

Sue Rendel  
RCGP Chief Examiner  
Royal College of General Practitioners  
30 Euston Square  
London  
NW1 2FB

**General Practitioners  
Committee**  
GP Trainees Subcommittee

9 January 2013

Dear Sue,

### **International Medical Graduates**

I am writing to you following a meeting of the GP Trainees Subcommittee on 22 November 2012. At this meeting detailed consideration was given to the concerns that have been raised regarding the performance of International Medical Graduates' (IMGs) and the MRCGP certification process. The subcommittee has been contacted by various individuals concerned about the pass rates for IMGs relative to other trainees.

The relatively poor outcome for IMGs is clear from the results published by the RCGP on its website; however the reasons for the poor results are less clear. I understand that the RCGP is looking into this issue and I was hoping that you could provide me with some more information about the work that is being carried out so that I can reassure our members and other concerned GP trainees that this matter is under investigation. I also wanted to provide you with some feedback on the discussion at the subcommittee meeting.

A view communicated to the subcommittee by a number of BMA members prior to the meeting was that there is something intrinsic to the operation of the Clinical Skills Assessment (CSA) that means it discriminates unfairly against IMGs. While we have been provided with no evidence to substantiate these claims, there was some support for this suggestion amongst members of the subcommittee. The prevalence of the perception highlights the importance of attaining some insight into the real reasons for the pattern in results.

Language was a common theme throughout the subcommittee's discussion; in particular there was agreement that where a trainee's first language was not English, it may be that additional support is required. The use of nuance, humour and understatement were provided as examples of particular challenges. It may take a significant period of time for some trainees to adapt to the socio-linguistic norms that, for other trainees, require no work at all. The amount of time required for some trainees to adapt to these norms should be a consideration throughout the training process and in terms of how many times trainees are permitted to re-sit examinations.

Committee members suggested that any trainees who require additional support should be offered this at the beginning of the training process. Their training can then be specifically tailored to meet these needs. There was real concern that specific problems were not being identified or communicated to trainees at an early enough stage.

A common report from subcommittee members was that the failure in the CSA came as a surprise because trainees had understood from the training process and from interaction with their trainer that they were on

Chief Executive/Secretary: Tony Bourne

the right track. It was felt that this could be leading to the conclusion that there is a problem with the examination, when it could be that there had been a failure at the preparation stage. It was suggested that trainers may not always be comfortable with, or appropriately skilled in, addressing issues relating to the language or cultural differences which could be an impediment to success in the CSA. The challenges trainers may face in guiding their trainees to success need to be identified and addressed. Trainers must be able to feel confident in raising any issues, including any that may relate to language and communication skills. It would be helpful if you could clarify whether there is currently any training for GP trainers on socio-linguistic issues.

In line with views expressed by other organisations, the subcommittee believes that it is in the interests of trainees and the RCGP to make use of existing video recording technology to assist with the investigation into this issue. It has been suggested that recording should be standard so that where concerns are raised, it is possible to revisit and analyse the examination. The subcommittee would be happy to liaise with you to assess the feasibility of this suggestion.

It would be very helpful to hear how the views and perceptions expressed in this letter relate to the work the RCGP has been carrying out. It is clear from data published on the GMC website that the discrepancy between results is not isolated to general practice examinations; however I do not feel this reduces the impetus to establish a way of improving the situation for IMGs in GP training.

The subcommittee would welcome the opportunity to work with you further on this matter. I understand that Kailash Chand, the Deputy Chairman of BMA Council, has already discussed this issue in a meeting with Clare Gerada, and I will be attending the meeting with the RCGP and representatives from the British International Doctors Association (BIDA) and the British Association of Physicians of Indian Origin (BAPIO).

I look forward to hearing from you.

Yours sincerely,



Krishna Kasaraneni  
Chairman, GP Trainees Subcommittee

cc. Clare Gerada, RCGP Council Chair

Barry Lewis, COGPED Chairman