

# THE REGISTRAR

The Psychiatric Trainees' Committee magazine  
September 2019

DOCTORS  
ARE  
HUMAN  
TOO

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*Disclaimer: The opinions expressed in this magazine are those of individual authors and do not officially represent the views of the Royal College of Psychiatrists.*

# Editor's introduction



Dr Ahmed Hankir,  
Editor of *The Registrar*,  
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**'The Wounded Healer' @ahmedhankir**

**"Why am I as I am? To understand that of any person, his whole life, from birth must be reviewed. All of our experiences fuse into our personality. Everything that ever happened to us is an ingredient."  
— Malcolm X**

I want to welcome you all to this special issue of *The Registrar*, the theme of which is feeling 'Supported and Valued'. I thought I would also take this opportunity to introduce myself as this is the first issue of your PTC magazine that I've been fortunate enough to edit. Firstly, I want to thank our PTC Officers – Dr Ross Runciman, Surg Lt Cdr Luke Baker, and Co-Secretaries Dr Laura Stevenson and Dr Rosemary Gordon – for enacting the theme of this special issue.

I have always been unashamedly and unapologetically honest and open about my own psychological wounds and how my lived experience influenced my world view and *modus operandi* (and indeed inspired me to [#choosepsychiatry](#)).

I can unequivocally state that as debilitating as the symptoms of psychological distress were, the stigma that I was subsequently subjected to was far worse. Having survived social exclusion, to be welcomed so warmly and sincerely by our PTC Officers and to feel so unquestionably

included by them is profoundly empowering and deeply inspiring.

The theme of this special issue was driven by the 2019 Royal College of Psychiatrists' Psychiatric Trainee Committee Inaugural Supported and Valued conference which was held in Manchester earlier this year. The event, spearheaded by Southwest PTC representative Dr Russell Gibson, featured a stellar ensemble of speakers and provided a unique platform to meet, connect and network with fellow trainees throughout the United Kingdom and Northern Ireland.

This special issue opens with a letter from our PTC Officers discussing and describing the crucial contribution that International Medical Graduates (IMGs) make and how they are integral members of the trainee psychiatric workforce.

The Officers also discuss the importance of feeling supported and valued, and highlight initiatives that the College has launched that enable trainees to realise their potential.

Next up is Dr Babor James Aganren who offers an evocative and insightful autobiographical narrative signposting his trajectory as an IMG training in psychiatry in the UK hitherto. Dr Fatima Abubakar (2017 RCPsych Alexander

Mezey Prize Winner for best result in Paper B and CASC combined), also an IMG, provides readers with tips and precious advice on how to flourish in the MRCPsych exams.

Last, but by no means least, Dr Natalie Ashburner and Dr Aastha Sharma conclude by giving us the necessary tools to instigate change locally to improve the trainee experience.

Training in psychiatry can be a long and arduous journey and, as highlighted in the 2018 RCPsych Position Statement, '[Supporting the Mental Health and Wellbeing of Psychiatrists](#)', a substantial proportion of us can develop psychological distress and emotional exhaustion. The factors that contribute to the multitude of psychological problems in trainees are many. It might resonate with readers that we can be so focused on the mental health and wellbeing of our patients that we can neglect our own. It doesn't help that there is a perception that we should be 'invincible'.

The reality is that doctors are human beings and are vulnerable to developing mental health difficulties like everyone else. This, of course, is nothing to be ashamed about. Know that you are not alone and that effective

treatment is available. If you are feeling burnt out after working at the coalface of clinical psychiatry or due to any other issues that you are facing in relation to your training or personal life, [RCPsych's Psychiatrists' Support Service](#) provides free, rapid, high-quality peer support by telephone to psychiatrists of all grades.

### **Remember that seeking help is a sign of strength.**

Doctors who develop mental health difficulties can succumb to despair. It is important to instil hope and to emphasise that the vast majority of trainees with psychiatric problems will recover. Our lived experience is a vital ingredient that can make us more empathetic, insightful and driven. My lived experience has undoubtedly enabled me to be a better doctor and a better human being.

We will be re-branding *The Registrar* magazine and we are in the process of coming up with a new name. If you have any suggestions, please do let us know. I am really excited about this opportunity and I look forward to hearing from you so please do not hesitate to contact me if you have any ideas for articles for future issues.

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## The Psychiatric Trainees' Committee



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[www.facebook.com/RCPsychTrainees/](http://www.facebook.com/RCPsychTrainees/)



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# What's in a name?

September 2019

Dear trainee,

## A letter from the PTC Officers

Everything should begin with an introduction. We know this from the powerful [#hellomynameis](#) campaign spearheaded by the inspirational late Dr Kate Grainger.

Our name forms a core part of who we are – our identity. But more than a name, who we are is shaped by the experiences we live through and consequently our values, for they are what really make us.

