IMG Starter Pack - West Midlands Paediatrics

Starting work in the NHS as an IMG can be strange. You may have worked as a doctor for several years, managed very sick children and worked independently back home - and then suddenly find yourself struggling to work out how to order an X-ray, who to call about a rota problem, or what an ARCP is.

This isn't meant to be another formal induction guide. It is a short collection of the practical things many of us found confusing when we first started, written from one IMG trainee to another.

1. The first few weeks can be overwhelming

There are lots of things nobody really teaches you. You may hear phrases like "Have you exception reported it?", "Just Datix it", "Put it on your portfolio" or "Have you spoken to your ES?" and have absolutely no idea what anyone is talking about.

Ask. Most people would much rather explain something than have you struggle quietly.

- Who your Clinical Supervisor and Educational Supervisor are
- Who your College Tutor and Training Programme Director are
- Who manages your rota and how different leave works
- Where local paediatric and neonatal guidelines live
- How to contact the registrar, consultant and safeguarding team
- How to report an incident and where to go if you have a training problem

A useful trick is to find another trainee you feel comfortable asking the questions you don't necessarily want to ask in the middle of a ward round.

2. "But I was confident back home..."

This can be one of the hardest parts of changing healthcare systems. You may have been very confident clinically before coming to the UK, then suddenly find yourself asking how to prescribe paracetamol because you have never used that electronic prescribing system.

Not knowing the system is not the same as not knowing medicine.

Your clinical experience has not disappeared. You are learning how to practise medicine in a different system, and that takes time.

3. Presenting patients may feel different

Listen to how other trainees present patients. A simple structure is: who is the child, why are they here, what have you found, what do you think is happening, what is your plan, and what are you worried about?

> *"I think this is likely to be X. I've done A and B and I'd like to do C, but I'm concerned about Y. Would you agree?"*

4. Speaking to seniors can take some getting used to

Hierarchy may feel different from the system you trained in. Your consultant may introduce themselves by their first name. A nurse may question a prescription. A pharmacist may suggest changing your plan. A parent may disagree with you. A junior colleague may challenge something you've said.

These are normal parts of multidisciplinary working. And you are allowed to speak up too. If you're worried about a child, say so clearly.

> *"I'm worried about this child and I'd like you to review them."*

5. Accents, telephone calls and the dreaded switchboard

Even if your English is excellent, understanding different UK accents - particularly over the phone at 3 am - can take time. It is completely reasonable to ask someone to repeat themselves.

> *"Sorry, would you mind repeating that?" / "Let me repeat that back to make sure I've understood correctly."*

This matters especially for medication doses, investigation results and clinical advice. Never pretend you have understood something important when you haven't.

6. Documentation is important

Try to make your notes show the clinical story clearly:

- Your assessment and relevant examination findings
- Your impression and management plan
- Discussions with seniors
- Discussions with parents/carers and safety-netting
- Safeguarding considerations where relevant

If you discussed a patient with your registrar or consultant, document that too.

7. Safeguarding may feel very different

The thresholds, terminology and processes around safeguarding may be very different from those where you previously worked. You do not need to be certain that abuse or neglect has occurred before discussing a concern.

If something doesn't feel right, ask.

Speak to your senior and/or safeguarding team and learn early how referrals work in your Trust. You are not expected to manage complex safeguarding concerns alone.

8. The training system has its own language

ARCP. ES. CS. PDP. WPBA. DOPS. Mini-CEX. CBD. MSF. Curriculum domains. It can genuinely feel like another language.

Don't try to understand everything in your first week. Sit down with a trainee a year or two ahead and ask them to show you how they actually use their portfolio. A little portfolio work regularly saves a lot of stress later.

9. Feedback can be difficult to interpret

British feedback can sometimes be subtle. "You might want to think about..." may actually mean "I'd really like you to change this." If you're unsure, ask what specifically you should work on.

> *"What is one thing I'm doing well, and one thing you'd like me to work on during this placement?"*

10. Don't forget the practical IMG stuff

Alongside being a doctor, you may be dealing with things many UK-trained colleagues don't have to think about: visas, Certificates of Sponsorship, eVisa issues, moving country, finding somewhere to live, opening a bank account, understanding tax, and being thousands of miles away from family.

Sometimes all of this is happening while you're starting nights in an unfamiliar hospital. If something outside work is affecting your training, speak to someone early - your ES, College Tutor, TPD or another appropriate person. You do not need to give every detail of your personal life to ask for support.

11. Find your people

Moving country can be lonely, and this is something we probably don't talk about enough. Get to know your fellow trainees. Go to teaching. Join trainee groups. Come to IMG events. Speak to people outside your grade.

And once you've settled in, help the next IMG who arrives. Sometimes the most useful support isn't another policy document. It's having someone you can message:

> *"Sorry, really silly question..."*

...and knowing they'll answer.

Your first month - things worth sorting out

- I know who my ES and CS are.
- I've arranged my first supervisor meeting
- I understand my rota and how to request leaves, and read and understand my payslip.
- I know where the paediatric/neonatal guidelines are.

- I know how to contact my registrar, consultant and safeguarding team.
- I've looked at my curriculum and portfolio.
- I know where to go if I'm struggling at work.
- I know how to contact Home office and HMRC if needed
- I have at least one person I can ask the 'silly questions'.

And finally...

You don't need to know everything immediately. Ask questions. Ask for help. Escalate when you're worried. Learn from the people around you.

Being unfamiliar with the NHS is not the same as being inexperienced.



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