APPENDICES

APPENDIX 1

Terms of reference and acronyms.

Terms of reference and acronyms specific to this study.

Terms of reference and acronyms – universal.

Terms of reference and acronyms specific to this study

F-I	Foundation student, the term F-(followed by a number) is used in Chapter 4 when the findings are discussed.
Foundation Programme (Full name: International Foundation – Medical, Biomedical and Health Sciences) Also referred to as the Foundation.	The Foundation programme is exclusively for international students who have completed the equivalent of 'AS' level study and whose first language is not English. Students study modules in Biology (30 credits), Chemistry (30 credits), Physics (15 credits), Mathematics (15 credits) and Academic English, Study skills and Professional Development (30 credits). On meeting particular requirements, students can progress to the MBB6 within the Medical School and a limited number of other medical schools in the UK and one in Ireland. Students can also progress to a number of other health-related undergraduate programmes. The fees for 2014–15 are £17,459 per year and are subject to annual review and change.
Global North, also referred to as the West and Western. Global South, also referred to as poorer nations	There is much debate and discussion as to how one should refer to the economic, political and social division of the world (i.e., developed/developing nations; first world/second world; high income/low income countries). Although this description, and the Brandt report (1980) from which it emerged, is much criticised, the division will be referred to as the Global North/Global South divide **OR** rich/poorer countries **OR** The West/Western world/poorer nations. Within the Global North/West are the wealthy and powerful nations of North America, Western Europe, parts of East Asia, Australia and New Zealand, whilst the

	Global South/poorer nations includes countries in Africa, South America, parts of Asian and the Middle East. A number of nations within the Global North/West subjected large portions of the Global South to direct colonial rule, and today, many of these countries remain subjected to a new form of colonialism whereby ex-colonial powers are able to maintain their dominance and continue to reap economic rewards from these nations (Young, 2003).
H	Home student, the term H-(followed by a number) is used in Chapter 4 when the findings are discussed.
Joint Venture	The Joint Venture is a partnership between the Medical School and a private organisation. Within this partnership model, the university retains academic control and the private company provides recruitment and marketing services. The private organisation has several similar partnerships with leading universities in different countries and is undergoing rapid expansion.
MBBS	MBBS (Bachelor of Medicine, Bachelor of Surgery) is a primary medical qualification.
MBBS 5/Home Medicine	A five-year undergraduate Medicine programme open only to home and EU students. Graduates are awarded a primary medical qualification, the MBBS, and are then eligible to undertake the General Medical Council Foundation Programme. Students also have the opportunity to intercalate[1] and to obtain a BSc in a variety

[1] The intercalated degree is a one-year BSc programme which gives MBBS students the opportunity to study a subject of interest in greater depth. It is taken after the third year of study and is particularly useful if students plan a research career in Medicine.

	of subjects; this takes an additional year. Fees are £9,000 for UK/EU students. A very small number of international students can apply for places on this programme and the fees for 2014–15 are £18,630 (years one and two) or £32,663 (years three, four and five) per year.
MBBS 6/International Medicine	A six-year MBBS programme exclusively for international students. Students follow the same programme as the MBBS 5 with an intercalated year, and the final two years are completed in hospitals in the United States. Students are awarded the same MBBS qualification as home students but the aim is for students to either remain in the US (subject to visa regulations) or return to their home countries to complete their medical training. Students can of course return to the UK (subject to visa regulations) to complete the General Medical Council Foundation Programme, but this is a competitive process; due to the recent introduction of the programme, there is no data available to indicate whether students have accessed this option. Fees for 2014–2015 are £29,000 per annual and are subject to annual review and change.
MBBS 4 /Home Graduate entry MBBS)	A four-year MBBS programme, only for graduate home and EU students. Graduates are awarded a primary medical qualification called the MBBS and are then eligible to undertake the General Medical Council Foundation Programme. The fees for 2014–15 are £9,000 per annum but may be subject to change.

MBBS 4 (Graduate entry) International	A four-year MBBS programme, only for International graduate students. Students follow the same programme as the home graduate entry MBBS, but the final two years are at a US hospital. Students are awarded the same MBBS qualification as home students, but the aim is for students to either remain in the US (subject to visa regulations) or return to their home countries to complete their medical training. Students can of course return to the UK (subject to visa regulations) to complete the General Medical Council Foundation Programme but, this is competitive process and due to the recent implementation of the programme there is no data available to indicate whether students have accessed this option. The fees for 2014–15 are £32,663 per annum and are subject to annual review and change.
Medical School	The study is located within a London University Medical School and this institution is referred to as the 'Medical School'. Medical schools in general are referred to as 'medical schools.'
NF-I	Non-Foundation international student. The term NF-I (followed by a number) is used in Chapter 4 when the findings are discussed.

Terms of reference and acronyms – universal

A level	The General Certificate of Education Advanced Level (also referred to as A level) is a secondary school leaving qualification offered by schools, sixth form colleges and further education colleges to students completing secondary or pre-university education. Obtaining A Level or equivalent qualifications is generally required for university entrance.
AS level	AS level stands for Advanced Subsidiary level and is the first part of the A Level qualification. An A level is made up of the AS level and the A2. Each part contributes 50 per cent of the overall A level grade. AS can be either a free standing qualification, or it can be the first half of the full A level. At the end of the AS year, students have two options, to either use the AS level as the final qualification or continue to the second year and study for the full A level.
BMAT	The BioMedical Admissions Test (BMAT) is an aptitude test used as part of the admissions process for Medicine, Veterinary Medicine or Biomedical Sciences in some universities in the United Kingdom, Singapore and the Netherlands.
GCSE	The General Certificate of Secondary Education (GCSE) is a qualification awarded in a specified subject, generally taken in a number of subjects by pupils in secondary education in England, Wales and Northern Ireland. This qualification is taken before A levels, normally at the age of 16, and is used for selection to post-16 study.
HEI	HEI – Higher Education Institutes. Most UK higher education courses are taught by universities, but many are also taught at further education colleges, specialist art institutions, business schools and agricultural colleges. Within the context of the study. The term 'HEIs' and 'universities' are used interchangeably to

