
Volume 11, Issue 4 / 2009 - Cultural Integration

Integrating European Healthcare Workers

In recent years the NHS has struggled to retain sufficient numbers 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 locum 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. As a locum 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 – despite being a 'breast expert' I would still need a sound practical knowledge of the main modalities.

In the Vernacular

Language 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 best experience working in the UK, has been getting involved in such a well-run breast imaging service, and I really feel that our patients could not possibly be better serviced. In fact the Scottish healthcare system in general is extremely well-run. My worst experience though, occurred regularly when I was on-call and in the middle of the night would get phone calls from consultants pestering me into performing exams 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.

Author:

Dr Jolanta Lapczynska

Consultant Radiologist

Aberdeen Royal Infirmary

Scotland, UK

jlapczynska@nhs.net

Cultural Exchanges

Most people in Europe know about the Erasmus/Socrates programme for university students; it is an opportunity to spend a number of months in another European university, learn the language and also learn about the culture of the host country. Young Europeans gather and interact, and often return to their home countries with a new outlook on life.

HOPE, The European Hospital and Healthcare Federation runs a similar programme for managers and other professionals working in hospitals and healthcare facilities: the HOPE Exchange Programme. The programme consists of a four-week training period and is neither medical nor technical. It is a multi professional programme aimed at professionals who are directly or indirectly involved in the management of European healthcare services and hospitals.

The programme starts in May of each year and is followed by an evaluation meeting and a seminar to which all professionals of the HOPE Exchange Programme are invited. Each year these meetings are organised in a different country by its national delegation of HOPE. During the evaluation meeting each professional is requested to contribute to a national presentation of his/her experiences abroad. The specific topic for this year's programme is "The chronic patient: A clinical and managerial challenge".

Such an exchange programme is clearly a great opportunity for professional development. Managers can gain a valuable insight into how healthcare facilities in other countries are organised, can share their experiences from their own hospitals and also learn of new initiatives/techniques to try on their return.

For more information, please visit: www.hope.be

Published on : Mon, 21 Sep 2009