Introduction

Internal Medicine Training (IMT) acts as an entry point for junior doctors wishing to enter a medical specialty in the UK. Applying for this is a process that is often long and challenging, and not always successful. With the changes in examination structure and conduction settings, it can be quite challenging for non-UK graduates. This is especially the case in a district hospital in the Eastern region of England hosting a significant proportion of international medical graduates who are unfamiliar with the application process. This is an ongoing second cycle of a QIP which proved successful last year (2021 intake).

Method

A survey was sent to participants prior to and after each intervention. The following sectors are involved in a cycle of QIP:

Part 1: Applying for IMT: Online application – focused on the Oriel application
Part 2: Interview Preparation Talk – focused on the very new IMT interview structure format and predicted sample questions
Part 3: Mock Interviews – Conducted in an accurate setting which reflects the actual interview environment with provision of detailed formal feedback to each candidate allowing for mock observers as well
Part 4: Preferencing talk – A final survey will be sent after candidates have received their offers.

All participants are part of a WhatsApp group and are encouraged to raise any concerns or queries throughout the process.

Improvements for 2022 intake

1. Conduction of mock interviews in accurate reflection of actual interviews
2. Widening the scope of QIP by allowing non-local international medical graduates from different regions of UK to join the talk
3. Giving opportunities to non-local candidates to join as observers during mock interviews.

Results

As offers have only been released on the 17th of March, data collection for this cycle remains incomplete. The following graphs depict the information gathered and analysed thus far:

Discussion

Surveys were used to assess their knowledge and confidence in applying for training. It’s clearly demonstrated that in total, 33.3 % of candidates who have taken the Mock Interview survey answered, “very useful” and 66.7 % answered “Extremely Useful “.

16.7% of candidates give “very confident” with regards to answering clinical scenario questions which has increased to 58.3 % after mock interview intervention and 33.3 % chose “Most confident”.

Before the preferencing talk, 54.5% of survey responders had “very little idea” about competition ratios among regions. After the talk, 36.4% responded that their knowledge had increased to “a great deal” and 54.5% responded “moderate deal”.

Looking at the data it is indicated that there is an improvement, and this has led to them being appointable followed by being an offered a place or being placed on the reserve list.

Conclusion

This project has clearly demonstrated the effectiveness of near-peer mentoring support in the post-graduate training application process despite the small scale. We are aiming to carry over this QIP to next year, which will complete 3rd cycle of QIP. We also aim to expand the scope of the QIP to a regional and national level. Making it a model that can be implanted in different trusts to aid international medical graduates.