	denote institutions which deliver courses at a higher level (level 4 and above, i.e. above A level).
IB (IBDP)	International Baccalaureate Diploma Programme (IBDP) or International Baccalaureate. Within the study, the IB Diploma Programme is referred to as IB. It is a qualification recognised by a large number of universities around the world as a suitable qualification for entry to undergraduate study.
IMF	The International Monetary Fund was created in 1945 and is governed by and accountable to 188 countries. It aims to foster global monetary cooperation, secure financial stability, facilitate international trade, promote high employment and sustainable economic growth, and reduce poverty around the world. http://www.imf.org/external/about.htm
IMU	International Medical University, Malaysia. IMU is a private medical institution and partners with nearly 30 medical schools abroad. http://info.imu.edu.my/why-imu
MMI	Multiple mini interviews (MMI), developed by McMaster University in Canada, are designed to assess desirable non-cognitive characteristics of applicants and are used by some medical schools to inform their decisions on the selection of applicants for entry to medical school and at postgraduate level. The structure of the MMI, designed by Eva et al. (2004), is based on the Objective Structured Clinical Examination (OSCE). The rationale behind this selection tool is that reliability rises with the increase in the number of mini interviews, thus allowing the medical school to gain a more accurate picture of each candidate's strengths and limitations.
OECD	The Organisation for Economic Co-operation and Development (OECD).The mission of OECD is to promote policies that will improve the

	economic and social well-being of people around the world. http://www.oecd.org/about/.
OSCE	An OSCE (Objective Structured Clinical Examination) can consist either of one station, where students perform one or a variety of skills and are tested on the underpinning clinical and theoretical knowledge, or multiple stations, each testing a different skill or piece of underpinning knowledge (Mitchell et al., 2009). An OSCE is designed to test clinical skills and competencies in areas such as such as communication, clinical examination, medical procedures, medical techniques and interpretation of results.
PBL	Problem-Based Learning In problem-based learning (PBL) students use 'triggers' from the problem, case or scenario to define their own learning objectives. Subsequently, independent self-directed study is performed before returning to the group to discuss and refine their acquired knowledge. Thus, PBL is not about problem solving per se, but rather it uses appropriate problems to increase knowledge and understanding Wood (2003).
RCSI	Royal College of Surgeons in Ireland. Founded in 1784 to train surgeons, RCSI is now a school for medicine, pharmacy, physiotherapy, nursing and healthcare management. www.rcsi.ie.
UCAS	The Universities and Colleges Admissions Service (UCAS) is a UK-based charity which manages all applications to UK universities. All students wanting to apply for a university place are required to submit their application through UCAS.
UKCAT	UKCAT (UK Clinical Aptitude Test).The UKCAT is an aptitude test. Aptitude

	tests are typically defined as 'standardised tests to measure the ability of a person to develop skills or acquire knowledge' (Patterson et al., 2014:411). According to the UKCAT Consortium, the test does not contain any curriculum or science contents and 'helps to ensure that candidates selected have the most appropriate mental abilities, attitudes and professional behaviour required for new doctors and dentists to be successful in their clinical' (UKCAT a).
UNESCO	The United Nations Educational, Scientific and Cultural Organisation is a specialised agency of the United Nations (UN).
WB	World Bank. 'The World Bank is a vital source of financial and technical assistance to developing countries around the world. We are not a bank in the ordinary sense but a unique partnership to reduce poverty and support development.' http://www.worldbank.org/en/about/what-we-do.

APPENDIX 2

The success rates of Foundation students in gaining a place to study Medicine.

					A	B	C
Year	**Cohort size (original cohort size in parenthesis)**	**Invited to interview (number that attended in parenthesis)**	**Successful in the MMI**	**Successful in the UKCAT**	**Entry to Medicine (Medical School)**	**Entry to Medicine (other institutions)**	**Total entry to Medicine**
2011-2012	11 (13)	10 (10)	6	6	6 (55%)[1]	2 (18%)	8 (73%)
2012-2013	21 (22)	14 (14)	4 (one offer declined)	3	3 (14%)	5 (24%)	8 (38%)
2013-2014	21 (23)	15 (14)	6	2	2 (10%)	7 (33%)	9 (43%)

Foundation Students – Entry to Medicine

			D
	Applications	**Successful application for Medicine**	**Accepted to Medicine – all institutions % successful**
UK students	25,000	8,000	32%

Data from Patterson et al. (2012)

[1] It must be noted that the high progression into Medicine seen in the first year of the Foundation appears to have been an anomaly, owing to the fact that a number of the students could have directly entered Medicine without the Foundation. For example, one student already had a high school diploma from Canada, another an IB qualification, and a third had completed A levels. In effect, these students were repeating a pre-university qualification which conflicts with the entry requirements of the Medical School.

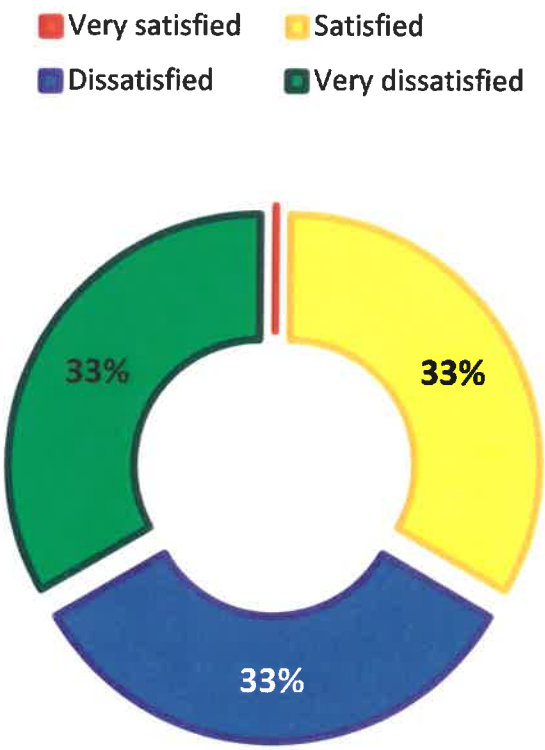
APPENDIX 3

Foundation programme exit survey for the 2013–14 cohort.

