fix all the issues a patient may have yourself, you'll quickly find yourself short-handed. There are many mechanisms in place in the workplace to allow you to call for help. This can be by (quite literally) by going to find your other colleagues or ward registrar and asking for their input. You can also put out a medical emergency, peri arrest, or cardiac arrest call through the hospital's switchboard so that a team of doctors, nurses, and healthcare professionals can come to your aid.

The important thing is to realize when you should do this because (as with all things!), the sooner, the better. Use the opportunity of the medical emergency/arrest situation to see the flow of care and what is being asked of the team, and don't hesitate to contribute if you can.

Lastly, know when you yourself need a break. Don't shy away from self-care, time off, and asking for help if you feel overwhelmed. Stress leave exists to be used, so don't let yourself experience burnout and think you have no recourse.

KEY TAKEAWAYS

- You're a capable doctor but it's still okay to ask for help
- Know who to call
- Learn from critical situations
- Take care of your mental health

ASSERTIVE COMMUNICATION

It's okay to say no. It can definitely feel scary or as if you're risking alienation by holding your ground, but it's okay. You're still able to respect others by doing what is right for you.

We often feel obligated or pressured by our environment to put the needs of others first and neglecting our own. And these needs aren't just related to your free time or mental health- it can also be about the prioritization of your tasks that need to be completed while at work.

So if, for example, you're busy looking after a very ill patient and someone asks you to drop everything to complete something else, stand your ground. Politely explain what you're doing and that you'll try your best to get to that job as soon as you can, but it may be best to delegate it to another team member if it is urgent as your hands are full at the moment.

What you've done is clearly stated your intent and desire to help, but given the current predicament you find yourself in, you are sadly unable to help. However, wanting to acknowledge the needs of the individual who has approached you, you've also given them another option to pursue.

The same way if you get an email or a phone call asking if you can stay for an extra shift or do a locum on a particular day that will be short-staffed, you shouldn't feel obligated to say yes. It's perfectly alright to respond that you already have plans or that you just simply cannot fill the gap.

Don't overthink saying no or turning down a task. Likewise, don't think you need to come across as aggressive or domineering in order to get your point across. Keep your tone even and your body language in check, and make your views known.

Passive communication, where you don't express yourself well or just 'go with the flow', risks leaving you feeling taken advantage of with no outlet. You're more likely to become burned out or just feel dissatisfied with your day to day because you aren't being heard.

Aggressive communication has you going the opposite extreme and bluntly making your point. You may feel as though you are commanding respect by acting in this manner, but in the long run it is a detriment to the well-being of your workplace as well as yourself.

As for passive-aggressive communication, well, just don't be that person. If you have a concern or you are unhappy with how things are proceeding, find an appropriate moment to speak up.

KEY TAKEAWAYS

- Be honest with yourself and others
- Remember your needs are also important
- Speak clearly and avoid being vague
- Don’t fall prey to the other communication styles

YOUR RIGHTS AS AN IMG

If you're already working in the NHS or are soon to start, you will find that not many doctors in the NHS know their rights. By this we mean what their contract entails, what their pay slip shows, and who they can speak to about concerns they may have.

This is doubly true for international doctors, because more often than not, we aren't aware of these rights or for some reason believe they don't apply to us. This last belief is the most worrying, as why would we not be considered under the same rules and regulations?

First things first- always read your contract. If you want to seek the advice of a trade union or a friend to go over it with you, do it. Never sign anything just for the sake of saying at least I have a job now. The contract will outline your roles and responsibilities, and are crucial for you to understand.

On top of that, you should also have a decent knowledge of the work time directive, annual and study leave allocations, maternity and paternity leave and pay, as well as lieu days.

When it comes to your pay, check and ensure you are on the right tax code. This can be remedied by speaking to payroll or the HMRC if there is any issue. Ensure the deductions are correct, and that each month you are being paid the expected amount. Don't just be happy with a number entering your bank account- make sure it is the right amount.

Also keep track of any locum or extra shifts you've done to make sure that they have all been properly reflected. Keep your pay slips somewhere safe so that you can always refer to them if need be.

Remember also that no matter how safely we practice medicine, having our own medical indemnity coverage is always a good idea. They are there to back you up if ever a situation becomes dicey. It often doesn't matter which indemnity coverage company you seek, but always shop around and explain what you need to get the best rate.

