

**Minutes of the Derby Medical Society  
18 November 2020  
First Virtually Held Meeting due to COVID  
Recorded**

**Apologies:**

**Next meeting:** Thursday, 10th December:

**"COVID at the Sharp End" - Dr Jon Cort & Dr Mohamed Abdulla**

**Evening Host:**

**DR. SARAH MILNER  
President Derby Medical Society**

Session opened by welcoming the audience (47 participants) and highlighting the advantages of a virtual meeting.

Formal feedback encouraged - regarding technical issues.

Introducing:

**Speaker:**

**DR STUART HOLLOWAY**

**MA (Cantab) MMed (Dund) MB BChir**

**DRCOG DFFP FRCGP FAcadMed**

**Associate Postgraduate Dean and Programme Director, Health Education England**

**Director of Medical Education, Health Education Derbyshire Training Hub**

**Senior Partner, Macklin Street Surgery**

**President Emeritus, Derby Medical society**

**Opening:**

Conveying birthday wishes to **Dr. Helen Lever**

Introducing **evening guests:**

**Prof. Amanda Howe**, President Royal College of General Practitioners,

President and Vice-president of the British Association of Physicians of Indian Origin, respectively

**Dr. Ramesh Mehta** and **Dr. Satheesh Mathew**,

**Dr Kathryn Oliver**, Training Program Director, Nottingham Specialty GP Programme.

**"THE INTERNATIONAL MEDICAL GRADUATE, COVID AND THE HUNGARIAN AMERICAN  
PHILOSOPHER: A SOLUTION FOUND THROUGH EDUCATIONAL PRAXIS"**

**Introduction:**

COVID not the center of the talk, but becomes relevant when talking about the management of challenge.

Dr. Holloway referring to the 18 months research exploring the challenges the IMGs (International Medical Graduates) face as they enter GP Training and the solutions colleagues and educators can find to facilitate their journey.

The Hungarian American philosopher, **Mihaly Csikszentmihalyi**, will help to provide some of the solutions.

**Acknowledgement:** Health Education East Midlands, GP Training Programmes across East Midlands and the University of Dundee, and Ms. Frances Holloway, assisting and facilitating completion of the research, over 3.5 years.

**Statement:** "Assessment drives learning" - the mantra of educationalists, in every sphere of education.

**Quiz:** Dr. Holloway using The Standard Model of particle physics and three dog breeds to demonstrate an arising learning need, referred to as an "Epistemic deprivation". (Epistemic = Knowledge).

**Term:** "Educational Praxis" = Application of educational theory in practice (Aristotle). Understanding the term can facilitate support IMGs in their challenges, or can help us with other challenges in life, such as COVID.

**GMC(2018) definition of IMG:** \* a doctor who is "a national of a country outside the UK, EEA or Switzerland who has graduated from a medical school outside the UK" or

\* a doctor who is "a UK national who has graduated from a medical school outside the UK, EEA or Switzerland".

The term **IMG** is actually broader, but for the purpose of this research findings, the GMS's definition is the one used here.

### **"Challenges Facing International Medical Graduates Entering Postgraduate General Practice Specialty Training in the East Midlands and their Potential Solutions: A Case Study"**

#### **Why the interest?**

Dr. Holloway, as a UK graduate, has traveled to Poona, India, in 1992 for his Medical Elective. He has visited local hospitals, which were all facing important challenges, in a country divided by poverty and wealth, with an inverse care law, which is still relevant today.

Approximately 20 years ago, a GP Registrar who graduated at the Sassoon Government Hospital in Poona, which Dr. Holloway visited during his experience in India, was attached to his surgery. He organised an IMG Conference and it became evident that the challenges that IMGs entering GP training in East Midlands were facing were not adequately recognised or mitigated.

The purpose of this study was the exploration of the lives of the IMGs, the challenges they are facing and a solution to these challenges.

**The qualitative approach** was a very necessary paradigm for the exploration of the lives of the IMGs.

#### **Exploratory methods used:**

- \* Focused groups
- \* Online questionnaire
- \* Semi-structured interview.