2013-14 Exit Survey Results

How can we make the programme better?
Make everything clear from the beginning of the year; in terms of the MMI, UKCAT and how come we are judged to get an MMI just from 35% which is the first term.
You should contact all the Universities in the UK and make this programme accredited by them, because if the student fails in the SGUL MMI he / she would have no chance for medicine.
Be more truthful with students
By changing some of the teachers
The first term was a little bit intensive in the way of studying.
More homework, mock tests.
Extra time for those who have not taken the subject before.
Make it real, and bring good, well-educated teachers
The science teachers should provide more examples and revision.
Change a lot of stuff, get better books
Less coursework and tests
Better organisation. Better planning
Make it more organised, let the students focus more on their sciences rather than skills. One or two essays throughout the year is enough.
Providing enough information in advance. Reducing Skills to 15 credits

Overall, how satisfied are you with the learning experience?



If you could give one piece of advice to future students what would it be?

- Cope with the awful outcome
- Don't come to the XXX centre ever!!!
- Honestly, don't come and study at this branch of XXX
- To make them aware of the other hidden parts where they know that the foundation course is actually a separate independent course and tell them about the MMI before applying
- Don't be afraid speak
- Engage with the student union as much as possible

APPENDIX 4

GMC Competencies.

Overarching outcome for graduates

7 Medical students are tomorrow's doctors. In accordance with *Good Medical Practice*, graduates will make the care of patients their first concern, applying their knowledge and skills in a competent and ethical manner and using their ability to provide leadership and to analyse complex and uncertain situations.

Outcomes 1 – The doctor as a scholar and a scientist

8 The graduate will be able to apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology. The graduate will be able to:

(a) Explain normal human structure and functions.
(b) Explain the scientific bases for common disease presentations.
(c) Justify the selection of appropriate investigations for common clinical cases.
(d) Explain the fundamental principles underlying such investigative techniques.
(e) Select appropriate forms of management for common diseases, and ways of preventing common diseases, and explain their modes of action and their risks from first principles.
(f) Demonstrate knowledge of drug actions: therapeutics and pharmacokinetics; drug side effects and interactions, including for multiple treatments, long term conditions and non-prescribed medication; and also including effects on the population, such as the spread of antibiotic resistance.
(g) Make accurate observations of clinical phenomena and appropriate critical analysis of clinical data.

9 Apply psychological principles, method and knowledge to medical practice.

(a) Explain normal human behaviour at an individual level.
(b) Discuss psychological concepts of health, illness and disease.
(c) Apply theoretical frameworks of psychology to explain the varied responses of individuals, groups and societies to disease.
(d) Explain psychological factors that contribute to illness, the course of the disease and the success of treatment.
(e) Discuss psychological aspects of behavioural change and treatment compliance.
(f) Discuss adaptation to major life changes, such as bereavement; comparing and contrasting the abnormal adjustments that might occur in these situations.
(g) Identify appropriate strategies for managing patients with dependence issues and other demonstrations of self-harm.

10 Apply social science principles, method and knowledge to medical practice.

(a) Explain normal human behaviour at a societal level.
(b) Discuss sociological concepts of health, illness and disease.
(c) Apply theoretical frameworks of sociology to explain the varied responses of individuals, groups and societies to disease.
(d) Explain sociological factors that contribute to illness, the course of the disease and the success of treatment– including issues relating to health inequalities, the links between occupation and health and the effects of poverty and affluence.
(e) Discuss sociological aspects of behavioural change and treatment compliance.

11 Apply to medical practice the principles, method and knowledge of population health and the improvement of health and healthcare.

(a) Discuss basic principles of health improvement, including the wider determinants of health, health inequalities, health risks and disease surveillance.
(b) Assess how health behaviours and outcomes are affected by the diversity of the patient population.

(c) Describe measurement methods relevant to the improvement of clinical effectiveness and care.
(d) Discuss the principles underlying the development of health and health service policy, including issues relating to health economics and equity, and clinical guidelines.
(e) Explain and apply the basic principles of communicable disease control in hospital and community settings.
(f) Evaluate and apply epidemiological data in managing healthcare for the individual and the community.
(g) Recognise the role of environmental and occupational hazards in ill-health and discuss ways to mitigate their effects.
(h) Discuss the role of nutrition in health.
(i) Discuss the principles and application of primary, secondary and tertiary prevention of disease.[4]
(j) Discuss from a global perspective the determinants of health and disease and variations in healthcare delivery and medical practice.

12 Apply scientific method and approaches to medical research.

(a) Critically appraise the results of relevant diagnostic, prognostic and treatment trials and other qualitative and quantitative studies as reported in the medical and scientific literature.
(b) Formulate simple relevant research questions in biomedical science, psychosocial science or population science, and design appropriate studies or experiments to address the questions.
(c) Apply findings from the literature to answer questions raised by specific clinical problems.
(d) Understand the ethical and governance issues involved
in medical research.

Outcomes 2 – The doctor as a practitioner

13 The graduate will be able to carry out a consultation with a patient:

(a) Take and record a patient's medical history, including family and social history, talking to relatives or other carers where appropriate.
(b) Elicit patients' questions, their understanding of their condition and treatment options, and their views, concerns, values and preferences.
(c) Perform a full physical examination.
(d) Perform a mental-state examination.
(e) Assess a patient's capacity to make a particular decision in accordance with legal requirements and the GMC's guidance.
(f) Determine the extent to which patients want to be involved in decision-making about their care and treatment.
(g) Provide explanation, advice, reassurance and support.

