

# The Doctor podcast | Episode 3 | From all corners

**Voiceover:** Throughout its history the NHS has depended on overseas staff, including international medical graduates, otherwise known as IMG doctors.

IMG doctors come from all over the world to care for patients and to make a difference to the health service.

Ahead of Overseas NHS Workers' Day next month, we hear from three IMG doctors about their experiences of coming to the UK and the realities of working in the NHS.

**Lisa Rampersad:** COVID was not equal for a lot of places and a lot of people, and a lot of IMGs suffered a lot during that time.

**Marvee Zakaria:** It was a small thing. I have a lab coat. The first day in the NHS, and I walk in and realise nobody is wearing a lab coat.

**Somto Ogbuagu:** I would definitely advise anyone to learn as much as they can about their rights. I think part of that is joining a union.

**Voiceover:** Welcome to the third episode of The Doctor podcast, brought to you by the British Medical Association. Each month we bring you conversations inspired by stories featured in *The Doctor* magazine.

This episode is a conversation between three international medical graduates and will be accompanied by a feature article in *The Doctor* magazine about Overseas NHS Workers' Day. Once published, you can find a link at [thedoctor.bma.org.uk/podcast](https://thedoctor.bma.org.uk/podcast)

**Marvee:** My name is Marvee Zakaria. I'm a core surgical trainee, in my first year, currently working in Wales, and I've been in the UK for about five years now.

**Somto:** My name is Somto Ogbuagu. I am ST5 paediatric reg. I trained in Nigeria. Since coming, I've been in the northwest.

**Lisa:** My name's Lisa Rampersad. I'm a vascular ST5 in Canterbury. I'm from two places. I'm from Trinidad and Tobago and Guyana, which are only two countries by themselves there. I've been in the UK about 10 years now, came straight from medical school and started work here. So, the only place I've ever worked as a doctor has been in the UK.

**Voiceover:** For IMG doctors, the motives both for pursuing a career in medicine and for coming to the UK may vary enormously. For Dr Somto Ogbuagu, her early childhood experiences played a huge role.

**Somto:** My parents are doctors. So, I lived with doctors. Basically, most of what I know is medicine. I remember when ambulances used to come pick us up from primary school because my parents were on call and couldn't get there on time.

That was back in Nigeria. My parents run a hospital. It's been a big part of my life growing up, and actually, I don't see that I would have done anything that wasn't medicine.

My mum was a paediatrician. Initially I did tend towards surgery, and that was my joy, my love. But over time, I have gravitated towards my mum's side and that gives me lots of joy. And that is really what I've always wanted to be, the truth be told.

**Marvee:** I think for me; I wasn't necessarily convinced it was something that I wanted to do. I wanted to go into computer gaming design initially when I was starting off in school.

And I think my parents felt that at the time – I think they were looking for a safe bet. It was either engineer or doctor and I was not good enough at math to be an engineer.

So, I went into med school. I think it took me a while to find my passion in it because I felt like this was something that was a safe choice that my family felt was appropriate. But when I finally got into medical school, I think the thing that I enjoyed the most was that I became my own person there.

I felt like I lived a really sheltered life up until the point that I went into med school, and I saw so much. And I started realising what a big difference, you know, the simplest things are making in someone else's day. And I just found myself falling in love with it. And, yeah, quickly through medical school, I started to realise that I am falling in love with surgery.

It became a passion of mine, and I felt like with the with the skills that I had picked up in gaming that I was doing regularly, which my parents will say that I did at the expense of studying, which is not true. I think it was just I found surgery to be very similar in sort of the sort of tactile stimulation that you were getting, and it just felt really easy to me.

**Lisa:** Wow, really interesting stories, both of you. So, I did a first degree in biochemistry and zoology because I wasn't actually sure if I wanted to be a vet or a doctor and really enjoyed kind of doing both things – biochemistry, the labs and zoology, playing with the animals, and then realised that actually I love animals but I don't want to be a vet.