With this in mind, while we're inviting submissions to rename this very magazine, *The Registrar*, we're pleased to introduce Dr Ahmed Hankir as our new editor. No matter how the magazine is re-branded, he will embody the values that it represents. Many of you might be familiar with Ahmed, known in some circles as 'The Wounded Healer'. We suspect he's one of many wounded healers out there who each have a story to share and to whom we hope to provide a voice. In this way, we can all continue a journey on which we all support and value one another, embracing those with lived experience.

In this particular issue, one of our focuses is International Medical Graduates (IMGs). A crucial, yet undervalued and struggling part of our workforce, they are deeply affected by the issues surrounding differential attainment. With IMGs constituting approximately 35% of psychiatric trainees, we rely on them heavily. Dr Subodh Dave, Associate Dean for Trainee Support, has championed and directed initiatives on this front for many years. Whilst perhaps we're a little late to the game, we are proud to announce Dr Saadia Alvi as the first national IMG rep for the PTC. Saadia is an ST4 in general adult psychiatry and has a wealth of experience that will make her an invaluable asset to the PTC. Inspired by Dr Dave's work, we created this role to recognise that this is a crucial area that we must address in order to support and value every member of the College unequivocally – no matter who they are or where they come from. Of course, we've been working hard to ensure that trainees are supported and valued for some time, particularly under the leadership of Matt Tovey, Kate Milward, Charlotte Blewett, Alex Till and now under our own direction.

You'll hopefully be aware of '[Supported and Valued?](#)' which started as a standalone project emerging from the ashes of the industrial contract dispute. This work has since progressed into us conducting our [Staying Safe Review](#) to fight fatigue within psychiatry, as well as us holding our inaugural [Supported and Valued Conference](#) for trainees. But clearly, we still have a long way to go. We're really pleased to see, hear and feel that Supported and Valued is much more of an ethos whereby the wellbeing of trainees is at the forefront of people's minds. It's really exciting to see Enhanced Junior Doctor Forums emerge throughout the country, as no matter what we do on the Psychiatric Trainees' Committee, the real difference and the real change has to happen locally – and that responsibility lies with you. Each and every one of you has the power to create



change. Ask for forgiveness rather than permission. The NHS is ours to improve; it's a collective responsibility. It's not always easy though, we understand that, but we hope the resources we're providing will help you.

In particular, we're proud to launch the [RCPsych Leadership and Management Fellow Scheme](#) that we've co-produced with the Leadership and Management Committee and RCPsych's Centre for Advanced Learning and Conferences. Combining a local apprenticeship model with a national leadership development programme, and open to all higher specialty trainees, this is your opportunity to make the most of your special interest time and develop your leadership skills to make change happen.

Over the next year we will champion the central role of IMGs, continue work on our [Staying Safe Review](#), plan our next trainees' conference and drive forward our ongoing work to ensure you feel connected to one another, your profession and College. It's been a while since the last issue of *The Registrar* but we hope you can see we've been working hard to represent you and improve our training. If you have any thoughts, comments or feedback we'd love to hear from you.

Do feel free to email us at [ptcsupport@rcpsych.ac.uk](mailto:ptcsupport@rcpsych.ac.uk)

Best wishes,

*Ross, Luke, Laura and Rosemary*

#### The PTC Officers



**Dr Ross Runciman,  
PTC Chair**

South West  
Representative

[@RuncimanRoss](#)



**Surg Lt Cdr Luke Baker,  
PTC Vice Chair**

London Representative

[@drlukebakeruk](#)



**Dr Laura Stevenson,  
PTC Co-Secretary**

West Midlands  
Representative

[@LauraSt40837429](#)



**Dr Rosemary Gordon,  
PTC Co-Secretary**

Scotland - South East  
Representative

[@Rosie\\_j\\_g](#)

# Perspective

## My journey so far as an International Medical Graduate training in psychiatry in the UK —Dr Babor James Aganren

My journey began as an International Medical Graduate (IMG) training in psychiatry in the UK in the summer of 2016 when I first arrived in England. I had overcome the hurdle of passing the UK entry exams and I was excited about having a fulfilling career in medicine. I have had a strong love of James Bond films and the British accent ever since I was a child in Nigeria, where I was born and raised. So, the UK felt like the natural choice for me.

However, the first few months or so in the UK working as an RMO was a huge culture shock, especially when it came to communicating with people, patients and colleagues alike. I started to realise that there were subtle differences in the meanings of words. For example, when a colleague told me it was 'tea time', I genuinely thought that it meant that everyone in England had a designated time when they all sat down to drink tea! Another example was when someone told me that he had dinner at around 12pm. This really confused me as I had always thought of dinner as an evening meal. Other sources of confusion also arose such as what side of the road I should look at when crossing.