14 Diagnose and manage clinical presentations.
(a) Interpret findings from the history, physical examination and mental-state examination, appreciating the importance of clinical, psychological, spiritual, religious, social and cultural factors.
(b) Make an initial assessment of a patient's problems and a differential diagnosis.
Understand the processes by which doctors make and test a differential diagnosis.
(c) Formulate a plan of investigation in partnership with the patient, obtaining informed consent as an essential part of this process.
(d) Interpret the results of investigations, including growth charts, x-rays and the results of the diagnostic procedures in Appendix 1.
(e) Synthesise a full assessment of the patient's problems and define the likely diagnosis or diagnoses.
(f) Make clinical judgements and decisions, based on the available evidence, in conjunction with colleagues and as appropriate for the graduate's level of training and experience. This may include situations of uncertainty.

(g) Formulate a plan for treatment, management and discharge, according to established principles and best evidence, in partnership with the patient, their carers, and other health professionals as appropriate. Respond to patients' concerns and preferences, obtain informed consent, and respect the rights of patients to reach decisions with their doctor about their treatment and care and to refuse or limit treatment.
(h) Support patients in caring for themselves.
(i) Identify the signs that suggest children or other vulnerable people may be suffering from abuse or neglect and know what action to take to safeguard their welfare.
(j) Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification, and effective communication and team working.

15 Communicate effectively with patients and colleagues in a medical context.

(a) Communicate clearly, sensitively and effectively with patients, their relatives or other carers, and colleagues from the medical and other professions, by listening, sharing and responding.
(b) Communicate clearly, sensitively and effectively with individuals and groups regardless of their age, social, cultural or ethnic backgrounds or their disabilities, including when English is not the patient's first language.
(c) Communicate by spoken, written and electronic methods (including medical records), and be aware of other methods of communication used by patients.
The graduate should appreciate the significance of non-verbal communication in the medical consultation.

(d) Communicate appropriately in difficult circumstances, such as when breaking bad news, and when discussing sensitive issues, such as alcohol consumption, smoking or obesity.
(e) Communicate appropriately with difficult or violent patients.
(f) Communicate appropriately with people with mental illness.
(g) Communicate appropriately with vulnerable patients.
(h) Communicate effectively in various roles, for example, as patient advocate, teacher, manager or improvement leader.

16 Provide immediate care in medical emergencies.

(a) Assess and recognise the severity of a clinical presentation and a need for immediate emergency care.
(b) Diagnose and manage acute medical emergencies.
(c) Provide basic first aid.
(d) Provide immediate life support.
(e) Provide cardio-pulmonary resuscitation or direct other team members to carry out resuscitation.

17 Prescribe drugs safely, effectively and economically

.
(a) Establish an accurate drug history, covering both prescribed and other medication.
(b) Plan appropriate drug therapy for common indications, including pain and distress.
(c) Provide a safe and legal prescription.
(d) Calculate appropriate drug doses and record the outcome accurately.
(e) Provide patients with appropriate information about their medicines.
(f) Access reliable information about medicines.
(g) Detect and report adverse drug reactions.
(h) Demonstrate awareness that many patients use complementary and alternative therapies, and awareness of the existence and range of these therapies, why patients use them, and how this might affect other types of treatment that patients are receiving.

18 Carry out practical procedures safely and effectively.

(a) Be able to perform a range of diagnostic procedures, as listed in Appendix 1 and measure and record the findings.
(b) Be able to perform a range of therapeutic procedures, as listed in Appendix 1.
(c) Be able to demonstrate correct practice in general aspects of practical procedures, as listed in Appendix 1.

19 Use information effectively in a medical context.
(a) Keep accurate, legible and complete clinical records.
(b) Make effective use of computers and other information systems, including storing and retrieving information.
(c) Keep to the requirements of confidentiality and data protection legislation and codes of practice in all dealings with information.
(d) Access information sources and use the information in relation to patient care, health promotion, giving advice and information to patients, and research and education.
(e) Apply the principles, method and knowledge of health informatics to medical practice.

Outcomes 3 – The doctor as a professional

20 The graduate will be able to behave according to ethical and legal principles. The graduate will be able to:
(a) Know about and keep to the GMC's ethical guidance and standards including *Good Medical Practice*, the 'Duties of a doctor registered with the GMC' and supplementary ethical guidance which describe what is expected of all doctors registered with the GMC.
(b) Demonstrate awareness of the clinical responsibilities and role of the doctor, making the care of the patient the first concern. Recognise the principles of patient-centred care, including self-care, and deal with patients' healthcare needs in consultation with them and, where appropriate, their relatives or carers.
(c) Be polite, considerate, trustworthy and honest, act with integrity, maintain confidentiality, respect patients' dignity and privacy, and understand the importance of appropriate consent.
(d) Respect all patients, colleagues and others regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status. Graduates will respect patients' right to hold religious or other beliefs, and take these into account when relevant to treatment options.
(e) Recognise the rights and the equal value of all people and how opportunities for some people may be restricted by others' perceptions.
(f) Understand and accept the legal, moral and ethical responsibilities involved in protecting and promoting the health of individual patients, their dependants and the public – including vulnerable groups such as children, older people, people with learning disabilities and people with mental illnesses.
(g) Demonstrate knowledge of laws, and systems of professional regulation through the GMC and others, relevant to medical practice, including the ability to complete relevant certificates and legal documents and liaise with the coroner or procurator fiscal where appropriate.

21 Reflect, learn and teach others.

(a) Acquire, assess, apply and integrate new knowledge, learn to adapt to changing circumstances and ensure that patients receive the highest level of professional care.
(b) Establish the foundations for lifelong learning and continuing professional development, including a professional development portfolio containing reflections, achievements and learning needs.
(c) Continually and systematically reflect on practice and, whenever necessary, translate that reflection into action, using improvement techniques and audit appropriately – for example, by critically appraising the prescribing of others.
(d) Manage time and prioritise tasks, and work autonomously when necessary and appropriate.