This study was not of a single individual, but incorporated IMGs sampled from **6 countries**.

Data was analysed through a process of **thematic analysis**.

It was reduced to **six challenge themes** and **four solution themes**.

Theory was derived from data, the exact opposite of a quantitative study.

Culture and communication are not the only issues the IMGs are facing.

**Definitions:** Acculturation refers to a process of cultural adaptation or acclimatisation.

Around a third of our medical workforce (30 %) comprises IMGs and is expected that they will acclimatise to our country.

Reciprocal acculturation is recognising the dependence of the host country's citizens on this group of migrant workers and developing an understanding of their culture.

**Factors influencing migration of the workforce:**

- \* Push factors - the need for education and income
- \* Pull factors - workforce shortages or cheaper, already trained workforce.
- \* Brain drain - the developing countries are devoid of an adequate workforce.

**Moral dilemma:** in leadership terms "a wicked problem" - a complex, potentially unresolvable difficulty, in the need of leadership.

Similarly, COVID is a wicked problem, potentially unresolvable to the satisfaction of everyone, certainly in the absence of a vaccine.

**The research findings: 6 themes and 4 solution themes** - all overarching themes, comprising many sub-themes.

**Themes:**

**1. The Experience of "Difference"** - culture/ cultural disconnect, communication, differences in social norms, perception of illness, the role of the doctor in social care in UK, in patient's autonomy in UK, humour, environment, language. The challenge of leaving behind the loved ones.

"How much you should be like everybody else and how much stay true to your cultural values"

"Coming here they have their own expressions that you need to learn"

"There is no-one else going to come to help me, it's just me"

These differences lead to feeling of **isolation**, concept that proved to be important when it came to **IMG wellbeing**.

**2. Dysfunctional Relationships** between IMGs and their families, their professional colleagues, their educators, employers and the state.

"I'm a visitor", "just trying to please (the patient)", "do what you know is right for them, rather than doing what should be done"

IMGs are aware that they have made a **choice** when they came to this country.

**Hierarchy**, informality in UK and **gender** proved challenging. IMGs avoiding pursuing mandatory assessments and references from seniors, to progress into their desired career.

**Bullying** and recognition of bullying appeared difficult in UK. **Power imbalance** and **racism**.

"I did not realise that I will be bullied because I did not know...It was hard."

**3. Impaired Conceptual Understanding and Expertise**

Lack of conceptual understanding of **postgraduate training**. Self directed learning, reflection, portfolio management and audit proved problematic. Some IMGs have expressed a lack of understanding of **NHS**, welfare state and **general practice**.

Conceptual understanding extended to the **consultations** "the doctor is the drug".

Self-confidence, educational progression and assessment contrasted with prior perception of achievement.

We need to remember that many IMGs have held very senior positions in their countries, and in UK they are demoted to a lower position of a junior doctor.

The use of **façade** and **deception** - they would appear to be **overconfident** to overcome their challenges.

**4. Practical barriers** - realised prior to commencement of GP training and continued. Examples: management of visas, childcare and personal finance, national policy on entry (PLAB, obtaining visas) - formed further challenges. Educational practicalities and temporal challenges (within the consultation, the immediacy of healthcare provision, the concept of holiday - travelling long distances with families in a restricted timeframe).

**5. Compromised wellbeing** - IMGs accepted that there will be difficulties. **Adverse sentiments** were expressed: fear, frustration, feeling inhibited, uncertainty, compulsion to change, lack of self confidence, difficulty coping, feeling overwhelmed. These thoughts were accompanied by thoughts of resignation. "A constant feeling of being a guest indebted to my host in the form of patients". They would seek advice from other IMGs - from the wrong people, generating serious psychological difficulties in some. These negative feelings can lead to **the conceptual cycle of anxiety, avoidance and increasing challenge**.

**6. Balanced risk** - one of the most important theme, became apparent from discussion with trainers. The balance of assisting a registrar and the IMG becoming dependant of the trainer. Equally, withdrawing support would do further insult to the registrar wellbeing. Another risk is the trainer being misunderstood by IMGs. This theme needs open discussion.

