

# Empowering & Embedding Locally Employed Doctors in UK Healthcare

Conference Proceedings from the First National Conference for Locally Employed Doctors, September 2022, Leicester, UK

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*This is Just the Beginning - By the LEDs, for the LEDs*

## Abstract

Recognising the changes in career pathways with the growth in the Locally Employed Doctor cohort who are diverse in their composition from the UK and International Medical Graduates at various stages of their working life and with a whole host of aspirations, BAPIO SAS & LED Forum designed and delivered the novel National LED Conference in Leicester in September 2022.

This conference provided a collaborative platform to discuss and debate the LED doctors' aspirations and challenges with a spectrum of national healthcare leaders and stakeholders. The proceedings included keynote sessions, interactive workshops, and presentations on research and innovation.

The LED Charter was unveiled at the penultimate session of the conference highlighting a framework for development and parity in experience and progression with other doctors. The delegates represented the true diversity of LEDs and system leaders from across the UK, including people of various nationalities and stages of their careers. The enthusiasm from people wanting to participate in future SAS and LED forum surveys and conferences will help us organise future events.

The positive enthusiasm from people wanting to participate in future SAS and LED forum surveys and conferences will help us organise future events with greater enthusiasm.

Anindya Bhowmik<sup>1</sup>, Lakshmish Devang<sup>2</sup>, Priyanka Hariharan<sup>3</sup>, Preethu Anand<sup>2</sup>, Praveen Subbiah<sup>4</sup> Kantappa Gajanan<sup>5</sup>

*1 St George's University Hospitals NHS Foundation Trust*

*2 University Hospitals of Leicester NHS Trust*

*3 Liverpool University Hospitals NHS Foundation Trust*

*4 Mid and South Essex NHS Foundation Trust*

*5 The Christie NHS Foundation Trust*

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## Background

Even before the world was changed forever by the devastation wreaked by the COVID-19 pandemic, the UK National Health Service (NHS), often considered the jewel in the crown of UK public institutions was reeling under the scourge of perpetual staff shortages, placing a tremendous pressure on the safe delivery of care. Although it has now survived over seven decades since its inception, the future sustainability of the NHS is often considered to be at risk as each government grapples with the almost impossible task of matching spiralling costs, high expectations from the public and the shrinking public purse yet with an inherent unwillingness to increase National Insurance contributions. The Covid-19 pandemic added the unpredictability of staff sickness, increased pressures on the infrastructure due to pandemic surges, and broke the morale of staff reporting posttraumatic stress disorder and burnout.

While careful workforce planning is essential, predicting with any degree of accuracy what the needs of the service will be a decade in advance is fraught with disaster. Any expansion of the medical professional pool is not only a long drawn out affair but also involving huge cost to the public. Staff recruitment and retention are crucial in recovering and sustaining healthcare services. UK NHS has particular challenges as the local systems of training of new doctors has always been much lower than the numbers needed, primarily because of the high cost to the public. It is estimated that to train each doctor costs between £100- 250k GBP. It is much cheaper therefore to import fully trained staff from abroad at a fraction of this cost. Hence, there has been a perpetual dependence on IMGs to provide safe staffing in the NHS despite periodic declaration of a 'hostile immigration environment' by government ministers.

The General Medical Council's (GMC) workforce data not only shows that IMGs now outnumber UK trained medical graduates in new registrations and also that there is a change in career pathways. Between 2015 and 2022, there are increasing numbers of Locally Employed Doctors (LEDs) within the UK workforce, as many doctors both UK graduates and IMGs are choosing not to join regimented, prescriptive, formal training programs. Nearly two thirds of foundation doctors are choosing not to join training and take 1-2 years doing selected jobs and pursuing alternative career paths. As they remain outside the scope of 'training surveys' and supervision or progression assessments, little is reliably known about them. It is a missing piece in the workforce and health service sustainability puzzle. The report states that over the past five years the collective group of SAS and LEDs have grown by 40% emphasising their value in the workforce.(1) The 2019 GMC Survey of SAS and LEDs demonstrated that 60% are IMGs and around a quarter reported that they are not treated fairly or have experienced bullying within the past year. Other challenges include hurdles in accessing opportunities for professional development and unsupportive working environments.(2) Professor Dame Carrie MacEwan, Chair of the GMC, said, '*LE doctors are a valuable asset: we are fortunate to have access to their knowledge and expertise. But the system does not always make the most of their talents*'.(1) This is probably an understatement, knowing what we know from the reports on their experiences.

