

## Letters to the editor

### OVERVIEW

Please submit letters for the editor's consideration within 6 weeks of receipt of *Future Healthcare Journal*. Letters should ideally be limited to 350 words, and sent by email to: [FHJ@rcplondon.ac.uk](mailto:FHJ@rcplondon.ac.uk)

### Induction programme of international medical graduates on the Medical Training Initiative scheme

Editor – We are surprised at the lack of mention of the Medical Training Initiative (MTI) scheme which is run by a number of medical royal colleges in the article by Jalal *et al.*<sup>1</sup> Currently there are over 300 physicians working and training in the UK on the Royal College of Physicians (RCP) scheme for up to 2 years.

The RCP provides support to these trainees once in the UK, with tailored inductions held four times a year to provide them with an introduction to the NHS, clinical governance and sessions on medical practice by colleagues from the General Medical Council, communication skills, e-portfolio and introduction to cultural differences that they may face in the UK. We also invite a current MTI doctor to talk about their experience over the past year.

Last year, 164 international medical graduates (IMGs) attended MTI inductions. Feedback is used to inform future sessions. We also organise an annual symposium to encourage them to present their audits and research projects.

We are working with other royal colleges to improve knowledge and experience sharing, with an aim to improve the IMG experience.

The main obstacle to receiving adequate support early on in their training is the variable start dates that, on occasions, do not coincide with the available induction dates. To improve this, we would like to work towards providing some aspects of the induction online with information on settling into the UK (eg accommodation, schooling and opening a bank account).

We welcome and support the suggestion by Jalal *et al* to implement national inductions to improve the quality of information provided to IMGs who have recently moved to the UK.

We are keen to improve the standards of pastoral care for IMGs to ensure that they are able to raise any concerns while in post, ensuring that these do not negatively impact their experiences. We also support the alumni to ensure that the skills and experiences gained in the UK are used effectively to improve health services in their home country.

We also provide pastoral care outlined above to any IMG who has come to UK, regardless of whether or not on the MTI route. ■

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### Reference

- Jalal M, Bardhan KD, Sanders, Illing J. Overseas doctors of the NHS: migration, transition, challenges and towards resolution. *Future Healthcare Journal* 2019;6:76–81.

### Involving medical students in a community-based project on ADHD: a novel learning experience

Editor – In her interesting educational paper, Frearson reports that hospice placements enabled foundation year 1 doctors to improve their communication skills and enhance their recognition of the dying phase.<sup>1</sup> In a very different training environment, we describe involving Australian medical students from the University of Sydney in a community-based study investigating stimulant dose titration in children with attention deficit hyperactivity disorder (ADHD).

Despite its estimated prevalence of around 8%,<sup>2</sup> medical students often receive little training about ADHD,<sup>3</sup> perpetuating the pattern of under-recognition and under-treatment. Under the supervision of Alison Poulton, four medical students tested children with ADHD using 'Stop Signal Task', a computer-based test of response inhibition. This involves rapidly pressing a key corresponding to the direction of an arrow on a computer screen; if a tone is presented after the arrow, they should inhibit their response. The test was repeated after four incremental doses of stimulant medication. The mornings of testing also provided an opportunity for students to observe the effects of medication and find out from the parents and children how ADHD affected their lives.

The students tested 13 children (10 boys) aged 5–17 years. Eleven children did the test correctly (scoring  $\geq 90\%$ ) at least once; six children managed this even without medication. For 10 children, their best score was after their third or fourth incremental dose of stimulant.

The students observed vast differences in the children's behaviour as the medication took effect. Four children initially did not want to participate and two ran around uncontrollably. Some parents became stressed, expressing their emotion by crying or becoming aggressive. Observing this helped the students