

21. In your opinion, is the Medical Psychotherapy Faculty adequately interested and involved in research?

Yes; No; Unsure. Please give reason for your answer

22. Would you like the Medical Psychotherapy Faculty to do more to promote psychotherapy research?

Yes; No; Unsure. Please give reason for your answer.

23. What kinds of things should the Faculty do to promote psychotherapy research? (please tick all that apply) [The list of options appears in Table 3 of this paper]

24. What can the Faculty do to specifically support trainees to get involved in psychotherapy research? (please tick all that apply)

Place more emphasis on research within the psychotherapy curriculum; Link up psychotherapy research

project supervisors to trainees; Offer small grants, or a trainee award or prize for psychotherapy research; Other (please specify)

25. Are you interested in participating in Faculty activities to do with psychotherapy research?

Extremely interested; Very interested; Somewhat interested; Not so interested; Not at all interested.

Please leave your name and email and say something about your specific interest

26. Please leave any further comments you have on this subject here



Correspondence

Response to: Lagunes-Cordoba et al 'International medical graduates: how can UK psychiatry do better?'

The paper by Lagunes-Cordoba et al¹ makes important points in relation to differential attainment in psychiatry. However, we note the statement: 'we note that technically the term "IMG" applies to a White British citizen who studies abroad and returns to work in the UK, yet such an individual is less likely to face attainment gaps'. This may not be entirely true, depending on what one means by 'attainment' in this context. We previously published a study using data drawn from the UK Medical Education Database (UKMED), which investigated educational performance and success at recruitment into specialty training for UK International Medical Graduates (IMGs). These are doctors who are UK citizens but have obtained their primary medical qualification outside the UK. We showed that, on average, ratings at the Annual Review of Competence Progression were poorer for UK IMGs than non-UK IMGs. Nevertheless, UK IMGs were more likely to be successful, compared with IMGs, when applying for a specialty training post.² This finding obviously raises issues of fairness, and effectiveness, in postgraduate medical selection. We would also wish to draw attention to our own recently published study of differential attainment in the MRCPsych examination, which was not cited in the paper, though highly relevant.³ This demonstrated that differential pass rates at the Clinical Assessment of Skills and Competencies existed for candidates (both UK graduates and IMGs) who identified as being from minority ethnic groups, even after controlling for the influence of performance on knowledge-based components of the examination. Similar findings were previously reported by Esmail, for the Clinical Skills Assessment component of the MRCGP.⁴ At the time we suggested that these differential pass rates were likely to have complex underlying causes but urgently required investigating and addressing. Understanding

and addressing differential attainment is clearly a matter of social justice but is also essential to the well-being of the National Health Service, its patients and the overseas-qualified staff it has traditionally relied on. Therefore, we felt it was important to draw attention to our own findings, which we believe have contributed to understanding this important but sensitive area of workforce research.

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References

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