



Supporting International Medical Graduates

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- **Thanks to Dr Dave (dean)**

HOME » HEALTH » NHS

Half of foreign doctors are below British standards

Half of foreign doctors would not be able to practise in Britain if they were subjected to the same level of scrutiny as British doctors, a study by University College London has found



M · News · UK News · Mental health

More than eight in 10 doctors in England suffer symptoms of mental illness

07:00, 13 APR 2016 | BY NICOLA FIFIELD, JUSTINE SMITH

Alarming, fewer than half have been honest about their symptoms, fearing that colleagues would find out or that it would have a detrimental impact on their career





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Key Issues

- **IMGs and differential attainment**
- **Improving training experience for trainees**
 - **Supporting trainers**
 - **Supporting trainees**

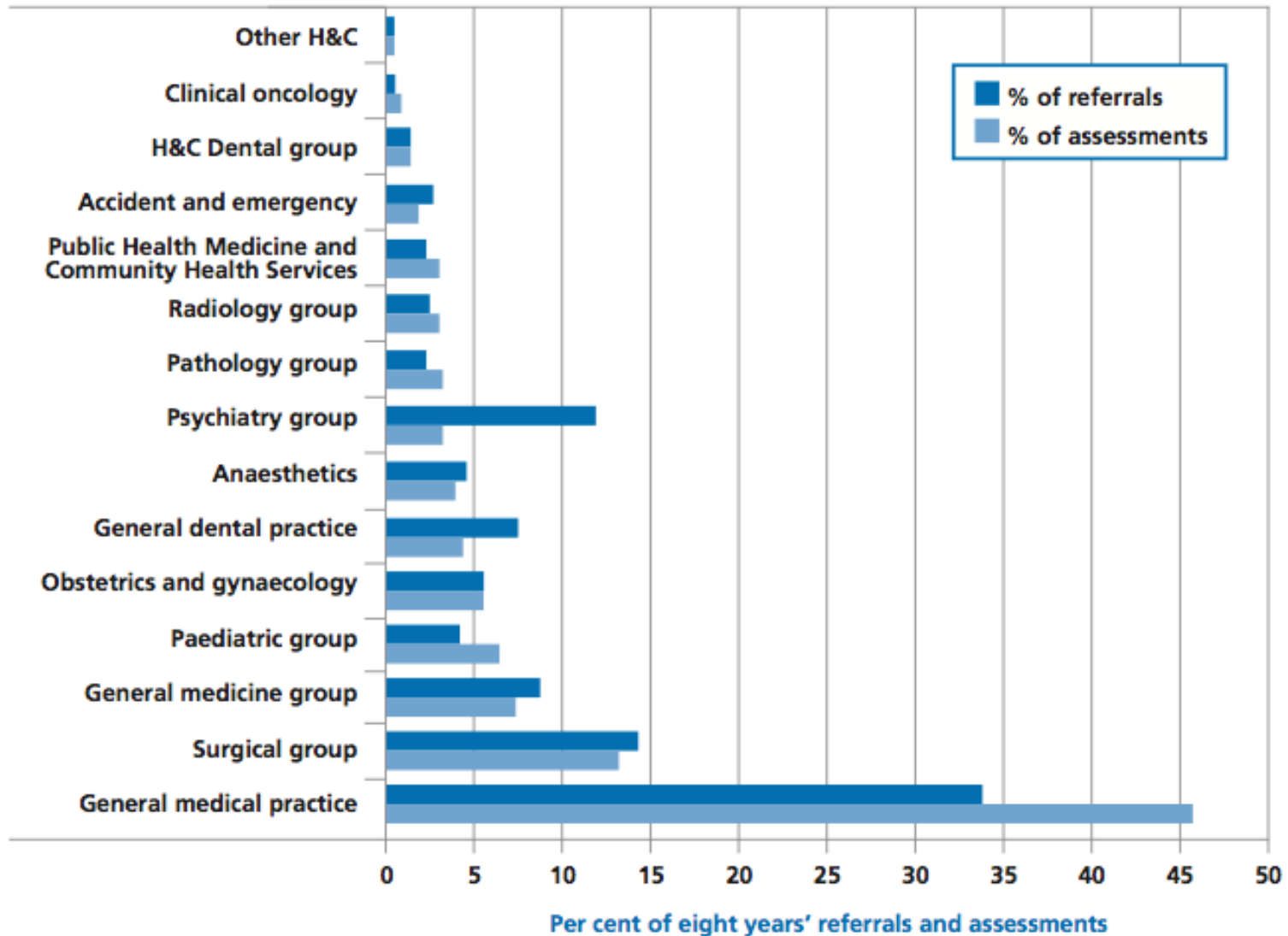
Table 11: Paper 3 Pass Rates by Country with Attempts and Gender