So, I then went on to do my second degree, which was medicine. And my younger sister and I went off to med school together, which was interesting being in the same class with my sisters, five years younger than me, in Guyana. So, we'd left Trinidad, went to Guyana to study together, and again, just really interesting like from the first day, you just feel like, yeah, this is what I want to do.

Anatomy, all of these things, learning everything and then starting medical rotations and being like, I'm not actually in love with internal medicine, but surgery – yes, definitely. And exactly the same gaming – gaming and surgery just go hand in hand. It just fits together.

I had no intention of leaving the Caribbean at all, and in med school I met a boy.

**Marvee:** As all stories begin.

**Lisa:** Always, and this boy was from the UK. And he said, 'Why don't you move back to my country with me?' And I said, 'Sure, why not? I know nothing about the UK at all. I'll just move across the world with you.'

It's worked out really well. But it's been a struggle to move from something that you completely know where you feel comfortable and moving somewhere where you know one person – it's hard.

**Somto:** I think from a non-medical point of view, Nigeria is a very outgoing country. There's a lot of chatting; there's a lot of hanging. We're very bubbly people back home, and it was a very rude cultural shock to come to a country where people like to keep to themselves.

**Lisa:** Oh my god, yes.

**Somto:** I would literally wake up in the morning, go to the gym, there'll be no one saying hello. No one is talking to you. You would finish at the gym; you go to the shops. Apart from the salespeople, there's no one else saying hello, no one is talking to you. And then you get home, and you've had a full day of nobody really talking to you.

It was days and days of just subdued energy. It's just something I've never, ever, ever experienced in my life. Ever. I just couldn't understand it – that I think for me was just different, completely different. And it did affect my mood for a while because I came obviously in winter, and people are extra moody in winter. And there's no talking.

**Lisa:** Yeah. So, my first experience of the UK was in a lovely heat wave, a summer that I came to attend a wedding. So, I had a beautiful two weeks of sunshine and just lovely blue skies. And I thought, oh my God, the UK is a beautiful place.

That was 2012 and I finished med school at the end of 2014. I came over to the UK on the 20th of December and landed at Gatwick Airport and walked out and immediately started complaining to my partner who was outside waiting for me about how cold it was, about how this is not what I signed up for. So coming in at like zero degrees, I was not a happy bunny at all.

But I didn't start work until 2016, actually, even though I arrived in 2014 because I didn't have a visa that allowed me to work in the UK. It took a year and a half of fighting the Government to get my visa to work in the UK. And it's stressful when you don't have an income. It's not easy.

**Somto:** To go from being independent to a – I did two years of dependency. And my husband is great and there was money, but it wasn't my money. I wasn't working for that money, and it used to really affect me. Like I could do what I want with my money – I make the money I do as I want. But for two years I was dependent on someone. It was a different life.

**Lisa:** It's such a hard time when you're not working and you're here.

**Marvee:** On your self-esteem as well. Just so much of our job, it's who we are. I think with a lot of other jobs, you clock in 9 to 5, and you leave. And with us, you cannot convert these skills, they are not transferable to anything else.

For me, I think the strange thing about coming to the UK – I was aware of how cold it was, I was aware of all of these things, and I knew what life was realistically going to look like in the UK.

I think for me the tricky bit was, and this is a bit silly. It was a small thing. I have a lab coat. The first day in the NHS, I was holding it thinking I don't want to get it creased, it's going to get creased and I'm not going to see any patients. I'm holding onto the lab coat in case you know, it looks bad. And I walk in, and I realise nobody is wearing lab coats.

**Somto:** Yeah, the lab coat is a thing back home.

**Lisa:** We got them for graduation presents from our medical school.

**Marvee:** Like I have OCD, right? So, to me my lab coat used to literally be that layer that was separating me from my clinical environment. Just like a little compartmentalisation I think that I was doing physically. And, to lose that when I walked in and I was like, oh my god, we don't wear lab coats.

I was like, I'm going to have to rethink all of my outfits because most of them are, you know, I'm just gonna put on my lab coat on top of this. But that was a very brutal awakening to me. They've taken away my lab coat – that was hard.

**Voiceover:** Beginning clinical practice and navigating the health service can be a confusing and daunting prospect for many IMGs, with guidance and support from management and colleagues key to acclimatising to the NHS.