(e) Recognise own personal and professional limits and seek help from colleagues and supervisors when necessary.
(f) Function effectively as a mentor and teacher including contributing to the appraisal, assessment and review of colleagues, giving effective feedback, and taking advantage of opportunities to develop these skills.

22 Learn and work effectively within a multi-professional team.

(a) Understand and respect the roles and expertise of health and social care professionals in the context of working and learning as a multi-professional team.
(b) Understand the contribution that effective interdisciplinary team working makes to the delivery of safe and high-quality care.
(c) Work with colleagues in ways that best serve the interests of patients, passing on information and handing over care, demonstrating flexibility, adaptability and a problem-solving approach.
(d) Demonstrate ability to build team capacity and positive working relationships and undertake various team roles including leadership and the ability to accept leadership by others.

23 Protect patients and improve care.

(a) Place patients' needs and safety at the centre of the care process.
(b) Deal effectively with uncertainty and change.
(c) Understand the framework in which medicine is practised in the UK, including: the organisation, management and regulation of healthcare provision; the structures, functions and priorities of the NHS; and the roles of, and relationships between, the agencies and services involved in protecting and promoting individual and population health.
(d) Promote, monitor and maintain health and safety in the clinical setting, understanding how errors can happen in practice, applying the principles of quality assurance, clinical governance and risk management to medical practice, and understanding responsibilities within the current systems for raising concerns about safety and quality.
(e) Understand and have experience of the principles and methods of improvement, including audit, adverse incident reporting and quality improvement, and how to use the results of audit to improve practice.
(f) Respond constructively to the outcomes of appraisals, performance reviews and assessments.
(g) Demonstrate awareness of the role of doctors as managers, including seeking ways to continually improve the use and prioritisation of resources.
(h) Understand the importance of, and the need to keep to, measures to prevent the spread of infection, and apply the principles of infection prevention and control.
(i) Recognise own personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients from any risk posed by own health.
(j) Recognise the duty to take action if a colleague's health, performance or conduct is putting patients at risk.

GMC [General Medical Council] (2009). *Tomorrow's Doctors, outcomes and standards for undergraduate medical education*. London: GMC.

APPENDIX 5

Information to participants

Email requesting an interview

Information to participants and consent form

Email after an interview

From: Cheddiann Ishmael
Sent:
To:
Subject: RE: A request for your assistance

Dear

I am aware that you were a Foundation student at XXXX in the academic year 2011-2 and that you are now in the third year of a Medicine programme at XXX . I am the Academic Director at XXX , a post which I started in September 2013 so I did not get the opportunity to meet you. Currently, I am working on a research project which is investigating the experiences of international students on the Foundation programme at XXX and, if it is possible I would very much like to interview you to gain your views on the Foundation programme and how it has prepared you for your studies at XXX The interview (face to face/phone or Skype) will not take more than 30 minutes and there is no obligation for you to agree to be interviewed.

Please could you let me know if you are able to assist and a convenient date and time.

I would very much appreciate your help and look forward to hearing from you.

Kind Regards
Cheddiann

Cheddiann Ishmael
Academic Director

From: Cheddiann Ishmael
Sent:
To:
Subject: RE: A request for your assistance

Dear

Your name has been selected at random from the register of students on the MBBS programme and, I am contacting you to request your assistance with a research study I am currently working on.

I am investigating the experiences of students on the Medicine programme at XXXX and, if it is possible, I would very much like to interview you to gain your views. The interview will not take more than 30 minutes and there is no obligation for you to agree to be interviewed.

Please could you let me know if you are able to assist and a convenient date and time.

I would very much appreciate your help and look forward to hearing from you.

Kind Regards
Cheddiann

Cheddiann Ishmael
Academic Director

Research Study

I am currently undertaking a research project investigating the experiences of international students on the Foundation programme in Medicine, Biomedical Science and Health Sciences. I would like to request your help in this study and would like to interview you. The interview will not last for more than half an hour.

You do not have to take part in the study, and you can leave at any time without giving a reason. With your permission, I would like to record any meetings we have using a digital recorder.

All information gained from you will be maintained in a strictly confidential manner. The only people who will have access to the information will be myself. All the data will be stored in a locked cabinet and electronic data will be stored on my personal laptop which is password protected. One year after the completion of the study, all raw data that can identify individuals will be destroyed. In the reporting of the research study, no information will be released which will enable the reader to identify who the respondent was.

This is an independent research project and not funded or associated with XXXXXX. The findings will be used by the researcher to develop the Foundation Programme.

A transcript of the interview and a copy of the final research report will be made available to you upon request.

If you have any questions or problems, please contact me. My email is: cishmael@sgul.ac.uk

Thank you for your time and assistance.

Cheddiann Ishmael

Consent to Participate in a Research Study

1. I confirm that I have read and understand the information sheet for this study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason. ☐

3. I agree to the interview being audio recorded. ☐

4. I understand that all information obtained will be confidential. ☐

I agree that research data gathered for the study may be published provided that I cannot be identified as a subject ☐

5. I agree to the use of anonymised quotes in the report. ☐

6. Contact information has been provided should I wish to seek further information from the Researcher at any time for purposes of clarification.

7. I agree to take part in the above study. ☐

Participant's Name _____

Participant's Signature _____

Date _____

Statement by Researcher

I have explained this project and the implications of participation in it to this participant without bias and I believe that the consent is informed and that he/she understands the implications of participation.

Name of Researcher Cheddiann Ishmael

Signature of Researcher _____

Date _____

From: Cheddiann Ishmael
Sent:
To:
Subject: A request for your assistance – Thank You

Dear

Thank you for allowing me to interview this evening, it was lovely to speak to you and your help is very much appreciated. I do hope you might be able to come and see us at XXX when you have some time, this I look forward to.

