



Evaluating the RCOG's Medical Training Initiative from a participant's perspective

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WHAT IS THE RCOG MTI?

- A programme enabling experienced doctors from low-income countries to train in the NHS for a maximum of 2 years.
- The programme aims to improve patient care in participants' home countries by learning from skills and techniques in the NHS

AIM OF OUR STUDY

To evaluate the extent to which the RCOG MTI programme realises its full potential by exploring its performance in two areas:

- 1) The support for current RCOG MTI doctors
- 2) The impact of the RCOG MTI upon doctors return home

METHODS



SUPPORT FOR CURRENT PARTICIPANTS

Three areas of support were recognised as crucial:

- 1) a comprehensive, early induction
- 2) being regarded as on par with UK trainees
- 3) knowing where to seek ongoing support



An early, comprehensive induction was deemed vital in maximising access to further support and enabling a successful transition. Most participants reported a late or missing induction as a particular difficulty.

'Making sure the induction is done early [is vital], for department and then making sure everybody has access to the RCOG induction.'

'RCOG tells us when we're coming in that we're going to be treated like trainees, but sometimes that doesn't get to happen.'

'It's the idea that I know [support] is there has made my transition less stressful.'

THE IMPACT UPON RETURN HOME

Participants perceived their UK training benefited women's health through :

- 1) improved communication
- 2) patient safety enhancing practices
- 3) newly developed teaching skills.



'The NHS taught me to actively involve patients in decisions regarding their care. I've learnt ways to ensure information is provided in ways a layperson will be able to understand. I started talking to my patients a lot more after the MTI'

Two barriers to positive change were identified:

- 1) Participants' unmet expectations of the MTI programme
- 2) Resource limitations and cultural barriers upon return.

'I will hear statements, like, we cannot just import everything from the UK to Nigeria..... It is frustrating because you have ideas that could move patient experience forward. I didn't anticipate the level of resistance that I encountered.'

CONCLUSION

- Participants felt well supported to develop knowledge, skills and techniques
- However, delayed inductions and difficulties upon participants return home appeared to limit the MTI's benefits
- The RCOG, hospital and MTI doctors all have a role in addressing these limitations
- Further research is needed to understand how the MTI can best support doctors to implement learning in their home contexts.