**Somto:** The first supervisor you get when you come into the UK is very, very important, mostly because you don't actually know anything of – you know what you want to do. How you're going to get there can be very challenging because you have no clue what you're supposed to physically do to get there.

I had the supervisor. I started as a trust grade as well after one year, because I came here, got pregnant and that was one year of my life. And so, I started having been out of practice for a year, never been in the UK. My first job was in orthopaedics.

**Marvee:** Oh yeah. Orthopaedics always picks up IMGs, always.

**Somto:** I give them credit. They do help people with their starting jobs, yeah. What goes on in the actual practice is quite different. But I was in a department that wasn't my passion. I knew it wasn't my passion. And I knew I needed to sign off things to get to where I wanted to be.

**Marvee:** I think we really discount how hard it is for us to come and do this. Because there are people who are probably applying for the same level of job as you who were, you know, born and raised in the UK.

They're quite aware of the NHS, the system, you know, the policies and how you would do simple things like, you know, your feedback forms and CEX. What does CEX mean?

**Somto:** It's a completely different world, I agree. The medicine itself is the same. The actual theory of medicine itself is the same, but the practice is completely different. It can make it look like you don't know what you're doing.

**Lisa:** The fact that you have to get feedback for everything you do when it's not just, you can see me working and you know, I can do it, why do I need a form?

And the terms CBDs, CEXs. Because I started as an F1, we had the induction week before and somebody stood at the front talking about like, oh, you know, make sure you fill in your CBDs and CEXs and your TABs.

And I'm sat there looking around at me like nobody else looks confused about this so I can't ask what you mean by this. And I did my whole first rotation without one form filled in because I didn't know how to do these things.

**Marvee:** Same, same, I used to think as an IMG coming to the UK that the NHS was meant to be a very a fluid network and they converse between each other very well. And then my first week in the NHS, I was like, wow okay.

So yeah, I think we definitely lack the art of communication in the NHS. And I think even between hospitals that are in the same trust.

**Somto:** IMG trainees that have done a trust grade job before have a lot to offer the system because in our jobs, we do come across a lot of trust grades. And having worked as a trust grade, we need to be able to speak up when issues are going on in the workplace or support is not being given.

I find that honestly as a trust grade IMG, the protections are very minimal. The exposure is very high. The likelihood of making a mistake or getting blacklisted is extremely high. And even when we see really competent doctors working as trust grades, it does irk me quite a lot when I see trust grades who have no protections, really, no protections. There's no career path. There's no support to get a career path at all.

**Marvee:** As an IMG from coming to the UK, my fear used to be that I'm going to make a mistake, I'm going to harm a patient. And the worst thing after that, which I've never felt anywhere else outside of my job in the UK as a doctor, was I'm going to lose my license because they're going to blow something out of proportion.

You will never be in a position where you never made a mistake. I said it once. I was very cocky about this once when a registrar asked me, 'Have you ever made a mistake?' And I was like, no, he's like, it's only a matter of time. You're going to make one. And it's going to

be about how you how you present yourself when it happens, because it inevitably will happen.

**Lisa:** There's going to be things where you struggle. They are going to be times when you fail. It's about acknowledging failures and going forward. I think one of the things that Marvee, you mentioned about not being afraid of failing or not being afraid of making a mistake and making sure that if this happens, we talk about it because there are ways to deal with all of these things, there are policies in place, all these things in order to help fix things.

Where I come from, we don't have a doctors' union, so knowing what a union actually is was actually one of the biggest things for me. Like as I started as an F1 and in that induction week, the BMA was there, and everybody was signing up to everything that was there. So, I went and I signed up to it as well.

And I've found that throughout my whole working life now, you always have people coming in and being employed, brought into the country, have no idea what they're getting into. They land in their first job. You chat to them because you get five minutes in between something to be like, hey, blah, blah blah, how are you getting on? Are you a BMA member? 'No, why would I pay that money for this?' And then you start explaining why you need a union. Because, yeah, you're more of a target.