It is imperative upon all of us in the healthcare business to provide a platform to hear the experiences of these doctors, understand their aspirations, their motivations and drivers. It is necessary to ensure that the career and lifestyle aspirations of this burgeoning group of doctors is understood and healthcare education and training systems respond to meet their needs.

## SAS & LED Forum

As an initiative to support and advocate for LEDs, the SAS & LED Forum of BAPIO (British Association of Physicians of Indian Origin) was rejuvenated in December 2020. BAPIO, a voluntary professional organisation in its 26<sup>TH</sup> year, supports IMGs from across the world with its partner organisations, with the overarching mission to achieve equity, celebrate diversity and promote inclusion for all. The BAPIO SAS and LED Forum hosted the first-ever National LED Conference on September 24<sup>th</sup> 2022 in Leicester. The conference was organised to provide a platform for connecting LEDs from across the UK and hosting a systemwide discourse about the challenges they face. The conference provided a much needed space, for the very first time in the history of the NHS exclusively for LEDs to explore their experiences and career choices, engaging the full spectrum of organisations from healthcare employers, medical royal colleges, higher educational institutions, to trade unions as well as the regulator.

## Mission & Stakeholders

The ultimate aim of the conference was to provide the framework for all healthcare organisations to achieve equality in experiences and career opportunity for all LEDs as integral part of a valued workforce. The LED Charter developed by the Forum provides the framework for organisations to self-assess their progress for all LEDs. The conference was also unique in being conceived, designed, organised and delivered by LEDs, for LEDs.

The conference was supported by the various arms-length bodies of BAPIO and external healthcare organisations. Notable representatives were present from the British Medical Association, Health Education England, and the General Medical Council. Other leading representatives

included University Hospitals of Leicester NHS Trust, BAPIO Faculty of Leadership, BAPIO Institute of Health and Research (BIHR), BAPIO Training Academy (BTA) BAPIO Health and Wellbeing Forum, Association of Pakistani Physicians of Northern Europe (APPNE), Nepalese Doctors Association UK (NDA UK), Medical Association of Nigerian Doctors Across Great Britain (MANSAG), National Overseas Doctors Family (NODFA), British Egyptian Medical Association (BEMA).

## Proceedings

### Wellbeing

The conference started with a meditation and wellbeing session conducted by Brahmakumaris, a worldwide spiritual movement dedicated to personal transformation and world renewal. The session highlighted the importance of developing a personal mindset. Stress is a part of any doctor's daily life, and it is critical that doctors manage it effectively in order to provide the best care for themselves and their patients. The Brahmakumaris helped the delegates in identifying the impact within themselves of various situations and why *'how we choose to respond is what matters'*.

### Enhanced Induction & Support

The first keynote session covered Health Education England's strategy for providing equal opportunities for LEDs by Professor Geeta Menon, Postgraduate Dean of HEE South London. With a huge number of LEDs coming from an IMG background, Professor Menon explained the steps HEE have taken to introduce the IMG induction programme, developed with LEDs and by listening carefully to their needs. This programme sets minimum standards of induction including aims of mentoring, supervision, tackling inexperience of a new environment with peer groups and a buddying system. The induction toolkit can be used by trusts

to roll out policies to support LEDs. Professor Menon recognised the huge challenges faced by LEDs including adapting to a new culture, language barriers, understanding the medicolegal framework and the different experiences LEDs face at different trusts. Programmes such as the Overseas Doctor Development, at King's College Hospitals in London, highlight the work being done at specific sites. The aim of supporting IMGs and LEDs should be to recognise their strengths and celebrate diversity. The merger of NHS England and HEE, due in 2023, Professor Menon believed should help in steering a development strategy, reframe policies and create the governance environment to implement the LED Charter goals and help in achieving equal opportunities.

## Regulating the Work Environ

The second keynote session, 'Ensuring locally employed doctors are supported to provide patient care' was presented by Dr Tista Chakravarty-Gannon, Head of Outreach Operations, for the GMC. Dr Chakravarty-Gannon believed that LEDs are potentially the most vulnerable, often at risk of relinquishing their license to practice, if there exists inadequate support and a unfamiliar or under-resourced work environment. Nearly a third of LEDs report an unsupportive and negative work environment. The GMC outreach service focuses on epitomising upstream intervention thereby providing support to doctors before any potential harm to colleagues and patients happens.

Although the GMC works in a continuum in setting standards to prevent harassment and bullying, there is still a considerable gap. The proposals for the revision of the Good Medical Practice (GMP) addresses new areas such as promoting compassion, civility, inclusivity and fairness for all. Dr Chakravarty-Gannon explained there was a need for organisations to deliver standards as

described in GMC's reports such as 'Fair to Refer' and 'Caring for Doctors, Caring for Patients'. (3-4)

## Workshops

LEDs are still technically considered to be out of training and miss out on access to career progression. The purpose of the morning workshops was to highlight the options available through three parallel sessions. Delegates were able to attend either a session in

- Medical Education led by BTA,
- Leadership led by BAPIO Faculty of Leadership or
- Research led by BIHR.