Kind Regards
Cheddiann

APPENDIX 6

Structure of the interviews with students.

Name:

International student | Home Student

Male/Female	Age	Ethnicity	Home/internat.	Country of birth	Qualification prior to Foundation Prior to undergraduate study

Programme: _____ Year: _____ Country: _____

How applied? (a)Direct Entry (b) Agent (c) Other

Funded by: (a) Parents (b) student loan (c) Sponsored by ...

(d) other

Profession of parents:

THE ABOVE FORMAT WAS USED WITH ALL STUDENTS

Some of the questions used in the interviews with students:

Where educated and language of education?

Why study in the UK?

Why interested in medicine?

UKCAT – how prepared?

MMI – how prepared?

Career – plan?

APPENDIX 7

Summary of the main points from the interviews with students.

FOUNDATION STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to the Foundation	Father's profession	Mother's profession	Why chose to study in the UK?	Agent or direct	UKCAT preparation	MMI preparation	Future Career	Notes
F-I 1	Male	20	Qatar	Qatar	Arabic	Own country high school qualification	In the army	Housewife	To be independent, improve speaking skills	Agent	Did not complete	Did not get through MMI- perhaps did not prepare enough	Complete MBBS and specialism in the UK and then work in Qatar	Sponsored by the Qatari government
F-I 2	Male	19	Nigerian	Nigeria	English	IGCSE	Quantitative surveyor	Public Servant	Expectation to study Medicine abroad	Agent	Did not complete	Not fully prepared for the MMI during the FD	Plan to apply for graduate Medicine and would like to work in the UK but father wants him to return home.	Felt that the Foundation could have prepared him better for Biomed undergraduate study
F-I 3	Female	24	South Korean	South Korea	Korean	Own country high school qualification	Business man - financial investments	Housewife	Always wanted to study and live in the UK	Agent	Passed the MMI but failed to achieve the required scores in the UKCAT	Help and support within in the FD	Want to remain in the UK permanently	For the MMI – had to learn British culture and role of doctor as different from South Korea.
F-I 4	Male	20	Libyan	Libya	English then Arabic	Own country high school qualification	Engineer	Gynaecologist	UK would offer more varied and interesting teaching	Agent	Lots of practice, website and book, extra time given	Mentor helpful, used volunteering experience in answering questions	Gain experience in the US or UK and then return to Libya	Wants to contribute to changing how medicine is taught in Libya
F-I 5	Male	26	Canadian Indian	Canada	English	Canadian High school diploma	Not given	Not given	Length of time it takes to become a qualified doctor in Canada - shorter in the UK.	Agent	Practice and guidance from tutors	Practice and guidance from tutors on FD* *FD= Foundation	Return to Canada - army doctor	Foundation should teach students how to teach themselves.
F-I 6	Female	23	South Korean	South Korea	Korean until secondary age then English	IB	Dentist	Maths lecturer	Did not get a place to study Medicine in Australia	Agent	Did UKCAT before FD - just met the pass mark	Just the guidance from Medical school	Plan to work either in US or Australia does not like the UK	Had to retake year 2.

FOUNDATION STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to the Foundation	Father's profession	Mother's profession	Why chose to study in the UK?	Agent or direct	UKCAT preparation	MMI preparation	Future Career	Notes
F-I 7	Female	18	Egyptian	Egypt	English	IGCSE	Doctor	Pharmacist	US and Canadian complicated admissions. Medicine runs in the family	Foundation 'sold' by the JV staff. misinformed and did not do A levels	Did not prepare sufficiently but passed	Not sure how got through. Mock practice was useful	US or UK possibly Egypt in my 'father's hospital	Felt that her A level counterparts were better prepared for Year one of the MBBS.
F-I 8	Female	19	Libyan	England	Arabic until aged 17	Libyan school cert. stated AS in the Sciences	Diplomat	Arabic teacher	From young age ambition to study in the UK. Medicine only career for a female in her culture	Agent	N/A	N/A	After Biomed to pursue Medicine. To work in the UK preferably but depend on where living	
F-I 9	Female	21	Thai		English	Canadian High School Diploma	Engineer	Business owner	Like the sciences. Medicine interesting		Foundation preparation and questions	Foundation preparation and mock	work in Asia - Thailand	Failed the second year - because of poor performance in the OCSE
F-I 10	Female	19	Nigerian (and UK Dual nationality)	Nigeria	English	IGCSE	Engineer	Business owner	Ambition, career talk and voluntary work	Agent	Book, practice, skills sessions	Lots of practice and preparation	Nigeria, don't want to work in the US	MMI difficult if English is not your first language
F-I 11	Male	19	Malaysian	Malaysia	English and Malay (Sciences in English)	Malaysian secondary schools certificate	Businessman	Airline Accountant	So can travel overseas	Direct then via agent for visa application	N/A	N/A	Specialise in research and work in the UK preferably	Could not apply for Medicine because did not meet Level 2 qualification criteria although progression was given as Medicine

