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Exploring the experiences of EU qualified doctors working in the United Kingdom: A qualitative study

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ABSTRACT

This qualitative study of 23 doctors from other EU member states working in the UK highlights that, contrary to media reports, doctors from other member states working in the UK were well prepared and their main motivation to migrate was to learn new skills and experience a new health care system. Interviewees highlighted some aspects of their employment that work well and others that need improving. Some interviewees reported initially having language problems, but most noted that this was resolved after a few months. These doctors overwhelmingly reported having very positive experiences with patients, enjoying a NHS structure that was less hierarchical structure than in their home systems, and appreciating the emphasis on evidence-based medicine. Interviewees mostly complained about the lack of cleanliness of hospitals and gave some examples of risk to patient safety. Interviewees did not experience discrimination other than some instances of patronising and snobbish behaviour. However, a few believed that their nationality was a block to achieving senior positions. Overall, interviewees reported having enjoyable experiences with patients and appreciating what the NHS had to offer.

1. Background

Health professionals have always moved to, from and within Europe but, in recent years, there have been concerns about the consequences of this mobility, with ever greater numbers of health professionals migrating to the UK from the rest of the European Union (EU) [1]. This increase was fuelled in part by international recruitment campaigns initiated by parts of the UK National Health Service and private providers in the 1990s and early 2000s. Successive EU enlargements have provided additional sources of migration [2,3]. The latest figures, published by the UK General Medical Council (GMC) in 2013, suggest that more than 10% (26,002) of doctors on the Medical Register qualified in other parts of the European Union (EU) with nearly 4000 general practitioners (GPs) (6.3% of the total) and 11,859 specialists (15% of the total) [4]. These doctors are mostly from EU-15 countries, although with steady increases from some Eastern European Countries. In 2013, there were 3276 German doctors working in the UK, followed by 2864 Greeks, 2623 Italians, 2023 Romanians, 2023 Poles, 1477 Spaniards and 1442 Hungarians.

The 2005 EU Directive on the recognition of professional qualifications established rules according to which Member States recognise qualifications obtained in another member state [5]. In November 2013 the Council of the

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European Union revised the legislation, adopting Directive 2013/55/EU on the modernisation of Directive 2005/36/EC on the recognition of professional qualifications [6–8] following a perceived need to simplify some aspects and thereby facilitate greater professional mobility and harmonize training. However, the British media have highlighted cases where doctors from other EU member states provided markedly sub-standard care [9,10] and, in particular, a 2009 case in which a German doctor gave a fatal overdose to a patient when working his first shift as a GP locum [10]. These cases have stimulated some commentators to argue for a tightening of the existing rules, including language requirements. These concerns were echoed by the UK House of Lords (upper parliamentary chamber) Select Committee on the European Union, which warned that the current EU directive poses a risk to the safety of patients [10]. Other professional bodies, such as the Royal College of Physicians of London, have expressed concerns about language competence and the current Directive's emphasis on the duration of training rather than competencies acquired [11]. However, it has now been clarified that, contrary to what had been stated by the UK government [12], the General Medical Council has the ability to check the English language skills of EU doctors working in the UK before and after registration [13] if concerns arise [14].

In the midst of these controversies, very little research has focused on the experiences of physicians that move to the UK from other European countries. Most existing research focuses on international medical graduates in other countries (i.e. Canada [14] and Australia [15]) or on non-EU overseas doctors in the UK [16–18] or on the experiences of doctors coming from individual EU countries such as those from France [19], Slovakia [20] and Spain [21,22]. The only research available on the experience of doctors coming from other parts of the EU was conducted by the GMC and focused on the experience of non-UK qualified doctors (including other non-European countries) working within the regulatory framework of the GMC document Good Medical Practice [23,24]. A second study funded by the GMC sought to compare the experiences of newly qualified UK, other EU and non-EU doctors making the transition to the UK workplace, focused on their training experiences [23].

The findings of a recently published cohort study have added to the existing controversy. It asked whether country of medical qualification (including other EU doctors) was associated with the outcomes at different stages of the GMC's fitness to practice process. It suggested that adverse decisions were more common among nationals of other EU member states. However, it was not clear whether this reflected real differences in fitness to practice or whether GMC processes tended to discriminate against doctors from elsewhere [25]. Whichever is the case, there seem to be problems.

This study contributes to this sparse literature by describing the experiences of doctors who decide to move to the UK from other EU member states, exploring their motivations for moving, experience of registering with the GMC and finding a job, adaptation to the NHS, with a focus on language, the patient–doctor relationship and differences in health care systems. We also explored how they perceived their future prospects and whether being from another country impacted on their potential to advance their careers. Finally, we asked about contemporary policy proposals and how the system could be improved.

2. Methods

2.1. The data

We conducted semi-structured interviews with doctors who obtained their medical qualification in the EU (outside of the UK) and were working in the UK at the time of the interview, including a GP and a specialist who had been unsuccessful in securing positions. 23 participants were recruited using convenience and snowball sampling techniques. We included a range of EU nationalities ($N = 11$), both specialists working at teaching and general hospitals ($N = 18$) and general practitioners ($N = 5$), staff at different grades, with a similar number of males ($N = 13$) and females ($N = 10$). We also included doctors that had only just arrived ($N = 3$) as well as those that had been in the UK for a longer period of time (between 1 and 5 years, $N = 10$) and those who had been in the country for more than 5 years ($N = 5$) and more than 10 years ($N = 4$). Most of our interviewees were based in London ($N = 15$), but we made efforts to include other areas of the UK to get a more comprehensive picture of their experiences ($N = 8$).

The fieldwork started in July 2011 and lasted until January 2013. We followed four complementary strategies to recruit interviewees. The first involved contacting membership organizations that could facilitate access to our study group. These included: European Union of Medical Specialists (UEMS) representing national medical speciality associations across Europe, Royal College of Physicians of the UK (RCP), and the London Deanery (responsible for postgraduate training). We then contacted personal contacts and key contacts across our networks working in the health field since two of the researchers in this project are from another EU Member State (Spain and Malta), the latter a medical graduate from Malta. These contacts were accessed through email, twitter, Facebook and LinkedIn. In addition we posted messages in health forums (e.g. YoungForumGasteiners). We also contacted our existing research collaborators in 12 Member States and they in turn used their contacts to identify potential interviewees.

To gain access to other networks we embarked on two additional strategies [26]. The third involved accessing those networks or organizations that our participants would be more likely to access when moving to the UK. These included: expat networks and recruitment agencies for European doctors. The final strategy involved contacting staff responsible for postgraduate medical education centres and medical directors in hospitals.

Interviewees were chosen using a theoretical sampling technique. Although efforts were made to mirror some of the characteristics known about this group, the sampling strategy, following Strauss' advice, was concerned with deciding on analytic grounds what data to collect next and where to find it [27]. The first stage of our sampling involved drawing a convenience sample to cover a wide range of participants working in different settings, with