



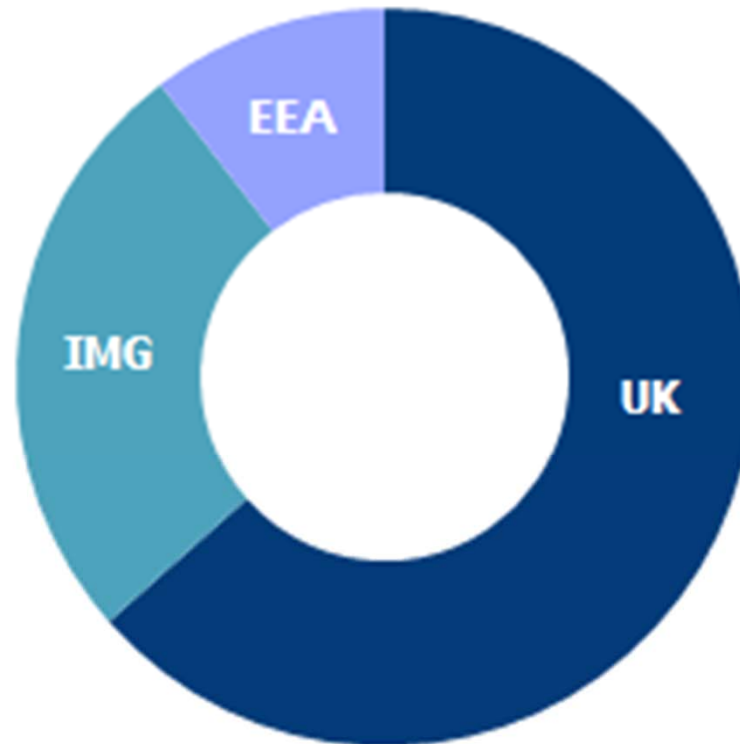
# **Improving the Quality of Training: Lessons from Differential Attainment**

Dr. Subodh Dave

Associate Dean, Trainee Support

Hon. Asso. Professor, University of Nottingham  
and Consultant Psychiatrist, Derby

## Doctors by World Region of PMQ



# Top 5 specialties with IMGs



Specialty	Rank	No. of doctors	% of Specialist Register
Anaesthetics	1	10,660	11.66%
General (internal) medicine	2	9,590	10.48%
General psychiatry	3	5,622	6.14%
Paediatrics	4	5,534	6.05%
Clinical radiology	5	4,839	5.29%

# A little about me



- Consultant Community Psychiatrist (General Adult Faculty)- part-time
- Half-time Clinical Teaching Fellow/Hon. Asso. Professor, University of Nottingham
- Foundation Training Programme Director, HEEM
- MMed Psychiatry Lead, University of Zambia
- FECC Chair (GA Faculty) until recently
- Ex-Chair, British Indian Psychiatric Association

What is quality?



# 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
- IMGs in Psychiatry more likely to face suspensions and referrals to regulators
- IMGs in Psychiatry more likely to fail summative and formative exams

# The Telegraph

[Home](#) [News](#) [World](#) [Sport](#) [Finance](#) [Comment](#) [Culture](#) [Travel](#) **Life** [Women](#) [Fashion](#)

[Women](#) | [Men](#) | [Motoring](#) | **Health** | [Property](#) | [Gardening](#) | [Food](#) | [Relationships](#) | [Expat](#) | [Puzzles](#)

[Health News](#) | [Health Advice](#) | [Diet and Fitness](#) | [Wellbeing](#) | [Expat Health](#) | [Pets Health](#) | [Britain's](#)

[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





# BAPIO will not appeal MRCGP judicial review decision

7 May 2014 | By Joe Davis



Print



Email



Like

0



Tweet

0



g+1

0



Comments (12)



Save

**Exclusive** The international doctors' group who took the RCGP to court over its MRCGP exam has said it will not appeal [the court's ruling that the exam was lawful](#), Pulse has learnt.

However, the president of the British Association of Physicians of Indian Origin (BAPIO), Dr Ramesh Mehta, told Pulse that the organisation would be willing to challenge the RCGP 'if no solution is found' to the disparity in pass rates for non-white groups

Dr Mehta said he has spoken with RCGP chair Dr Maureen Baker and there has been an agreement to meet to '[find a way forward](#)'.



