Letters to a Young Doctor

Some hurdles for the overseas doctor

PHILIP RHODES

It was suggested in the previous article that it is wisest for overseas doctors to apply for posts in Britain in the senior house officer grade at first. The experience that a doctor has had abroad is difficult to assess, even if it has been at registrar level. There is a wide range of responsibilities in registrar posts. You therefore have to prove yourself in Britain and not rely on experience elsewhere to recommend you. When you do well as a senior house officer you will be recommended to be a registrar by the consultants for whom you have worked.

Your MD from a foreign country will be noted by your appointing committee and by your consultants. But again, its importance and relevance in Britain are difficult to assess. Most overseas MD degrees are of different calibre than the MD in Britain, which is a research degree usually taken by thesis after a lot of experience and after obtaining a higher diploma of one of the royal colleges or faculties. You will now be working to British standards and they will probably be different. Consultants and employers cannot tell how different they are except by seeing you at work in an environment that they understand. What you must do if possible is work for, take, and pass the part I examination of the diploma that you want. This will show that you have the equivalent in knowledge of native doctors with a British medical education. Passing the part I will help ensure that you can progress to the registrar grade. It is not a passport, however, nor is it always necessary, but it is best to have the part I to show to others (and to yourself) that you are progressing academically. An even better mark of your progress is to obtain the coveted membership, fellowship, or diploma, or whatever you are aiming for.

Choosing your subject

It is imperative for the foreign doctor to read the articles on choosing a career (6, 13 November 1982, pp 1340, 1404), in which the shortage specialties are mentioned as well as those that are relatively full of trainees. Competition for posts is very severe indeed in subjects such as general medicine, general surgery, and obstetrics and gynaecology. Perhaps you should take advice from your consultants, the clinical tutor, the postgraduate dean, or the National Advice Centre (see previous article). It all depends on what you want to do and what you are aiming for. From a series of senior house officer posts you can certainly pass one or other of the higher diplomas if you work hard and effectively enough. If you wish to remain permanently in Britain your path will be very much more difficult because of the competition from the native doctors, who are now being produced in sufficient numbers to staff the National Health

Service in the next decade or so. It is unfortunate therefore that many foreign doctors seem unable to get into the subjects of their first choice if these are medicine, surgery, or obstetrics and gynaecology. They then take to geriatrics or psychiatry, or something similar, when their hearts are not in it, and from these they hope to take their memberships and fellowships. But it is very hard to work in one discipline and take an examination in another. Some doctors manage it, but it is indeed a very hard struggle.

Because of such difficulties facing overseas doctors it is hoped soon to have sponsorship schemes in the NHS. The junior doctor will have a sponsor in his home country who thinks that the doctor will benefit from working for a few years in the NHS. Such a sponsor may know an NHS consultant, who will also act as a sponsor for the overseas junior. The British sponsor must find a training programme for the junior in which he can get further experience and obtain higher qualifications so that he may return home and be of greater use than before. In 1982 this scheme was just beginning, but it is hoped that overseas doctors will be cared for educationally in a way that has not happened before as it should have done. It should stop unsuitable trainees coming to this country, for it would have to be agreed at home that they are suitable, and those who did come would be properly trained and educated and then go home to where they are needed more than in Britain and in the rest of the developed world. It is hoped that the sponsorship scheme will be fairer to all concerned, and especially for the many overseas doctors who have come to Britain with high hopes that have been dashed and disappointed because of faults on both sides.

Cultural differences

The overseas doctor has still to pick his way, largely on his own, through his career and education. Among many other things that he will have to consider are the cultural differences between his country and the environment in Britain. When such differences are misunderstood the overseas doctor may find himself unable to make headway because of behaviour that seems very natural to him and yet seems strange to others. We all find the customs of others unusual because we judge from different standpoints and upbringing. Regrettably, we tend to be intolerant of others. It is important to recognise that fact so that the overseas doctor may try, if that is his desire, to minimise the possibilities of being misunderstood and misinterpreted. It has to be assumed that he wishes to make an impression in Britain and in the NHS. The following advice is therefore offered to be helpful in showing an overseas doctor some of the pitfalls that may be lying in wait for him and of which he may be unaware. A British doctor in a foreign country might also welcome advice on how he should comport himself in an alien culture.

"When in Rome, do as the Romans do" has been sound advice for centuries. None of us wishes to sacrifice his identity and personality, but we may be prepared to suppress them for a time for what we perceive to be our own best interests. There is

University of Southampton, South Block, Southampton General Hospital, Southampton SO9 4XY

PHILIP RHODES, MB, FRCS, professor of postgraduate medical education, and dean of graduate medicine for the Wessex region

very little positive prejudice against overseas doctors in the medical profession in Britain, but there is often positive preference in favour of British graduates, largely because their behaviour is understood and is predictable, since it lies within limits with which all are familiar. It is perhaps familiarity and predictability (real or assumed) that tend to make an appointing committee favour British graduates rather than overseas ones, though this is by no means an invariable rule and many times the overseas doctor is preferred to a native one. These are subtle areas where unknown, unrecognised currents may run strong.

Dress is one of the first methods of non-verbal communication at a meeting. It is not that two people fully analyse what the other is wearing in detail, but rather each gains an overall impression. This was mentioned in the article on applying for jobs (19 February, p 618). For men a grey, dark blue, or black suit raises least hackles in any interview. It is probably wise to avoid brown, especially brown shoes; a sports jacket and trousers that do not match, since they give an air of casualness, as if you do not understand the nature of what is going on underneath the surface as well as on it; and avoid an open necked shirt without a tie or a polo necked jersey. To play safe, hair should be neat and tidy and shirts and ties not too loud.

