

## Celebrating the success of international internal medicine training programmes

### Authors

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Earlier this year, the three UK royal colleges of physicians – the RCP, Royal College of Physicians of Edinburgh and Royal College of Physicians and Surgeons of Glasgow – met at the RCP's Regent's Park headquarters to host and celebrate trainees who successfully completed internal medicine training (IMT) in India and Dubai and who are now undertaking higher specialty training in the NHS.

This was an opportunity for trainees to share their learning, success and experiences. We were also joined by international IMT programme leaders by video link, who shared their experiences and gave thanks to the trainees who made the programmes a success. This was a lovely moment to reflect on the development and progress of this three-college initiative.

The project to deliver UK equivalent core medical training (CMT), and subsequent IMT, began in 2014. The Icelandic government approached the Joint Royal Colleges of Physicians Training Board (JRCPTB), as part of the Federation of the Royal Colleges of Physicians of the UK (Federation), to ask for advice on developing structured postgraduate medical training within Iceland. The project in Iceland eventually delivered equivalent training that mirrored the normal structures and processes of UK training, while meeting the needs of local context. This included fully following the UK curriculum, the use of the JRCPTB ePortfolio, Annual Review of Competence Progression (ARCP) with expert externality, and a process of accreditation using UK generic standards of training.

Following the successful introduction of the programme in Iceland, a further five international partners introduced IMT in sites located in Dubai, Kochi, New Delhi, Trivandrum and Wayanad.

In each case, a very similar programme of change management and induction was used. To achieve this, the RCP's Education Directorate delivered education and training on the concepts and delivery of

competency-based medical education to both the full cohort of local trainers and the first cohort of trainees at each site. This comprised face-to-face training over two visits: the first visit concentrated on training supervisors, focusing on developing the fundamental knowledge, skills and behaviours required to establish themselves as educational and clinical supervisors; the second visit, occurring just before the training programme launched in the new centres, provided top-up training for supervisors, as well as bespoke training for trainees who were about to embark on these new programmes.

It is important to understand why this significant programme of work was undertaken by the Federation. Firstly, there remains a huge demand to develop capacity in postgraduate medical education internationally. The UK training model remains highly regarded because of its focus on clinical skills and professional behaviours. It was also important to offer training alongside the MRCP(UK) Diploma, as that is increasingly what all governments want for their doctors (rather than MRCP(UK) alone). Also, by providing good training alongside exam preparation, it was hoped that the success rate for MRCP(UK) would rise, specifically for the PACES element of the examination. Finally, there is still a strong desire for some doctors to come to the UK for higher specialty training; the UK has a longstanding need for international medical graduates to support the work of the NHS. It was hoped that these programmes would support those with ambitions to work in the UK to navigate what can sometimes be a difficult process. Interestingly, many of the clinicians internationally who are now leading and delivering the international programmes also received higher specialty training in the UK and returned to their countries of origin with enthusiasm for the UK training methods.

There are two specific advantages – beyond the training – for those undertaking the programmes. Firstly, there are dedicated PACES places for those who are ready to take the examinations, in the same way that



### Top row:

Dr Faiz Mukthar,  
Dr Balram Rathish and  
Dr Ummer Ettu Veettil

### Middle row:

Tom Baker and  
Professor David Black

### Bottom row:

Dr Rabia Zaahid,  
Dr Ganesh Vijayakumar  
and Dr Roshni Pillay

trainees in the UK can take the exam when they are ready. Secondly, those who are deemed to successfully complete training at ARCP, as well as successfully completing all parts of the MRCP(UK) Diploma, can apply for higher specialty training in the UK – and their applications are treated in same way as those of trainees who complete IMT in the UK.

Trainees who completed the programmes talked about their experience in a very positive way. Of course, as the first to apply, there were aspects of pathfinding this new process, but on reflection they were all immensely proud of what they had achieved personally and professionally during their training programme, as well as being able

to support international IMT programmes to mature through their valuable feedback and engagement. Programmes are now considerably oversubscribed at all international sites and we continue to look for ways to support and develop these and other programmes further as we go into the future.

[www.jrcptb.org.uk/about-us/international-programme-accreditation](http://www.jrcptb.org.uk/about-us/international-programme-accreditation)

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