**“My Experience as an International Junior Doctor Working in the NHS”**

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Over a third of UK doctors are foreigners from several other nationalities, with data showing increasing numbers each year. Many are the reasons why this is true, some of them being: NHS underfunding, high medical training costs and better opportunities elsewhere for locally trained doctors. Reasons are varied among the immigrants themselves and include better work-life balance and training. My journey in particular has been a reflex of my desire to live in a safer place with greater work possibilities, hence why I chose the UK.

While working here, I have found a few similarities between Brazil and Britain, such as the public system structure – as primary, secondary and tertiary care, the way patients are and behave, hospital routines, waiting times and, obviously, medicine as a whole, despite specifics of each region concerning disease prevalence and treatment guidelines.

Regarding constrasts between both countries, many can be mentioned. It goes without saying that the culture, language, weather and food are completely different. However, talking more specifically about medicine, several endemic diseases are non-existent here (e.g. dengue, zika, poisonous snakes and spiders), guidelines are particular for its population and a much bigger elderly population is present. Additionally, there are far more resources and support when compared to similar services back home. This could be a result of the clearly bigger investment in health this nation has per capita, juxtaposed to Brazil.

Lastly, but not least, safety is a must everywhere around the UK and it almost defines the nation itself, with simply walking on the street being a much easier job than back home. Firearm related deaths are incredibly low and even road traffic deaths are not as common. Distinctively, according to recent data, Brazil has the highest absolute number in gun-related deaths, which is worrying and sad. Directly in the NHS, safeguarding concerns, medication safety and safety netting are ordinary vocabulary for any doctor working in the system, and patient safety is one of the treatment cornerstones.

In conclusion, there are many factors that distinguish the UK and the NHS from other countries, some of which responsible for the high numbers of foreign doctors working and living here. I believe that the health system is brilliant, that it needs to be invested on and improved gradually. Many as we are, we international doctors are partially responsible for it and its future, and should also praise it and take good care of it. I, for one, am truly happy to be here and be a part of it.