Medical School	Candidates n	Pass attempt 1		Pass attempt 2 +		Male Pass		Female Pass		Total Pass	
		n	%	n	%	n	%	n	%	n	%
Australia & New Zealand	11	7	77.8	1	50.0	4	57.1	4	100.0	8	72.7
Central Africa	674	111	38.0	152	39.8	215	41.6	48	30.6	263	39.0
Central America	22	4	44.4	5	38.5	6	33.3	3	75.0	9	40.9
Europe (Non EU)	129	32	47.8	21	33.9	33	39.3	20	44.4	53	41.1
European Union	203	72	57.6	33	42.3	47	49.0	58	54.2	105	51.7
Middle East	176	42	46.7	36	41.9	56	48.7	22	36.1	78	44.3
North Africa	66	26	66.7	7	25.9	21	44.7	12	63.2	33	50.0
North America	2	2	100.0	-	-	-	-	2	100.0	2	100.0
South America	17	4	44.4	3	37.5	4	80.0	3	25.0	7	41.2
South East Asia	124	85	84.2	12	52.2	35	64.8	62	88.6	97	78.2
Southern Africa	59	32	72.7	8	53.3	20	83.3	20	57.1	40	67.8
Subtotal (Other)	1483	417	53.0	278	40.0	441	45.6	254	49.2	695	46.9
Indian Borders	437	75	37.9	92	38.5	122	38.6	45	37.2	167	38.2
Indian Sub-Continent	1311	398	54.7	283	48.5	449	50.7	232	54.6	681	51.9
Republic of Ireland	147	70	69.3	22	47.8	37	68.5	55	59.1	92	62.6
United Kingdom	792	549	83.3	74	55.6	290	73.8	333	83.5	623	78.7
Total	4170	1509	61.0	749	44.1	1339	51.2	919	59.1	2258	54.1

Table 16: CASC Pass Rates by Country with Attempts and Gender

Medical School	Candidates n	Pass attempt 1 n	%	Pass attempt 2 +	%	Male Pass	%	Female Pass	%	Total Pass	%
Australia & New Zealand	8	5	83.3	0	0.0	2	40.0	3	100.0	5	62.5
Central Africa	428	40	20.7	46	19.6	67	18.2	19	32.2	86	20.1
Central America	16	2	28.6	2	22.2	2	20.0	2	33.3	4	25.0
Europe (Non EU)	80	17	40.5	12	31.6	16	34.0	13	39.4	29	36.3
European Union	126	40	50.6	20	42.6	23	41.1	37	52.9	60	47.6
Middle East	100	16	34.0	8	15.1	15	20.5	9	33.3	24	24.0
North Africa	48	16	53.3	5	27.8	16	47.1	5	35.7	21	43.8
North America	3	0	0.0	1	100.0	-	-	1	33.3	1	33.3
South America	6	4	80.0	1	100.0	3	100.0	2	66.7	5	83.3
South East Asia	107	15	30.6	7	12.1	8	13.8	14	28.6	22	20.6
Southern Africa	46	30	83.3	4	40.0	17	65.4	17	85.0	34	73.9
Subtotal (Other)	968	185	37.3	106	22.5	169	24.8	122	42.5	291	30.1
Indian Borders	291	36	27.9	42	25.9	50	21.8	28	45.2	78	26.8
Indian Sub-Continent	1267	172	30.1	180	25.9	214	23.3	138	39.4	352	27.8
Republic of Ireland	101	52	68.4	13	52.0	25	56.8	40	70.2	65	64.4
United Kingdom	544	413	86.2	48	73.8	210	81.4	251	87.8	461	84.7
Total	3171	858	49.0	389	27.4	668	31.4	579	55.6	1247	39.3

Specialty distribution of assessment and referrals to NCAS



Psychiatry and IMGs

- **Total percentage of IMGs in Psychiatry is over 40% but disproportionate spread**
- **Most non-Consultant grade doctors (probably >80%) are IMGs**
- **Under-represented at Consultant level**

Discriminatory Exam?