FOUNDATION STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to MBBS	Father profession	Mother profession	Why choose to study in the UK?	Agent or direct	UKCAT preparation	MMI preparation	Future Career	Notes
F-I 12	Female	19	Syrian	Saudi	Arabic and English	Own country high school qualification	Accountant	Housewife	UK shorter time than US - issues with medical qualification from private medical school in Saudi. Because of Syrian nationality - cant access public medical schools	Agent	N/A	Over prepared- don't know why failed	Specialist study in UK- work and remain in the UK	NB - she had to learn how to 'study' for Medicine
F-I 13	Male	20	Vietnamese	Vietnam	French then English	US high School Diploma	Company Director	Accountant	Cheaper and shorter than US , want international degree so can work anywhere in the world	Agent	N/A	None - see transcript - no preparation	Pharmacy - work all over the world - not in one place	MMI - pretty sloppy of me' -no preparation at all
F-I 14	Male	23	Iranian	UAE	English International School	Own country high school qualification	Business man	Housewife	Always wanted to study in UK - better opportunities for study and jobs	Agent - paid agent approx. £500.	N/A	N/A	Work experience in UK then open private lab (where?)	Could not apply for Medicine - marks in Jan exams. Agent did not give all information.
F-I 15	Male		Kuwait	Kuwait	Arabic	Own country high school qualification	Petroleum Engineer	Teacher	Quality of UK and US medical education & research facilities	Direct	N/A	FD sessions - did very little preparation on own	Specialise in Canada. US - work in Kuwait or other	Found the actor stations most difficult in the MMI
F-I 16	Male	21	Libyan	Libya	Arabic	Own country high school qualification	Business man	Housewife	Good reputation leading to good jobs UK degree 'would open doors'	Direct		Prepared on own, support from mentor	Plan to return to Libya to work	

FOUNDATION STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to MBBS	Father profession	Mother profession	Why choose to study in the UK?	Agent or direct	UKCAT preparation	MMI preparation	Future Career	Notes
F-I 17			Saudi	UK	Arabic/English	Own country high school qualification	Own private business	Owner and manager of a private hospital					Plan to work in the UK	
F-I 18	Female	19	Sudanese	Saudi	Arabic	Own country high school qualification	Banker	PhD Student	UK Medicine the best in the world	Agent	FD tutors, online and books	FD tutors, online , did not buy any books, practise with friends	Specialise in UK, then work in Sudan , Saudi or Middle East country	VR of UKCAT very difficult (different practice and actual test - actual much longer passages, difficult to read. All education was in another language and not English
F-I 19	Female	21	Turkey	Turkey	Turkish. French/ Some English	High school equivalent to French IB	Manufacture textiles	Psychology but not working	Always had the intention to study Medicine abroad- anywhere abroad but not in Turkey.	Agent - all information given, no surprises	N/a	FD tutor, did not buy book,	US for specialist study, then help in Africa - travel around the world helping - not thought where will eventually settle	Not sure why did not get through MMI -could be the actor station but noticed that fluent English speakers were also applying for MBB6
F-I 20	Male	20	Saudi	Saudi	Arabic	Own country high school qualification	Manager	Housewife	Wanted to study abroad from an early age	Agent	N/A	N/A	Plan to join Graduate Medicine - and work in Dubai because more organised than Saudi	Agent lied, said - 'only available university'...wanted money of course' charged fees - 'nothing about UCAS, MMI, UKCAT ' get into Medicine guaranteed 'as long as get grades.'

FOUNDATION STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to MBBS	Father profession	Mother profession	Why choose to study in the UK?	Agent or direct	UKCAT preparation	MMI preparation	Future Career	Notes
F-I 21	Male	20	Saudi	Saudi	English	Own country high school qualification	Engineer	Engineer	better and stronger qualification than from Saudi	Agent	N/A	N/a	Plan to complete post graduate study in UK, then specialise as a Plastic Surgeon- plan to work in US (i.e. celebrities Hollywood) or Lebanon (Centre in Arab world for Plastic Surgery)	Agent did not say anything about MMI, UKKCAT- said that if get academic grades would go 'straight to Medicine'
F-I 22	Female	20	South Korean	Guatemala	English	US high School Diploma	Owner of a textile company	Housewife	Always the intention to study in the US but chose the UK because of the shorter time to become qualified as a doctor	Agent - paid agent 'I was lied to' told that automatically progress to MBBS, not told about UCAS, MMI or UKCAT	Lessons from FP, some online practice - not much	FP preparation, did look online but not much was available	Want to work in either US or an English speaking Asian country such as Singapore- will not work in S. Korea or Guatemala as she is not fluent in either language	Second year of FP and all of the students had similar experience (i.e. from FP to MBBS6 - misleading) felt that the year before (i.e. 1st year of FP students were better prepared than her year -the students were 'fresh off the boat'

NON-FOUNDATION INTERNATIONAL STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to MBBS	Father profession	Mother profession	Why choose to study in the UK?	Agent or direct	UKCAT preparation	MMI preparation	Future Career	Notes
NFI1	Female	20	Nigerian	US/Nigeria	English	IGCSE and A levels	Construction	Self employed	Reputation, Medical training in Nigeria unstable	Direct but advice from agent	one month before	Very little	Work in the US (20 years) then in Nigeria when a specialist	
NFI2	Female	18	Indian	UAE	English	IGCSE and IB	Banker	Chartered Accountant	This is the norm in UAE. Medical education not established or recognised in the UAE	Direct	Resources on web and book	Research on web and YouTube	Complete specialism in US 'may' return to the UAE, not certain	'Can't do public.. Private for me'
NFI3	Female	19	Hong-Kong	Canada/Hong-Kong	English	Canadian High School Diploma	Interior Designer	Accountant	Length of time it takes to become a qualified doctor in Canada - shorter in the UK.	Direct	UKCAT website very useful	Text book	Complete specialism in US and then return to HK	Work in the public sector, then private
NFI4	Male	18	Iraqi	Jordan/UK	English	IB	Civil Engineer	Computer Scientist	Better qualification from the UK	Direct	Kaplan Course but not useful - book useful	A & G from school counsellor, Into rep, website	Specialise in the US. Would like set up a health business in Iraq.	
NFI5	Male	18	Canadian Indian	Canada	English	Canadian High School Diploma	CEO of an organisation	Interior Designer	Length of time it takes to become a qualified doctor in Canada - shorter in the UK.	Direct	Did very little preparation	Did not prepare	Return to Canada	