### **Solution themes:**

**1. Application of Metacognition** - regulating thought processes through analysis and reflecting. IMGs have demonstrated ability to strategise, contextualise, using higher order thinking skills, in order to resolve their difficulties.

Planned learning, prepared for failure, seeing failure as a step towards success.

"...the onus is upon us to improve..."

**2. Employment of Emotional Intelligence** - attitude and character are important here, operating on an individual level, but also on a reciprocal basis between IMGs and their peers, their trainers and patients.

**3. Deployment of Curiosity** - engaging in active or deliberate and passive or neutral information gathering. Adopting responsibility to learn was not uniform across IMGs. **Mechanisms** used: questioning, reading, use of technology. There is a link between curiosity and metacognition. In the presence of a learning need, strategising led to enquiry and comprehension. Coping ability is linked to sorting knowledge and understanding rules of regulation.

There is a **risk of passivity** which can lead to a failure to progress, and examination failure.

**4. Nurturing Resilience** - may have individual, external, genetic and biological influences. It is related to character, individual traits and attitude.

IMGs were seen to have innate resilience, to be self selective, self motivated, flexible, diligent, determined, willing to accept assistance and to demonstrate existing resilience of character, recognising **the value of being different**.

"how are you coping with COVID?"

"you don't have reasons to quit, so you have to fight"

However, there is a risk of abandonment.

### **Where do we go from here?**

How will we help the IMGs who are facing a multitude of challenges?

**Maslow's "Theory of Motivation"** describes the progressive fulfillment of an individual's needs, in order to alleviate deprivation and to enable personal development. This facilitates reaching the level of **self-actualisation**, where we become proficient, and subsequently **transcendence**, where we become able to help others.

The basic model includes **basic needs** (physiological and safety needs), **psychological needs** (belongingness, love and esteem needs) and **self-fulfillment needs** (self-actualisation).

The **extended model** adds **cognitive** and **aesthetic needs**.

There is a clear analogy between Maslow's model and the challenges experienced by IMGs.

The study demonstrated the IMGs find mechanisms to overcome **deprivations**, using **metacognition**, they enact **curiosity**, to employ and respond to **emotional intelligence** and to develop **resilience**.

## Csikszentmihalyi's "Flow Theory"

The mastery of **increasing challenge** associated with **emerging skills** is facilitated by **concentration, interest and enjoyment**, which relate to **curiosity**.

A **low challenge** at a **low skill** level leads to a state of **apathy**.

A **high challenge** at a **low skill** - **anxiety**

A **high skill, low challenge** - **relaxation**

A **state of flow** is the contentment level - where the **challenge is high** and the **skill level meets that challenge**.

Both **Maslow's "Theory of Motivation"** and **Csikszentmihalyi's "Flow Theory"** can be applied in parallel to understand the challenges faced by the IMGs.

**Dr. Holloway's Cognitive Domain Theory**, determines that IMGs must fulfill their needs up to the **cognitive domain** if they want to achieve **academic transcendence**.

How could the cognitive domain be achieved without meeting the lower order needs? In the presence of an unresolved challenge, the activation of **metacognition** stimulates **curiosity**, which feeds back to resolve **deprivations** at every level of the hierarchy.

**Curiosity** is incredibly important in education.

The education mantra "assessment drives learning", whilst true, is a very misguided approach to education:

**CURIOSITY DRIVES LEARNING!**

**It is not politics or assessment that will resolve the wicked problem of COVID, it will be one or a group of individuals who display that innate and omnipotent factor of learning: they are simply curious.**

"**Attention** is the rarest and purest form of **generosity**" (Simone Weil).

Do we pay attention to those around us?

**Do we pay attention to the IMGs?**

Dr. Holloway has led the development of an **Orientation** course for IMGs at Derby GP Specialty GP Training Programme, with the assistance of the Foundation Trust, the BMA, the GMC, NHS England, University of Nottingham and **Dr. Oyedele**, one of our qualified GP IMGs.