Approximately one year after arriving on British shores, I was fortunate enough to secure a post as a trainee in psychiatry. In this job, a colleague from a similar ethnic background said: "Brother, you have to work twice as hard to get the same thing everyone else gets". I found this really difficult to reconcile, especially as I had come from a position of privilege as an African male doctor from an African country. On reflection, however, I realised he was not entirely wrong as I found myself and colleagues from the same background more likely to be complained about or to face disciplinary procedures when, in my opinion, a simple conversation would have sufficed. I find that I have to work more hours to afford huge costs from visa fees and government policies which other colleagues don't have to worry about.

In my journey there have been some unpleasant experiences. On one occasion, a patient wouldn't allow me to take bloods from her because of my skin colour. She even suggested the colour of my skin was because I did not wash properly. Another patient refused to be seen by me and asked for a white doctor



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instead. When I'm working on call in the hospital, people almost always assume I am the security guard or healthcare support worker when (until I introduce myself).

On the streets, I have heard people making monkey noises at me. I have learned not to dwell on these memories but rather use them as a source of motivation.

Thankfully, I have also had wonderful experiences as well. I get offered 'tea' everywhere I go (with milk, sugar and some biscuits if you have some)! My fellow workplace colleagues have been great towards me and I find that my seniors and peers are always willing to support me in any way they can.

There are things, however, that I think can be improved, such as an awareness of the diversity of backgrounds of the workforce and the unconscious biases that exist when interacting with people. Also, I think an IMG induction programme conducted by someone from

an ethnic minority background who has gone through similar experiences would have been incredibly helpful for me when I started.

In conclusion, despite the bumps in the road on my journey thus far, given the choice, I

would definitely choose to go on this journey again and again. It is my hope that by sharing my story that I am able to help other IMGs learn from my experiences and for UK graduates to gain an insight into what it's like for trainees from ethnic minority backgrounds.

## Exams

### **Are International Medical Graduates doomed to fail their MRCPsych Exam? Dr Fatima Abubakar discusses bridging the 'differential attainment gap' and**

Dr Fatima Abubakar is an ST4 in working age psychiatry in Leeds. She was awarded the 2017 Alexander Mezey Prize for the best overall exam performance in the Royal College of Psychiatrists' Paper B and the CASC in the International Medical Graduate (IMG) category.

She has a keen interest in writing and is currently doing a journalism course with the British College of Journalism as a special interest.

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Doctors who graduated from medical schools outside of the UK – otherwise known as International Medical Graduates (IMGs) – are more likely to fail their College exams than their UK counterparts. In psychiatry in particular the difference is staggering. Data from the Royal College of Psychiatrists shows that while about

80% of UK graduates are passing their exams on their first attempt, only about 30% of IMGs achieve similar success. According to the article ['Why do overseas trainees fail?'](#) by Peter White published in *BJPsych Bulletin* in 1986, it would seem that 'differential attainment' is a long-standing problem, certainly in the UK at least.



Failing an exam isn't a palatable experience. The College exams serve to 'separate the wheat from the chaff' (so says the grapevine!) So, when one fails, it must feel both surprising and upsetting. Surprising, because after completing multiple Workplace Based Assessments and being praised for your skills and knowledge by your supervisor (as evidenced on the RCPsych e-portfolio), you end up flunking the exam. Upsetting, because failing the exam seems to translate indirectly into the idea that perhaps there is an inadequacy of skill and intelligence from the doctor.

There has been a chorus of outrage from doctors against the College exams for many years regarding their validity and efficacy in testing real life psychiatric skills. This is especially true for the practical psychiatric exam, the Clinical Assessment of Skills and Competencies (CASC), where the criteria for passing are deemed to be grossly subjective (i.e. contingent on the examiner who is measuring and marking your performance on the day).

However, since the exam is here to stay, there is a need to get prepared. Below is some general advice for preparing for the College exams, not just for IMGs but for UK graduates as well:

### **Be honest with yourself:**

Everyone is unique and so a 'one-size-fits-all' approach isn't going to work. Each of us has different strengths and weaknesses. It's not easy to face up to our shortcomings but we can achieve success if we scrutinise them. For example, some of us find communicating with patients challenging while others may struggle with statistics.

It is important to identify your strengths as well as the areas that require further development. With the CASC in particular, if you think your manner with patients and others is a weakness, then consider taking lessons on developing your communication skills (verbal and non-verbal). If your patients find it difficult to understand your way of speaking, then you may try elocution

lessons to articulate yourself in a clearer and more coherent manner. The bottom line is: do whatever it takes to be the best version of you.