The sessions provided the delegates with the space to understand key roles that healthcare staff may also contribute to and how they could get involved. The aim was to provide an introduction to these career paths so that delegates had someone welcome them to these options.

## Employment Matters

The session on, Employment terms and conditions for LEDs was presented by Professor Philip Bansfield, Chair of the BMA. The session highlighted what LEDs should expect from contracts, how to negotiate these and specific support the BMA can provide during this stage. He discussed how he is often told of the challenges faced by LEDs and is currently in the process of designing an implementation toolkit. Professor Bansfield felt that organisations and Trusts should work on improving equality, diversity, and inclusion. He also discussed issues faced by doctors in the private sector which ranged from long working hours, filling rota gaps without breaks and how it not only causes issues for LEDs but affects patient care. Professor Bansfield reassured the delegates that the BMA will work in collaboration with the BAPIO SAS & LED Forum to implement the LED charter recommendations.

## LED Charter

The LED charter was presented to the conference by Professor Indranil Chakravorty, the chair of Bapio Institute of Health Research, and unveiled by the president of BAPIO Dr Ramesh Mehta jointly with representatives from the partner organisations (MANSAG, APPNE), BMA, NHS Trusts, the GMC and medical royal colleges.

The LED charter was developed by LEDs following a thematic review of survey data, their lived experiences, career aspirations and learning from the effectiveness of interventions from exemplar organisations. The purpose of the LED charter was to provide a consensus framework for employers to aspire to achieve a level playing field, by recognising the diversity of backgrounds, career choices, challenges faced by IMGs and the need to implement equal opportunities in working conditions, supervision and career progression. Dr Afzal Lateef elaborated how the charter was designed and developed with contributions from LEDs. He discussed the ten recommendation headings set out in the charter which included the entire spectrum from employment contracts, induction, study leave, to supervision and career progression. With a large proportion of LEDs being from an IMG background, their family, friends and social support system may be limited, especially in challenging times.

## Avoiding Pitfalls - MDS

The afternoon session included workshops providing practical knowledge and skills in how to avoid and seek support when facing disciplinary action in the NHS (by MDS) and protecting the, mental health and wellbeing of young doctors (by BAPIO Health and Wellbeing Forum).

## Research & Innovation

Research and quality improvement projects were presented as posters and oral presentations

representing the diversity of roles and multidisciplinary workplace settings.

## Delegates

The conference venue had a cap of 200 delegates and so many were unable to attend. Only a third of delegates were members of BAPIO. Participants from various grades attended the conference, with the highest representation from SHO/Trust Grade/Clinical Fellow posts (39%), followed by 12% from SpR/ST3/ST4 Registrars. There were delegates from various international backgrounds including 59% Indian, 10% Pakistani, 6% Bangladeshi, Sudanese, White British, 4% from Myanmar and 1.5% individually from Saudi Arabia, Nepal, Palestine, and the Netherlands.

Over 84% of delegates agreed to initiate discussions with their respective employers in implementing the charter recommendations and 46% agreed to take part in additional research. Feedback was excellent (70%), and 87% were willing to participate in future conferences.

## Conclusions

The delegates represented the true diversity of LEDs and system leaders from across the UK, including people of various nationalities and stages of their careers. The positive enthusiasm from people wanting to participate in future SAS and LED forum surveys and conferences will help us organise future events with greater enthusiasm.

Reflecting on the experiences of LEDs with people of all levels exhibits the work that needs to be done to support these doctors in the workforce. With evidence of more doctors choosing to be LEDs and IMGs joining the workforce, we should be making it a priority to not only celebrate this diverse and growing group but also encourage, empower, and embed them to work in an environment that is provides safety and job satisfaction. The BAPIO SAS & LED Forum will continue to work alongside organisations to ensure LEDs are always considered fairly.

**Future directions and next steps**

The introduction of the conference and the LED charter was the first step in taking the actions of supporting LEDs further. We appreciate that words should always be followed with actions. The panel discussed the implementation of the charter at University Hospitals of Leicester NHS FT. The BIHR and BAPIO SAS & LED Forum will formulate a new implementation toolkit for organisations to use in order to measure performance, develop business plans and gain support from stakeholders.

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Review by Priyanka Nageswaran, Imperial College London

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