The **Deanery** is now extending this work across the East Midlands. **Dr. Kathryn Oliver** and **Dr. Susan Hadley** from the University of Northampton Programme will take this forward. This process of orientation will include skilled coaching, the development of metacognitive skills, as they trigger curiosity, which will drive learning. This way the IMGs will be well equipped to resolve their challenges.

## **KEY MESSAGES**

IMGs form a quarter of the UK medical force.

Reasons for migration include push and pull factors.

The challenges facing IMGs are several.

To assume that culture and communication are the main issues is to over-simplify the complexity of the problem.

Resolution of these challenges is found in educational praxis through the application of metacognition and curiosity

Metacognition can be taught.

Orientation programmes provide a mechanism of delivery.

The UK is behind USA and Australia in research on this issue.

This can be remedied.

Research informs policy.

Are we able to accept the challenges that IMGs face? Are we prepared to do something about these challenges?

Are we able to accept the truth and adapt? Are we able to pay attention?

With deep emotion and sadness, Dr. Holloway deplored the recent death, due to COVID, of **Dr. Krishnan Subramanian**, Consultant Anaesthetist at Royal Derby Hospital. Dr. Subramanian was an alumnus of Government Kilpauk Medical College in India, an International Medical Graduate colleague, who has made the ultimate sacrifice in the line of duty for the NHS.

Following this loss, Dr. Holloway has written to **Her Majesty The Queen**, the **Royal British Legion**, and political leaders, in supplication for two **proposals**:

1. The introduction of a new honour, the "**Nightingale Cross**", for health and social care workers who died in the line of duty.
2. The introduction of a new foundation, "**The Blue Poppy Foundation**", allying with the Royal British Legion to British to work in remembrance of health and social care colleagues who have similarly succumbed to illness in the line of duty.

### **Questions and comments:**

1. **Dr. Amanda Howe** thanking Dr. Holloway for his "really good research and fascinating findings".

2. **Dr. Ramesh Mehta**: The IMGs are well appreciated by patients, but apparently less by their colleagues. The rate of passing the examinations (i.e. MRCGP CSA) for the IMGs is significantly lower compared to British colleagues. How can the message "**attention must be paid**" carried to local managers and colleagues? - Dr. Holloway considers that within the local region that is gradually being achieved though speaking with IMGs themselves at the Orientation courses, through trainers workshops, at conferences. It is important that someone who isn't an IMG to be seen supporting the IMGs, in order to advise colleagues that behavioural changes are necessary. **Dr. Kathryn Oliver** and **Dr. Susan Hadley** from the University of Northampton Programme will take this forward through the East Midlands.

3. **Dr. Kathryn Oliver** - thanking Dr. Holloway and hoping their working group will be able to take his research forward to provide support and benefit for the IMGs in our region.

4. **Dr. R. Gontescu** : What triggered this extensive interest in the IMGs? - Dr. Holloway has trained many IMGs, he observed that some of them have had difficulties in progression and it was clear that there was a deficiency in the support that was available to them. IMGs were very kind to disclose their situation, during the semi-structured and focused interviews, and asked Dr. Holloway to do something about this. It started out as a case study and it became a piece of action research.

5. **Dr. Fatema Chowdhury** - thanking Dr. Holloway, hoping that things will change for the IMGs in the future, and sharing her own experience as IMG in UK: as a new mother, she wasn't able to work as LTFT because of being on a Tier 2 visa. She feels that the anxiety and guilt as a mother, unable to provide the time that a baby deserves, will always be a part of her life. - Dr. Holloway considers this a very important concept, as IMGs are required to have a high income in order to remain in work in this country. He considers that these doctors are working very hard in this country and setting the income level so high is not serving workforce well.

6. **Dr. Sarah Milner** - highlighting the privilege to work along Dr. Holloway during this research, reaching very real results with the IMG course, increasing awareness throughout the region, and also having people from other areas to spread the word.  
Thanking Dr. Holloway for such an inspirational talk.

### **Next session:**

**Thursday, 10th December - "COVID at the Sharp End" - Dr Jon Cort & Dr Mohamed Abdulla.**

**Registration online.**