Finally, if you're struggling to know who to go to or are just unsure of what to do next if faced with an ethical situation, reach out to individuals like a Freedom to Speak Up Guardian, Caldicott Guardian, Guardian of Safe Working Hours, your trade union, indemnity, or even your supervisor(s). They should hopefully be able to guide you further.

KEY TAKEAWAYS

- Read everything before you sign it
- Double check your payslip
- Get medical indemnity
- Know how to raise concerns/speak up

ABBREVIATIONS

Hlo! Hw ru? IDK if you can read this, but IMO abbreviations are hard. TTYL!

No but seriously, why are there so many abbreviations in a healthcare setting? You're probably thinking to yourself that in an environment where you want to be very clear in every action, abbreviations can muddy the water.

So while the abbreviations we are going to mention are not necessarily all the ones you'd ever encounter, we hope it will at least serve to ease you into the process.

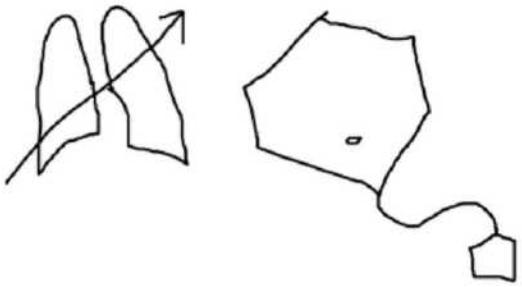
= fracture. You may mostly see it as **#NOF** or *fracture of the neck of the femur*
AF = atrial fibrillation
BNO = bowels not opened
CSU = catheter stream urine sample
CT TAP/AP = computed tomography thorax abdomen pelvis/abdomen pelvis
CTCA = computed tomography coronary angiogram
CWR/WR = consultant ward round/ward round
CXR = chest x-ray
DNACPR/DNAR = do not attempt cardiopulmonary resuscitation/do not attempt resuscitation
D&V = diarrhea & vomiting
DVT = deep vein thrombosis
E+D = eating + drinking
EUA = examination under anesthesia
HEENT = head, eyes, ears, nose, throat
GA = general anesthesia
IVI = intravenous infusion
LFT = liver function test
mane = every morning
MSU = midstream urine sample
NAD = no abnormality detected
NPO/NBM = nil per oral/nil by mouth
nocte = every night
OPD = outpatient department
OT = occupational therapist
PEARL/PERLA = pupils equal and reactive to light/accommodation
PPM = permanent pacemaker
PT = physiotherapist
ROSC = return of spontaneous circulation
SNT = soft non tender
TTA/TTO = to take away/to take out. These refer to discharge summaries
TWOC = trial without catheter
U&Es = urea & electrolytes
VTE = venous thromboembolism

CWR Dr. RoadToUK

87 y/o M admitted with:
1. Cough
2. Hemoptysis

PMH: DVT, COPD, IHD, T2DM

O/E:
Alert, PEARL
Heart sounds normal
Chest clear
Abdomen SNT – catheter in situ
No lower limb edema



BNO 3 days

Today feels sleepy. Not E+D well.

Plan:
1. CXR
2. CT TAP if CXR clear
3. PT/OT
4. Twoc this pm

Signature
Job title
GMC number

Please note, this is not an example of how to write a medical entry, nor is it treating anything in specific. It's just an example of how abbreviations may appear in medical notes.

FINAL THOUGHTS

It may take you at least 3-6 months of being in the NHS to feel a semblance of control and understanding. For some, it may be longer; for others, shorter. The important thing is to stick to it, ask for help along the way, and be kind to yourself. You've already done a great feat by uprooting your/your family to an entirely different country to work in a foreign healthcare system. It's understandable that you'll need a little time to adjust, so cut yourself some slack.

We've written this to help international doctors find their way, but of course it may not be perfect. Please don't hesitate to reach out if you can think of something that should be added or find something that needs correcting.

Dr Ibreez Ajaz

Ibreez currently works at University Plymouth Hospitals NHS Trust as a clinical research fellow. She was awarded the 2021 Peninsula School of Medicine Trainee of the Year award for her continual commitment to supporting equality, diversity, and inclusivity as well as heading such posts as the Chair of the Junior Doctor's Committee, Freedom to Speak Up Guardian, and co-chair of the South West British Medical Association BAME network.

Dr Ibrahim Ivan

Ibrahim currently works at Derriford Hospital as a Speciality Registrar in Internal Medicine. He also had the privilege of being one of the Differential Attainment Fellows for the Health Education of England, South West. This has allowed him the opportunity to work towards creating a fair and equal work environment for doctors in training, regardless of their background.

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