- **Differential attainment seen in knowledge, skills and values assessment in US, UK, Canada, Australia etc.**
- **Differential attainment seen in exams at all levels of medical education (UG onwards..) and also outside medical education**
- **Differential attainment seen in knowledge, skills and values-based assessments**
- **Differential attainment – low/medium effect for ethnicity and large effect for country of primary medical qualification**

Framework for Medical Educators

<ol style="list-style-type: none">1. Ensuring safe and effective patient care through training2. Establishing and maintaining an environment for learning3. Teaching and facilitating learning4. Enhancing learning through assessment	<p>7. Continuing professional development as an educator</p>
<ol style="list-style-type: none">5. Supporting and monitoring educational progress6. Guiding personal and professional development	

What trainees say

- **Be kind to us**
- **Help us by understanding what we need to do**
- **Connect with me, be curious about me as a person – not asking questions as a tick box**

What trainees say

- **Lack of Empathy**
 - **“If they’re coming to work in the UK- they must be prepared to work like a local trainee – Tough”**
 - **“We can’t dilute standards”**
 - **“They’re untrainable”**

The four principles of person-centred care



Why Individualised Learning Plans?

- **PLAB and UK graduates' performance on MRCP(UK) and MRCGP examinations: data linkage study (McManus, *BMJ* 2014; 348 - GMC commissioned UCL study)**
 - **PLAB (Professional and Linguistic Assessment Board) exam marks good predictors of future performance in MRCP and MRCGP exams**
 - **IELTS scores also predict future exam performance**
 - **Core training SRT scores also good predictors (RCGP)**

Self-directed learning

Learning Styles

VERBAL

Words are your strongpoint!
You prefer to use words both
in speech and in writing!

VISUAL

You prefer to use pictures,
diagrams, images and spatial
understanding to help you
learn

MUSICAL / AUDITORY

You prefer using sounds or
music or even rhythms to
help you learn.

PHYSICAL / KINAESTHETIC

You use your hands, body
and sense of touch to help
you learn. You might 'act
things out'.

WHAT'S YOUR LEARNING STYLE?

LOGICAL / MATHEMATICAL

Learning is easier for you if
you use logic, reasoning,
systems and sequences.

SOCIAL

You like to learn new things
as a part of a group.
Explaining your
understanding to a group
helps you to learn.

SOLITARY

You like to work alone. You
use self-study and prefer your
own company when
learning.

COMBINATION

Your learning style is a
combination of two or more
of these styles.

What the British say	What the British mean	What others understand
I hear what you say	I disagree and do not want to discuss it further	He accepts my point of view
With the greatest respect...	I think you are an idiot	He is listening to me
That's not bad	That's good	That's poor
That is a very brave proposal	You are insane	He thinks I have courage
Quite good	A bit disappointing	Quite good
I would suggest...	Do it or be prepared to justify yourself	Think about the idea, but do what you like
Oh, incidentally/ by the way	The primary purpose of our discussion is...	That is not very important
I was a bit disappointed that	I am annoyed that	It doesn't really matter
Very interesting	That is clearly nonsense	They are impressed
I'll bear it in mind	I've forgotten it already	They will probably do it

Cultural Communication

- Differing values (extended family for e.g.)
- Fee-paying Health Service
- Hierarchical structures
- Patriarchal structures
- Holistic v/s disease focus
- Rote learning
- Shame/embarrassment in making/admitting to mistakes/ignorance

Systemic Factors

- **Lack of awareness of IMG/Trainee Support issues in LETB/Deanery hierarchy- standing item at Board meetings?**
- **Dashboard to monitor exam pass rates/trainees affected by SUIs/illness/stress?**
- **Trainers/trainees aware of support systems/resources?**

Systemic Factors

- **Lack of early identification/remediation measures**
 - **Lack of individualised learning plan for IMGs taking into account their IMGness (their training abroad, what they bring to working in the UK)**
 - **Focus on diagnosis of performance issues, much less on identifying learning gaps**
 - **Lack of focus on prevention leads to focus on CASC courses etc. rather than on designing an individualised learning plan**

So What can We do?

