## The North Middlesex Experience

The anaesthetics department at North Middlesex is now thriving, and employs junior doctors who qualified in countries ranging from Sudan to Pakistan. Their success rate in terms of getting these doctors onto specialty training programmes and through their postgraduate exams has been outstanding.

Total number of IMG doctors recruited (since June 2015)	19
	Primary FRCA - 4/4 (100%)
Exams	Final FRCA - 2/4 (50%)
(bearing in mind all of the doctors have different needs so have undertaken different exams according to these needs)	EDAIC - 3/4 (75%)
	Native country anaesthetic exit exams - 2/2 (100%)
Job application success	ST3 rotations - 7/7 (100%)
	Other anaesthetic clinical fellow post - 2/2 (100%)
	Anaesthetic consultant - 1/1 (100%)
	Returned to native country after completing training - 1/1
	The rest of the doctors (8) are still employed at the North Middlesex Hospital because this is the usual number of doctors required to run the rota

This success story had relatively inauspicious beginnings. At the beginning of 2015, there were 10 trainees - 5 CT1/2 and 5 ST3 and above. The CT1/2 trainees were removed at the start of February 2015 and the higher trainees were removed by the end of March 2015; therefore in total, all 10 trainees were lost in less than 2 months.

At the time, there were 12 anaesthetic consultants and 8 ICU consultants. They were left with only 4 specialty trainees and one staff grade (working at SHO level). To address staffing issues, junior doctors were recruited from abroad.

In order to support these doctors, and avoid re-enacting mistakes from the past, the following educational interventions were implemented:

 Support from the HEE Faculty Development Team - 4 faculty development sessions (one on communication, one on dealing with the problems that led to removal of the trainees, one on plans for the future, a further one on supervision). Clinical work was cancelled to allow these sessions to take place. There was considerable planning with the facilitators before the sessions.

- Active recruitment of educational supervisors, with mandatory appraisal and monthly educational meetings, focussing on how to support the international medical graduates who had been recruited.
- The new recruits received on-line feedback from the wider team every 3 months. They also had the opportunity to feedback about their supervisors, also on-line.
- All the new trainees had a long induction period, some needing 3 months before they were required to be on call. They were assessed using simulation before they were allowed to work independently.
- o All doctors had regular meetings with their ESs, usually once a week to start with.
- They were given support in terms of career development and with exam preparation for their postgraduate exams.
- There was a system to document ES meetings, similar to the horus eportfolio.
- There was weekly teaching for exams, as well as mock OSCE exams and mock written papers.
- The GMC programme was developed in collaboration with the education lead, Alice Fung Wah Man. It consisted of 5 sessions once a month, each lasting half a day. Topics included the role of the GMC, good medical practice, professionalism, consent, confidentiality, duty of candour and social media. Teaching was based around case studies, interactive exercises and discussions around participants' own experiences. It runs annually.

Most doctors recruited from abroad have been successful in passing postgraduate exams and /or entering training programmes within 1-3 years of being recruited. Those who had worked elsewhere in the UK would usually move onto ST3 rotations in about a year and those who were new to the UK took around 3 years to get onto an anaesthetic training programme.

The changes in the culture ad attitudes of the department came about as a result of the Faculty Development sessions. There was also support from the Interim Clinical Director and Clinical Lead, as well as a motivated team of educational supervisors. As Alice Fung Wah Man says, 'over time, what we did has become the norm and accepted. I think that is the main part of it, just the slow grind!'