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Integrating Cross-Border Healthcare Workers - Perspective of a Polish Radiologist in the UK

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In recent years the NHS has struggled to retain sufficient numbers of healthcare workers, leading to a shortage of medical staff. To combat this skills deficiency, the NHS set targets to attract 7,500 more consultants, 2,000 new GPs and 20,000 more nurses by March 2004. The Royal College of Physicians in particular noted that this shortage was due to early retirement deals and the European Working Time Directive, which limits the hours a doctor can work. In this article, I will share my experiences in coming to work as a radiologist in UK, highlighting both the positive and negative experiences as a result.

Before I decided to work in the UK, I had recently completed my radiology training and was working as a consultant in a large hospital in Krakow, splitting my weekly workload between many different modalities. I then noticed in the Polish Medical Journal, advertisements recruiting for locums in UK healthcare facilities. In May 2005, I decided to apply for a three-month position as a radiologist at the imaging department of the Aberdeen Royal Infirmary in Scotland, one of the North-East's largest medical facilities. Subsequently when a full-time position as a consultant radiologist appeared, my husband who is a clinical researcher, and our three young children made a permanent move to the UK. In October 2005, I then began my full-time position as a consultant radiologist, specialising in breast imaging.

Changing Regulations for Foreign Healthcare Workers

Two years ago, when I first arrived here, all I had to do to take up my post was to fill out some registration paperwork for the General Medical Council (GMC) in London. There was no problem with my medical qualifications, which were taken as equivalent, or with my previous experience.

A recent addition to the requirements is an exam called the International English Language Testing System (IELTS) which demonstrates language equivalency in the range of medical jargon to ensure you do not have problems understanding your cases; this is not just for Polish workers though, but for any medical worker coming to the UK whose main language is not English.

A GMC initiative is now in place since March 2007 to prevent growing identity theft. Once your application for registration has been assessed, you must undertake an identity check at the GMC offices in London. A photograph is taken during your identity check made available to employers so that they can be assured of your identity when you start work. Obligations for registration as a foreign medical worker with the right to work in Britain include an IELTS certificate to show you have taken this test and passed with a minimum score. You are also obliged to provide proof of identity, evidence of qualifications and what is known as a 'certificate of good standing'.

Specialised Versus General Radiology

In Poland, to become a consultant radiologist you have to train for five or six years and pass a final exam. Working in Poland, in a big facility, your weekly schedule divides your time up within the different modalities of the department, giving you broad practical experience, but you are not specialised in anything. If you end up working in a smaller facility that offers a limited range of services, you may not even get the benefit of practicing your skills on a very wide range of modalities.

In the UK, when you become a consultant radiologist, you choose your subspecialty and then follow a fellowship in this area. You then follow seven clinical sessions of which four are based on your choice of subspecialty for at least the following four years. This has the effect of creating highly-specialised experts, and has a positive result for patients and co-workers. However, as your job plan doesn't leave you very much extra time it limits exposure to other radiological subspecialties and you risk losing these skills.

Despite having had such a positive experience integrating into life in the United Kingdom, I haven't forgotten that if we do ever decide to return to Poland while I am still in the job market, it may cause difficulties for me. Whereas my husband is working for the same company he did in Poland, and my children are receiving a sound education and not losing their language, I would not so easily slip back into the Polish healthcare system, due to a loss of general practical expertise – over there as a 'breast expert' I would still need a sound practical knowledge of the main modalities.

The Language Barrier

My best experience working in the UK, has been getting involved in such a wellrun breast imaging service, and I really feel that our patients could not possibly be better serviced.

Language, however, is by far the most difficult area in integrating into a foreign healthcare system, and indeed country. After two years I have not fully adapted to not only the casual Scottish vernacular spoken in the streets but also the medical abbreviations so beloved by UK doctors. As well as appalling handwriting, you have to decipher their own personal range of 'codes', in order to understand the request made by the referring physician. My worst experience though, occurred once when I was on-call and in the middle of the night got a phone call from a consultant pestering me into performing an exam which I did not believe were necessary. In my native country I would have no problem arguing my corner with my colleagues, but here, in the middle of the night, when my brain is dreaming in Polish, I ended up just giving in and performing the exam – I hope that with time, my language skills will give me the ability to disagree effectively when necessary.

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