For women, simple dress will make the best impression on conservative consultants who are trying to visualise you working for them in the wards, theatres, and outpatient departments among their patients. If you are from the Indian subcontinent and can bear to discard the sari while you are in Britain, it may be of help to you. It is a most beautiful garment and much admired, but to Western eyes it often seems out of place in the working environment of a hospital. Socially it appears quite different. There is of course no proof that the sari is a dust gatherer, nor that it breaches aseptic practice, but you should know that such supposed objections to the sari have been made and are believed by some. Dress, by the impressions it gives, may make the difference for anyone between obtaining a job or not.

Another problem for overseas doctors is their use of written and spoken English, which is usually their second language. Doctors who work in a language not their own are greatly admired, but there are all degrees of understanding and speaking it. It is imperative to study English most carefully. As with any language, it contains nuances of meaning and subtle idiom that only constant and unremitting practice will make you familiar with. There are also beliefs underlying certain expressions that the native speaker may not even realise. This may be particularly true of patients who may not be highly educated. Even the well educated may be unaware of these idiosyncrasies of language and their importance. They just use the language without any real insight into it. It is a superlative achievement when the foreigner gets to this stage.

But one who is really educated in a language goes beyond this and begins to understand its complexities. In a doctor this is particularly important so that he may be attuned to meanings that a patient may be trying to express but cannot because of an inability to use words and language at a high level. The good doctor acts as an agent for his patient and interprets for him. To do this requires an understanding of his culture and his use of language, which varies with education, upbringing, geographical area, and neighbourhood as well as socioeconomic factors. This is a tall order for overseas doctors to fill in addition to coping with their own problems, learning medicine, and acquiring skills. But they must try, for communication at all levels and in all ways is an essential part of the full practice of medicine.

Try therefore to study English at the same time as studying medicine by taking classes and reading. Classes may help with your elocution. A language spoken by foreigners nearly always sounds slightly odd and accented to a native speaker of it. Englishmen trying to speak a foreign language are often laughable, as they do not use their voices and the accessory muscles of articulation in the "right" sort of way. Foreigners may sound like that to the British. Mild degrees of accent and unusual use

of English are attractive, but grosser degrees may mean total misunderstanding. Appointing committees are quickly made aware of this if they cannot properly hear what the candidate is saying or cannot understand him. Lay members especially may think that if the committee cannot understand the doctor then patients will not either, and communication will then be very imperfect. This is important especially with children, old people, and those suffering from mental illnesses, where communications are vital, to be able to help and treat them effectively.

Written English is also important in medical notes, in writing to doctors, and in examinations. Script must be practised so that it is legible. The object of writing is to communicate with someone else and if it is indecipherable it fails in its primary purpose as well as being discourteous and a burden on the reader. No doctor is to be excused bad handwriting. But the foreign doctor may have problems writing English in good, well found sentences and paragraphs. This has to be learnt and relearnt, and the best examples are found in literature.

It has been emphasised that the cultural background of medicine in different countries is important in its practice. The literature of a country enshrines much of the culture written in the best language. The overseas doctor should therefore try to read some of the best English novels, and even the lighter fare. This will give insight into culture, attitudes, and English, all of which are valuable in practising medicine. No medicine anywhere is practised in isolation from its surrounding culture. A mistaken belief that some have is that medicine—or art, science, or any other subject—may be studied alone without a careful consideration of its cultural matrix. That needs attention as well as the technology of medical practice.

The overseas doctor has a very hard task indeed. He has to struggle with language, culture, and medicine. Each alone would be hard enough, but to manage all three is herculean, even though there is some knowledge of medicine on arrival in Britain, and indeed some knowledge of language and culture. But all three have to be raised to a very high level, and it is in this that some may fail. Those who succeed in an alien environment are to be admired, welcomed, and congratulated, as indeed they are. Many lasting friendships have been formed in many lands by such energetic and remarkable doctors who have enriched Britain, themselves, and their home countries and people in the very best sense by service of the highest standards. That must be the aim wherever medicine and healing are practised. It is the reason why overseas doctors are welcomed in Britain.

This article has been an imperfect attempt to help some overseas doctors to get the best out of their stay in Britain. Most of them scarcely need advice, but unfortunately experience shows that some of them do. They may, without knowing or realising it, be putting up barriers to being fully accepted in the NHS. I hope that the advice given may in some instances help to lower those barriers, so making the way of the overseas doctor smoother and easier.

Next I shall discuss examinations.

Extensive repair work is necessary in a loft roofed with asbestos slates. Will the worker be at risk from asbestos dust?

Asbestos roofing materials are made from asbestos cement containing chrysotile asbestos (white asbestos). The Department of Health and Social Security have recently accepted that working with asbestos cement products over several years may give rise to asbestosis, lung cancer, or mesothelioma.¹ The question implies that one worker will be doing this single job. If that is so the chance of asbestosis or lung cancer would be almost non-existent and the possibility of death from mesothelioma very remote. For those engaged on this regularly, however, the risks, without proper precautions, would be unacceptable.—W R LEE, professor of occupational health, Manchester.

¹ *Occupational Health* 1982;44:496.