**Somto:** I feel that trust grades are in the position where a lot of things are going to be not known to them. A lot of the system and the way things are set up means they're already at a disadvantage. Starting a job as a trust grade doctor, I think you absolutely need to have the support of the BMA.

**Voiceover:** 2020 saw the NHS face the greatest public health crisis in its history, the COVID-19 pandemic.

While the pandemic was an unprecedentedly challenging and harrowing experience for all NHS staff, many IMG doctors suddenly found themselves isolated and separated from their families overseas.

**Marvee:** I came at a time when COVID was just about to hit, I mean, I started working in December 2019. So, like I just literally I just walked into the country and the pandemic, it was just following, right behind me. And I think for me, it was nice to see the NHS pre-pandemic and then be able to reference that.

You know why? It was it was good that I saw it because I know people are lying about how things were better before the pandemic. They weren't, they were the same. I'll be honest. I think what it was is that we were already strapped for services.

I think that when we look at healthcare, hospitals in the world, we should be prepared for a pandemic. It's something that we should have books out on already saying this is our policy. This is the big chunky folder we're going to open sort of an X-File-y thing.

I just feel like it shouldn't have been. And I just feel like again, it was one of those situations where IMGs almost felt left out again because we were being thrown around.

**Lisa:** Almost?

**Marvee:** You know why I say almost? Because, with all of this that happened, I think that basically because all the trainee doctors are being put on the same senseless rota, I think that we sort of, all of a sudden felt like we were in the same group. Like we were all about service provision.

This is one thing where I felt like there was some unity there. And I think off the back of everybody struggling through the pandemic, we were able to do more effective strike action because we felt that we had more in common in what we were losing and what we were not getting.

**Lisa:** During COVID, even though you say that people were in the same boat, in some places they weren't. The LEDs were being sent to the more at-risk.

It did happen. And in several places, it happened where the IMGs would tell us about it, but they were too afraid to actually be the person to go up against the hospital. And, in one hospital I worked at, we actually brought this to the trust's attention that they were treating people differently. And I was outraged.

And again, because I had so much knowledge from being involved in the BMA, knowing what it should be like, I came to my IRO and said, 'This is not right, we're going to fight this.' And the IRO picked it up. We communicated across the hospitals in the region to see who else had had this issue.

But it's just about somebody who's aware, who knows what's going on, who's willing to raise it and knows the proper channels to do it.

And it's all about again, getting involved, even locally with like LNCs and just having your local voice in something. But COVID was not equal for a lot of places, and a lot of people, and a lot of IMGs suffered a lot during that time.

**Marvee:** We were being put in a position where we were being told, okay, so we've not been able to give you PPE, we've not been able to give you the equipment that you need to meaningfully look after the patients and yourself. But we're putting you in a position where if you don't go and see the patient without this PPE, then the onus is on you. Are you okay morally not seeing this person who is unwell without the appropriate equipment?

They put the onus on us, and I felt like that was a time that nobody should have to relive. We do need to figure out why. Nobody in the world was prepared for this, to be fair. Even still I felt like, are people just not going to say anything who don't feel comfortable enough to talk?

**Lisa:** I think one of the hardest parts about being IMG is living this far from your family and just COVID. Oh my god, we didn't know if we'd ever see them.

And, I had COVID in March 2020 and I thought I was going to die. It was terrifying, absolutely terrifying to think my family would never see me again.

All these years later, it's still there that feeling, that terror. The way that you feel, the moral injury of feeling like you didn't do enough for your patients, and then to go to work and be told that you're less than.

**Marvee:** Yeah, it just doesn't make any sense. You went through all of this and it's like, this has made us better clinicians. But at the same time, I think this has left scars that we just don't realise we have.

**Lisa:** We don't talk about it.

**Marvee:** We don't talk about it because I think we're not supposed to, right? As healthcare providers, you feel this foolish sense of invincibility when you're standing in a hospital wearing your stethoscope and like, the bell is not working, but you're using it.

**Voiceover:** Many of the challenges faced by IMG doctors who come to the UK today are the same as those encountered by individuals who arrived decades ago.