Pastoral Care

- *Intentionally seeking to "walk with you along your path"*
- **Focus on support rather than scrutiny**

What can you do?

- **Appreciate not all IMGs are the same**
 - **Getting a sense of their cultural experience is helpful- is your trainee Indian (South or North)/Pakistani/Bangladeshi – does that matter?**
 - **Providing a sense of the local culture/history/tradition is helpful too**
 - **Acculturating them – each IMG is different**

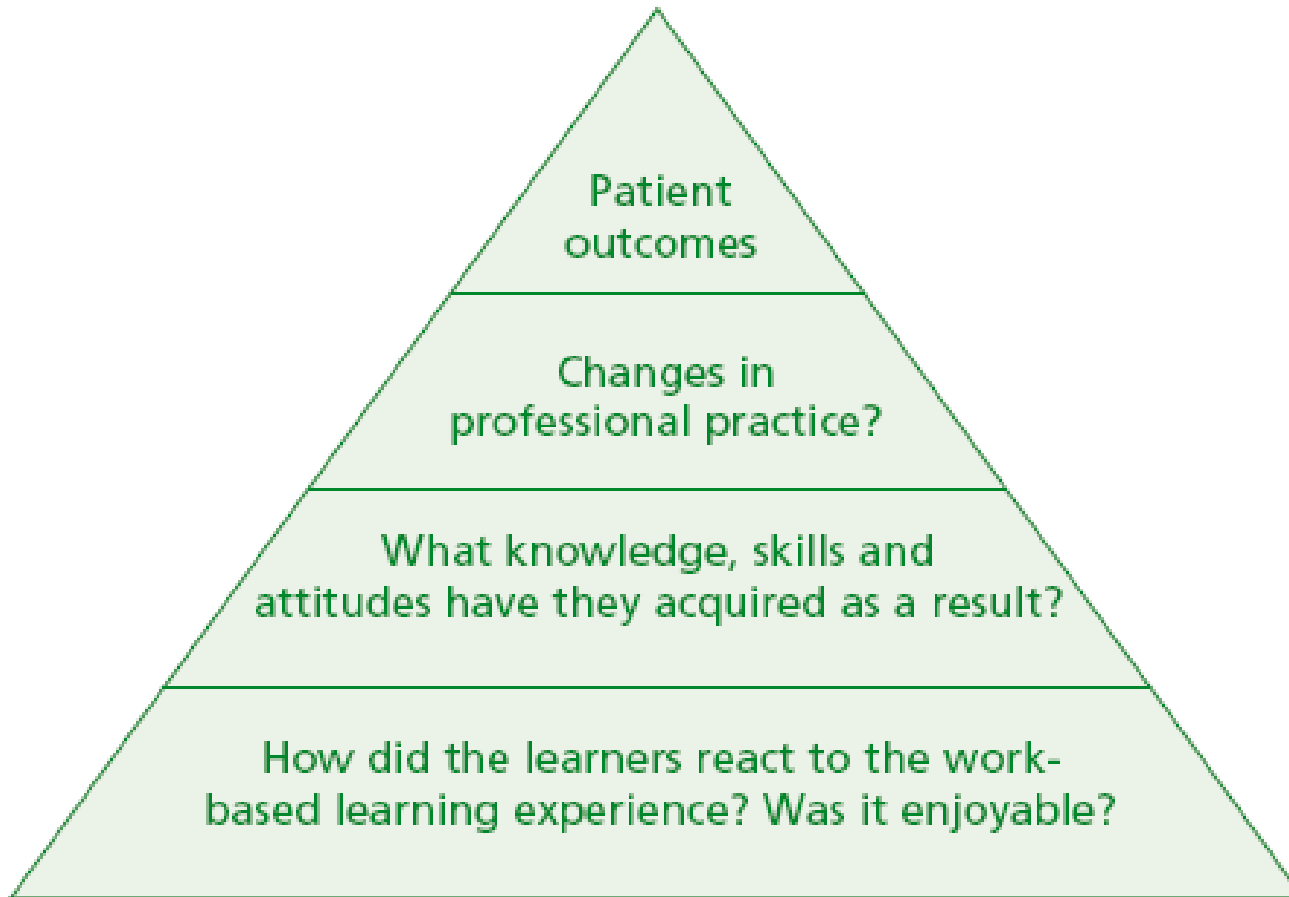
Supervisors' Seven Cs (Launer 2006)