# Pass rates for Candidate Groups- Paper A



	Number of Candidates in Group	N passed	% Pass Rate
UK PMQ working in UK	196	128	65.3
OS PMQ in UK Training Post	98	20	20.4
OS PMQ in UK Non Training Post	43	18	41.9
Working OS	161	91	56.5
<b>All</b>	<b>498</b>	<b>257</b>	<b>51.6</b>

# Pass rates for Candidate Groups

## First Attempt candidates only



	Number of Candidates in Group	N passed	% Pass Rate
UK PMQ working in UK	157	114	72.6
OS PMQ in UK Training Post	49	14	28.6
OS PMQ in UK Non Training Post	15	7	46.7
Working OS	120	78	65.0
<b>All</b>	<b>341</b>	<b>213</b>	<b>62.5</b>

**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
<b>Subtotal (Other)</b>	<b>968</b>	<b>185</b>	<b>37.3</b>	<b>106</b>	<b>22.5</b>	<b>169</b>	<b>24.8</b>	<b>122</b>	<b>42.5</b>	<b>291</b>	<b>30.1</b>
<b>Indian Borders</b>	<b>291</b>	<b>36</b>	<b>27.9</b>	<b>42</b>	<b>25.9</b>	<b>50</b>	<b>21.8</b>	<b>28</b>	<b>45.2</b>	<b>78</b>	<b>26.8</b>
<b>Indian Sub-Continent</b>	<b>1267</b>	<b>172</b>	<b>30.1</b>	<b>180</b>	<b>25.9</b>	<b>214</b>	<b>23.3</b>	<b>138</b>	<b>39.4</b>	<b>352</b>	<b>27.8</b>
<b>Republic of Ireland</b>	<b>101</b>	<b>52</b>	<b>68.4</b>	<b>13</b>	<b>52.0</b>	<b>25</b>	<b>56.8</b>	<b>40</b>	<b>70.2</b>	<b>65</b>	<b>64.4</b>
<b>United Kingdom</b>	<b>544</b>	<b>413</b>	<b>86.2</b>	<b>48</b>	<b>73.8</b>	<b>210</b>	<b>81.4</b>	<b>251</b>	<b>87.8</b>	<b>461</b>	<b>84.7</b>
<b>Total</b>	<b>3171</b>	<b>858</b>	<b>49.0</b>	<b>389</b>	<b>27.4</b>	<b>668</b>	<b>31.4</b>	<b>579</b>	<b>55.6</b>	<b>1247</b>	<b>39.3</b>

# Exam Factors

**Table 19: CASC Pass Rates by Ethnicity**

Ethnicity	All Candidates			UK PMQ		
	Total	Pass	%	Total	Pass	%
<b>Asian</b>	1775	541	30.5	103	77	74.8
<b>Black</b>	470	103	21.9	9	8	88.9
<b>Chinese</b>	92	32	34.8	24	16	66.7
<b>Mixed</b>	47	25	53.2	16	13	81.3
<b>Other</b>	143	48	33.6	14	10	71.4
<b>Unknown</b>	24	11	45.8	4	3	75.0
<b>White</b>	620	487	78.5	374	334	89.3
<b>Non-White Total</b>	2527	749	29.6	166	124	74.7
<b>Total</b>	3171	1247	39.3	544	461	84.7

# Exam Factors



- 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

# IMG Factors: GMC (2009)



- Major differences in the ethical frameworks of their country of training and in the UK
- The greater emphasis on autonomy, duty of confidentiality and informed consent may come as a surprise
- Lack of awareness of Good Medical Practice
  - not always read, understood, or interpreted accurately

# IMG factors



- 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
  - IMGs' lagged behind UK trained examinees – equivalence would be achieved by raising PLAB pass mark by 13-20%



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

“Every system is perfectly designed to get the results it gets.”

—Dr. Paul Batalden

...so re-design  
your system to  
get better results.



# Systemic Factors



- Lack of awareness of IMG issues in LETB/Deanery hierarchy

# Systemic Factors



- Lack of awareness of IMG issues in LETB/Deanery hierarchy
  - Of 13 LETBs- only Yorkshire & Humber, East Midlands and London – have specific information for and about IMGs on their website
  - Where this is present – it is usually on GP School pages
  - None of the Schools of Psychiatry have any specific information for IMGs at all

# Systemic Factors



- Are IMG issues a standing item on the School agenda?
- Are there dashboards to monitor exam success rates for IMGs
- Is there a School policy for supporting IMGs
- Are there School resources (local Champions) devoted to support IMGs
- Are these advertised? Is their take-up monitored?

# 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

# Systemic Factors



- Lack of Empathy
  - “If they’re coming to work in the UK- they must be prepared to work like a local trainee”
  - “We can’t dilute standards”
  - “They’re untrainable”
- Lack of systems to identify problems and track progress in resolving them
- Lack of understanding of the exam



## The ten standards

### THEME 1 Learning environment and culture

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.\*

### THEME 5 Developing and implementing curricula and assessments

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

### THEME 4 Supporting educators

S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.