With this in mind, Dr Lisa Rampersad believes that mentorship and support among IMG doctors is crucial. One way she found it, is through the BMA forum for racial and ethnic equality.

**Lisa:** Are you part of your local FREE network?

**Marvee:** No.

**Lisa:** Do you know about FREE? It started up as a place for people of colour. And again, so many different terms got bandied around. It started as a BAME network. Then it was like, well, actually not everybody falls under the Black, Asian, whatever, things. So, then it became FREE.

We have regular meetings where you just come in, it's just online. You come and you chat to people. It's really a nice way of just having people who have been here for years and years and years who live in the UK, who are UK born or IMG, wherever you're from, coming to talk to each other about your experiences.

One of the things that people who've been here for years have said is that it hurts them to see that the same struggles they went through 30 years ago, we're still talking about going through it.



But then what we have is their experience and their mentorship, which is one of the most important things I've realised that I've heard from both of you here about not having that kind of mentorship.

And that's one of the things we're trying to get. Okay, you may not have it in your place of work from that supervisor, but I can link you with somebody in your specialty who can be that mentor for you.

And that's one of the things that the BMA is really trying to do as well, is get us linked up to each other so that we can talk like this to people who understand.

**Somto:** I think people just need to be proud of themselves when they come in. They were doctors fully qualified before they ever came here. Most likely they've come here to better their careers and better their lives for family reasons as well.

No one should ever feel that they are less than they are, ever, ever. Which is why I like the IMG day. People should be proud and when people are proud of themselves, are proud of their work, there's better productivity, there's better job satisfaction.

**Somto:** Whatever it is, even if sometimes it feels like it's just a celebration, it's not really anything. It's a lot. People need to feel pride.

**Marvee:** I think with me, I would just say that if somebody has a very clear idea of what they want to do with themselves in the future, if they know they want to go into surgery, they know they want to gynae, obs, if they know they want to go into paed, then just find people who are already on that career path.

And it would be even better if you can find somebody who's an IMG, who understands where you're coming from. Just align yourself with like-minded people early so you have a clear sense of your direction for your career. If you find these people early on, just work towards that goal because it is so easy to get lost in the job, and it is so easy to get lost in who you are as well.

So, I do agree with you, Somto. I think the most important thing here is just you really do it. It's a cliché, but it's a cliché for a reason. You do have to be quite honest and true to yourself, and you need to voice your concerns when you have them. Nobody else can do that for you. At the most we can empower you, but nobody can speak for you, at least not as best as you can speak for yourself.

So, you've got BMA reps around, you've got other people in leadership roles around who could help you, but you will never be represented as well as you can represent yourself.

**Lisa:** I think one of the things – again, I'm coming back to things that we've done and set up because I'm really proud that it's there – is support before you get into the country for IMGs.

Previously, before you came in, there was nothing, nothing available to you at all. You just had to come in with your money in your trouser pocket and pants, as it were – I had to learn

that was just completely different in this country as well and just hope that you can figure it out. Or that somebody could tell you.

But now the BMA have got ways of helping before you get in. They can check rotas, they can check contracts, they can help you and support you in so many ways before you even get into the country that I think it's worth knowing about.

Because when you land, you know nothing. Like I was really naive, I came from medical school, I knew nothing, I didn't know anything about the UK.

You just have to have so much knowledge. And having spoken to so many people and having a clear path of what you want to do, is really useful to know how to actually get to that point, because back home you want to enter a training route. You kind of just, you know, you're working the job, they train you up into it rather than applying.

We didn't do audits. We didn't do QIPs. I never had to do any of these kinds of things until I'd come here. And so, getting points for audits and QIPs and presentations and all of these things were things I didn't know anything about. And I struggled, even though I was an F1 in a training program, I still struggled because all of my other colleagues knew this, but nobody was telling me.

**Voiceover:** Career progression is a challenge for all doctors, especially residents. This has become more and more acute as governments have failed to grow the number of places to keep up with the rising number of resident doctors, or the needs of patients.