- **Conversation** Effective tool in its own right
- **Curiosity** About trainee –verbal and non-verbal responses and of own responses
- **Context** Understanding more about trainee
- **Complexity** Away from linear thinking to networks and patterns of behaviour
- **Creativity** Create a new version of the reality
- **Caution** Sensitive to cues; Challenge without confrontation
- **Care** Respectful, Empathic and Attentive to trainee and to oneself

What can you do?

- **Broach the subject early**
 - **Discuss IMGness (their training abroad, what they bring to working in the UK)**
 - **Get a sense of their experiences of training and working abroad v/s in UK and of “living in the UK” (IMGs want you to do this)**
- **Acknowledge the issues**
 - **Statistically, IMGs with poor PLAB/IELTS scores are at a disadvantage- acknowledge that early and discuss solutions**

Get motivational commitment



A photograph of two people climbing a large, dark rock formation. One person is standing on the peak, leaning forward to assist another person who is climbing up the side. The background shows a vast, mountainous landscape under a blue sky with scattered white clouds. The overall scene conveys a sense of teamwork and overcoming challenges.

MENTORING

*Successful
people never
reach their goals
alone.*

THE BENEFITS OF MENTORING



What can you do?

- **Facilitate patient-centredness**
 - **ACEs**
 - **Aid with improvement in communication skills**
 - **Language (tonal elements)**
 - **Accent**
 - **Role plays**
 - **Video feedback**
 - **Conversation (verbal and non-verbal analysis)**

What can you do?

- **Supervision and training**
 - **Use supervision proactively- understand your trainee's learning style**
 - **Provide feedback especially positive feedback helping them find their strengths**
 - **Be explicit about expecting trainees to learn how to learn**

What can you do?

- **Acknowledge your own training needs**
 - **Do you know enough about MRCPsych course/curriculum/exams?**
 - **Would you know what to do if your trainee speaks too fast/has a strong accent leading to communication difficulty?**
 - **Would you know where to sign**
 - **Seek feedback and support from TPD, Associate Dean etc.**

What can you do?

- Familiarise yourself with resources that you can signpost your trainee to
 - Professional Support Unit – Deanery/University based
 - Psychiatrist Support Service
<http://www.rcpsych.ac.uk/workinpsychiatry/psychiatristssupportservice/resources.aspx>
 - Doctors' Support Network
 - Tea & Empathy
 - Self-help resources

Supporting Trainers – RCPsych



- Raise awareness
- Resource webpage
- <http://www.rcpsych.ac.uk/traininpsychiatry/trainees/internationalmedicalgraduate.aspx>
- Google “RCPsych IMG”
- Training videos – feedback and supervision skills (dealing with the “insightless trainee”, appraising strengths as well as weaknesses)

Supporting Trainees

- **Bridging the gap in IMGs' learning**
 - Welcome to UK Practice module- GMC
 - <http://www.e-lfh.org.uk/programmes/induction-for-international-doctors/>
 - <http://www.rcpsych.ac.uk/traininpsychiatry/trainees/internationalmedicalgraduate.aspx>
- **Google "RCPsych IMG"**

Barriers and Constraints

- **Trainer Factors**
 - Time- lack of PAs; level of contact
 - Pandora's box
 - Lack of training in supervision skills
 - Fixed attitudes – e.g. viewing trainees as a burden; 'policing trainees'
 - Insecurity – fear of being seen as weak
- **Trainee Factors**
 - Lack of engagement/insight
- **Trainer/Trainee Factors**
 - Mismatched temperaments

Get in touch



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Thank you