### **Stay positive:**

A negative mindset attracts negative vibes. Believe in yourself and be confident. Remember that the situation could always be worse. Positive and daring imagination is an underestimated power. During CASC, try to imagine that you are in clinic with one of your favourite patients. If you can imagine it, you can achieve it.

### **Work hard:**

My motto in life is "there is always a reward for hard work". Start revision early (as early as one year before your exam if you feel that this is necessary). With discipline, diligence and hard work you stand a real chance of competing with the cream of the crop.

### **Never give up:**

It is a sad fact of life that there will always be candidates who pass and those who fail, but if psychiatry is a career that you truly want, then nothing should stand in your way. Use failure to learn and develop.

And last, but by no means least: **enjoy it!** It goes without saying that you need to love what you do. When studying, you should be interested in what you are reading and learning.

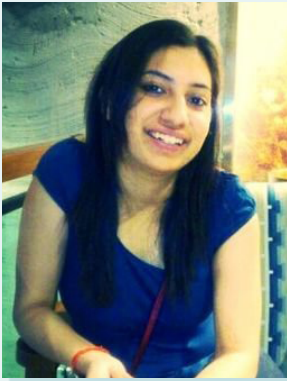
**To everyone preparing for the College exams, I wish you the very best of luck!**



# Feature

## Supported and valued? Making changes locally

— Dr Natalie Ashburner and Dr Aastha Sharma



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Dr Natalie Ashburner is a CT2 working in Thames Valley and hopes to pursue a career in CAMHS. She is also a PTC representative for the South East of England. She is passionate about supporting the wellbeing of doctors in the UK.  
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### Background

In January 2018, like many of our colleagues up and down the country, we noticed that morale amongst our fellow trainees was at an all-time low. We were struggling with rota gaps against a background of inadequately resourced mental health services. Add to that the inflexible and transient nature of training posts, and there you have it: a sure-fire recipe for burnout!

As we watched our friends become jaded, fatigued and demoralised, we wondered what we could possibly do to bring about change. Well, Aastha remembered the 2017 Psychiatric Trainee Committee *'Supported and Valued'* project that she participated in and how the

report also encouraged all trainees to "start conversations and make changes locally".

This inspired us to organise our own survey with the local trainees to give them a platform to raise concerns and provide feedback anonymously. We based our survey loosely on the three lines of enquiry and themes highlighted by the PTC Supported and Valued survey and the Health Education England report on junior doctors' morale in 2016. We also added a few questions that were particularly relevant to our local setting, like covering on-call gaps at short notice.

### Method

The survey was created online sent to the cohort of 10 trainees who started their rotation in August 2017. The participants comprised one foundation trainee, four core psychiatry trainees and five GP trainees. Nine out of 10 responded to the survey between February and March 2018.

As part of the data analysis, the identities of the respondents were anonymised.



## Results

	Agree	Neutral	Disagree
I felt supported by my team	7	0	2
My work was valued in the team	7	1	1
I felt involved in management of the team	3	3	3
I felt listened to/consulted in decisions about patient care	5	2	2
My job role was clear	5	2	2
I had adequate opportunity to complete WPBAs	4	0	5

### What would make you feel supported and valued?

- Issues raised at Trainee-Trainer forums to be actively addressed, with regular feedback
- Meaningful and regular clinical supervision, along with more opportunities to complete WPBAs
- Changes to policies to ensure safety of staff members
- Better knowledge of training requirements and needs by trainers by trainers

## Conclusion

Many concerns that arose were similar to those in the PTC survey, including inadequate supervision and opportunity for Workplace-Based Assessments. Other issues raised included personal safety and rota gaps/sickness. Overall, it was a sobering read and the anonymous nature seemed to have empowered trainees to be frank and honest in their responses, without a fear of repercussions and blame.

We presented this data at our local academic meeting and used it to stimulate conversations and drive changes to improve the trainee experience.

In her role as the trainee representative, Natalie raised these issues at various regional trust and deanery forums. We have made slow improvements over the last few months to resolve some of these problems in collaboration with the trust. Some of the resulting changes that were introduced include:

- A re-shuffle of GP jobs, so that trainees do three months in community settings and three months on inpatient wards.
- Re-training organised for clinical supervisors.
- An increase in the frequency of Trainee-Trainer Forum to every two months, with a concrete action log that is revisited every month.
- Formal CBT teaching modules arranged in order to improve psychotherapy training.
- Opportunities for experiential sessions in other mental health teams to pursue special interests.

While we are still far from resolving all the issues raised, we have noticed a palpable improvement in trainee morale and hope that the results from the repeat survey we are planning for the next cohort will reflect that.

Through this project, we have shown that it does not take herculean efforts to make small changes that have a big impact. We hope that we can inspire trainees to feel empowered to speak out, as well as inspiring trainers to listen to their trainees and think about what they could do collectively to improve trainee morale.