**Somto:** I just feel if, if you are recruiting professionals, there should be a pathway for them to progress in their career and putting blocks in front of progression is wrong. The GMC is, recruiting more. There's more PLAB going on, more people writing exams. The NHS is under strain, you're recruiting more people.

The NHS plan is education of staff is progression of staff and to tell us that you're recruiting people with the aim to give them some progression in their career. The only way we can really progress is to go into training and to become consultants, and then to actually say that we're recruiting you to have some progress but then no, you can't actually really progress. I feel like it's counter intuitive. It is against what they have planned, it is against what has been sold to people.

Then get people in because if you tell people this before they come, people might have other thoughts about coming to work here. Yeah, but you need the numbers. You need the people, you recruit everybody.

And then once people have come all the way here, have committed, moved their families, done everything that we've discussed here that we have to do, especially all the money we've spent, to come into the system, and then once you're in, you're sort of trapped in and then it gets sprung on you that actually you can't really progress in your career. I think it's very unfair.

**Lisa:** All doctors should be trained. Every single job should be training. Because every single day that you're at work, you're not just taking bloods, which is sometimes a job in itself to try and get. Every single day that you coming to work should be a training day. And this artificial creation of training numbers or only being allowed this number of people shouldn't stop anyone else from being trained in that speciality.

**Marvee:** I don't know any department that's running smoothly enough that everybody's leaving on time every day. There's people stepping down all the time because they don't have enough staff. There's people calling in sick because they're working too much. And you just feel like you're just against the clock with everything that you do.

**Lisa:** There are so many things that fall through these tiny gaps because we don't have enough people working. I don't think it should be an us versus them. I think it should be us as doctors saying to the government, our population is growing, our population is getting older. We need more doctors. When you're comparing us to other countries, we don't have enough doctors for the population here.

**Voiceover:** We asked our three doctors what words of advice they most wish to share with overseas medical graduates considering coming to the UK.

**Somto:** Just to encourage anyone listening to this who is either thinking of coming or has just come or even IMGs that have been here for a while, still trying to get into that training post or that dream job that they're trying to get is that there are people who have been there, have done it. It is possible to get what you want out of it.

I would definitely advise anyone to learn as much as they can about their rights, learn as much as they can about what they're expected to do, what they can do, what is wrong that is being done to them. I think part of that is joining a union and having that back up, that support so that when – and inevitably it will come – when you've asked for something that is very much within your rights, and the answer is no, there will be people to support you.

I think that is one thing that every IMG needs is that support, that sort of spine, the backbone to work, knowing that you are supported and if something goes wrong, you know how to handle it.

**Lisa:** It is a struggle when you've moved here, and you don't have that support network. But there are so many out there who want to help support and who want to be there for you. And it's just getting the right people. And again, having a union is really important and then within the union, the FREE network and things like that are there to help support you. So, we are trying really hard to be here to support. You just need to use it.

**Marvee:** For me, it's just going to be documentation, direction and determination. Documentation, basically, I say that because as an IMG, you, I think sometimes we're not used to documenting everything to the full effect that we do it in the NHS. So, document everything.

Make sure that when you're examining, you're writing everything quite clearly. So, really clear documentation will help you. So always, if you're short of time, all the more reason to document more. I don't care if you're ending up staying late because you need to document everything – do it.

As far as direction goes, the only reason I say that is because I had determination, but I just didn't know where I was going to go with it. I had all this energy; I had all this determination to go into the speciality I wanted to go into.

And I think that the most important thing is to have that drive, but it needs to be focused on something. Otherwise, you're just going to be running around in circles and not going to be progressing. You need to move forward, and the only way that you can do it is that determination is directed towards something. That's my advice.

**Voiceover:** Thank you for listening to this episode of The Doctor podcast.

On 7<sup>th</sup> March 2025, the BMA will celebrate Overseas NHS Workers Day. We will share further stories and experiences from international doctors, along with tips, advice, and resources to support IMG doctors in the workplace – including how a BMA membership can help. Keep an eye out for communications on Friday the 7<sup>th</sup> of March.

If you are an IMG doctor interested in a BMA membership, you can find further information on the BMA website: search IMG membership BMA.

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