

Reflections on the MRCPsych Examinations in the UK

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The 2011 General Medical Council (GMC) records showed that 37% of registered Doctors obtained their primary medical qualification outside the UK. Of these, 27% gained their Primary Medical qualification outside Europe or Switzerland, a group commonly known as International Medical Graduates (IMGs) [1]. In the field of Psychiatry, data presented at the 2012 Royal College of Psychiatrists Annual International Congress showed that 40% of trainee psychiatrists are IMGs [2].

IMGs face many social and cultural challenges not only when practicing medicine, but also when taking clinical exams in the UK. A report published in November 2012 by the House of Common Health Committee and the National Clinical Assessment Service highlighted some concerns about the professional practice of Doctors who qualified outside the UK, including issues with clinical skills and knowledge [3-4]. For the clinical exams, IMGs are twice more likely to fail to progress in their training when compared to UK medical graduates (26% vs 13% failure rate) [5].

We review below, for completeness, what the challenges are that IMGs face in the clinical skills exams. A number of studies made for the Royal College of General Practitioners (RCGP) have been published on this topic in the BMJ Careers [6, 7, 8]. Their findings are also pertinent to the clinical skills examination organised by the Royal College of Psychiatrists:

- Pronunciation and accents: It is sometimes difficult for actors/examiners to understand people who speak English with a strong foreign accents. This can affect patient/actor engagement and negatively impact on the doctor- actor rapport.
- Lack of familiarity with local colloquialisms: Most UK Medical Graduates and examiners share an identical use of medical English terms.
- Lack of clarity in the explanation of the problem and formulation of an appropriate management plan covering the bio-psycho-social model.

Some Doctors who qualified outside the UK are feeling discriminated by the clinical assessment procedures. Early last year, the RCGP was taken to court by the British Association of Physician of Indian Origin (BAPIO). Following judicial review, the RCGP was cleared of ethnic discrimination. However, the high court judge noted that “the review showed unavoidable unconscious bias, due to the nature of the assessment, and that some of the significant differences in the pass rate between groups could be put down to education and cultural differences” [9].

My personal experience showed me the importance of having regular one to one mentoring sessions. The feedback I received from my own Clinical skills examination showed I had to ascertain and overcome my difficulties in terms of both verbal and non-verbal communication skills. Throughout that journey, I was fortunate to get the support from an advanced trainee who is a British Graduate. During our regular meetings, we worked on both clinical and non-clinical skills, with particular accent on communication skills, research and audits opportunities. Advice and suggestions I received helped to boost my confidence and made me discover some of my hidden talents and potentials. I would have benefited from receiving this level of support earlier on in my training.

We believe that properly addressing the challenges faced by IMGs early on in their training through mentorships and other targeted resources could greatly improve the clinical exams pass rate for IMGs .

Some Deaneries have already started to put in place systems to help address deficiencies in communication skills. A lot more can be done, and the multidisciplinary model used in the day to day clinical practice can also apply here:

- (1) At the trainee level: We could develop a mentorship scheme run by Senior Trainees. This will help develop a network where people could talk about their training issues, work related difficulties and learn from others' experience.
- (2) At the Hospital level: Additional training offered to educators and Supervisors of IMGs, who should be open and honest with their trainees, especially when concerns arise about any particular aspect of their practice. Support can be provided on how to tackle those issues through mentorship scheme.
- (3) At the Deanery level: (a) Arrange for educators/Supervisors to observe the clinical skills exam run by the Royal College at least once. This may give them some insight into how to prepare their trainees for the exam. (b) Trainees who are struggling should be supported. (c) Develop online resources for improving communication skills available to both trainees and Educators.
- (4) At the National level: UK is a multicultural society. That diversity could also be reflected in the actors/examiners representation at the clinical examination.

References

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