### THEME 2 Educational governance and leadership

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability, and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

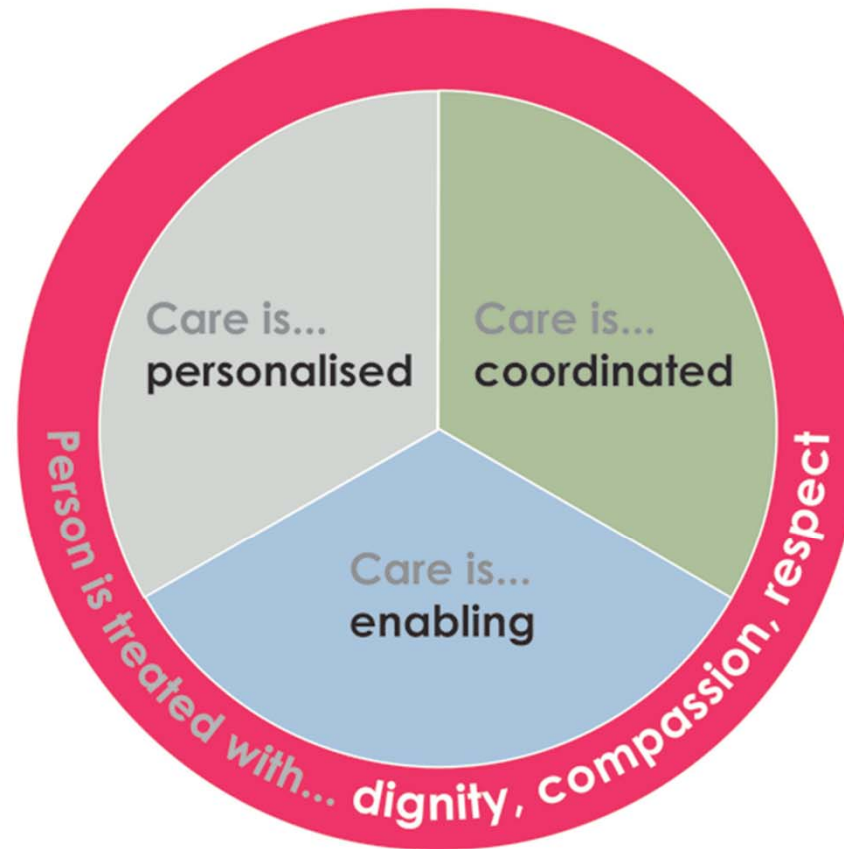
S2.3 The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity.

### THEME 3 Supporting learners

S3.1 Learners receive educational and personal support to be able to demonstrate what is expected in Good medical practice and to achieve the learning outcomes required by their curriculum.

\* For undergraduate education, the learning outcomes for graduates (Tomorrow's Doctors)<sup>1</sup> and for postgraduate training, the curriculum approved by the General Medical Council.

## The four principles of person-centred care



# Empowering trainers



- **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 are at a disadvantage- acknowledge that early

# Empowering Trainers



[Home](#) [Find a job](#) [Jobs by email](#) [Search recruiters](#) [Articles](#) [Course finder](#) [You](#)

[Careers articles](#) [Useful links](#) [View article](#)

## It is time to accentuate overseas doctors' positives

**Authors:** Subodh Dave

**Publication date:** 21 Apr 2016

---

International medical graduates bring a wealth of experience to the NHS but this is rarely acknowledged, writes **Subodh Dave**

It is estimated that over a third of the 150 000 or so doctors in the NHS received their primary qualification outside the United Kingdom.<sup>[1] [2]</sup> These doctors are often referred to as international medical graduates (IMGs), although the General Medical Council (GMC) excludes doctors from the European Union from this group.

# Supporting Trainers – RCPsych



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

# Supporting Trainees



- Identify and remedy learning gaps
- Mentorship

# What can YOU do?



- Make sure the issues is on the School agenda
- Check your progress against Improvement Indicators
- Ask who is your local Lead
- Liaise with RCPsych – google IMG RCPsych

# Improvement Indicators



## Outcome

Number of trainees given detailed induction to working in the NHS

Pass/Fail rates in exams

1:1 educational supervision to trainees with exam fails

No. of trainers given training in MRCPsych exams

No of GMP/GPP modules completed

## Process

No of trainees sign-posted to Resource packs for IMGs

No of trainees signposted to informal support networks-  
Diaspora groups

No of trainees with assigned mentors

No. of Consultant interviews/observed by IMGs

Membership of mixed study group (as opposed to IMG only group)



# 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
  - Big White Wall
  - Self-help resources

# 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





# IMG Conference



- 1<sup>st</sup> December 2016
- Joint Conference with RCGP

# Get in touch



- [subodh.dave@derbyshcft.nhs.uk](mailto:subodh.dave@derbyshcft.nhs.uk)
- @subodhdave1
- [specialtytraining@rcpsych.ac.uk](mailto:specialtytraining@rcpsych.ac.uk)
- [www.rcpsych.ac.uk/traininpsychiatry/trainees/internationalmedicalgraduate.aspx](http://www.rcpsych.ac.uk/traininpsychiatry/trainees/internationalmedicalgraduate.aspx)



**Thank you**