NON-FOUNDATION INTERNATIONAL STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to MBBS	Father profession	Mother profession	Why choose to study in the UK?	Agent or direct	UKCAT preparation	MMI preparation	Future Career	Notes
NFI6	Male	18	Indonesian	Indonesia	English	IB	Entrepreneur	Doctor of Nutrition	high quality of Medical education in UK	Direct	Five months of preparation - text book useful	via the internet	Interested in going back home to practise	Would prefer to be located in Hyde park rather than here
NFI7	Female	19	Thai	Thailand	Thai up to the age of 8 then fully in English	GCSE and A levels	Orthopaedic doctor	Banker now a housewife	better opportunities and qualification from the UK	Direct but advice from agent	Online course, book , daily preparation	A lot of preparation - read extensively	Return to Thailand	'Have money so why not come here to study'
NFI8	Female	18	Canadian/Sri Lankan	Canada	English	Canadian High School Diploma	Data Analyst	HR with a Science background	Length of time it takes to become a qualified doctor in Canada - shorter in the UK.	Direct	Kaplan online course and UKCAT website	used resources on the web, volunteering useful	Return to Canada	
NFI9	Male	21	Nigerian	Canada	English	Canadian High School Diploma	Family medicine	Family medicine	Length of time it takes to become a qualified doctor in Canada - shorter in the UK.	Direct	UKCAT website very useful	Website, Canadian guidance on MMI	Return to Canada	
NFI10	Female	25	Sri-Lankan	Malaysia	English/ Tamil	A levels as pre entry to IMU	Ordinary worker in a brewery	Housewife	Part of the IMU programme takes place abroad	Direct	Did not need to take	Did not need to take	Sponsored by the Malaysian government and will have to return home and work in public hospitals for 10 years	Have no intention of ever working in the private sector **'medicine is not a business'**
NFI11	Male	25	Sri-Lankan	Malaysia	English/ Tamil	A levels as pre entry to IMU	Doctor - retired	Public servant -retired	Part of the IMU programme takes place abroad	Direct	Did not need to take	Had interview to get into IMU and prepared using the internet, , speaking to friends at IMU	Sponsored by the Malaysian government and will have to return home and work in public hospitals for 10 years	After 10 years would like to work in the private sector

HOME STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to MBBS	Father profession	Mother profession	Why choose to study Medicine	UKCAT preparation	MMI preparation	Future Career	Notes
H1	Male	24	English	England (Leeds)	English	A levels in Biology, Chemistry, English Lit and then degree in Human Physiology	IT - Business	Secretary in school	After degree - did not want to specialise in research, interested in Medicine since at school	Took, UKCAT, BMAT and GAMSAT - self study	Book, research, speaking to others who had been through process, general mock interview	Plan to remain in UK, no desire to work overseas	Graduate Medicine - INTO students and USMLE - competitive and quick to complain - has changed the dynamics
H2	Female	22	English - parents from Sri Lanka	England	English	A levels Biology, Chemistry, maths	Engineer	Maths teacher in a secondary school	Sick as child and admired work of the doctors	Books, online resources, weekend course which was not that useful	Books, online resources, general interview practice at school	UK in paediatric cardiology	
H3	Female	22	English parents from China	England	English	A levels in Biology, Chemistry and Maths	Doctor	Doctor	Enjoy working with people	Books, didn't prepare a lot , VR weakest area	Planned how to answer standard questions, books	Global health policy	
H4	Male	21	English - parents - born in Greece, came to the UK aged 10	England	Greek then English	IB	Mechanical Engineer	Business owner	Wanted to study Medicine but didn't get required grades in IB and UKCAT	Books, online resources	Books	Graduate Medicine and work in Australia as the country is 'developing' and need doctors	Need for self-study (had to adjust to self-study in first year of undergraduate study. Applied for transfer in year 2 but did not pass MMI. Plan to apply for Graduate medicine
H5	Female	20	Pakistani-English	London/Kent	English	A levels in Biology, Chemistry, English Lit	Clerical	Works in primary school	Summer school and voluntary experiences	Books online questions, GMC web site, ethics	Online, practice, helped from friends already at SGUL	Interested in working with Doctors without frontiers but ultimately work in the UK	First in family to study Medicine, brother studying engineering, young sister aspires to study Medicine

HOME STUDENTS

Reference	Gender	Age	Nationality	Country of Residence	Language of education	Qualification prior to MBBS	Father profession	Mother profession	Why choose to study Medicine	UKCAT preparation	MMI preparation	Future Career	Notes
H6	Male	21	English	England	English	GCSE and A levels	House husband	Retired banker	Respect for the profession and using brains each day	Book - which was more difficult than the exam	Book with practice questions	Remain in UK - 'scared' of overseas	Mentor to FD students
H7	Male	19	English	England	English	GCSE and A levels	Company director	Teaching Assistant	Love of Science and early ambition	Book, online, UKCAT website	Did not get interview - below UKCAT threshold	Study Medicine as transfer or Graduate - working UK	SEN did not get additional time in UKCAT - did not get required score.
H8	Female	25	English	England	English	GCSE and A levels, degree in German	Retired Electrical Engineer	Lawyer	Volunteering experience	GAMSAT - self-study - Google search , U tube	Books, talk to others	GP possibly , want to remain in the UK	
H9	Female	21	Indonesian	England	English	GCSE and A levels	Architectural Engineer	In Finance		Self-study - little preparation	Website, no books , Google	GP - remain in the UK	Because of A level Biology felt miles ahead in the first year of Medicine.
H10	Female	Not declared	English	England	English	GCSE and A levels	Factory worker/truck driver	cleaner, dinner lady., au pair		Did not take UKCAT - transfer from Biomed to MBBS	Friends, book, practice	Perhaps work a few years in Australia and France and then return to the UK	

APPENDIX 8

Application to Medicine – process for the three groups of students.

Application to Medicine – process for the three groups of students

Application to Medicine	Home applicants	Non-Foundation Programme applicants	Foundation Programme applicants
Time to complete pre-university qualification	A levels and the International Baccalaureate Diploma Programme (IBDP) are typically completed in two years.	A levels, the International Baccalaureate Diploma Programme (IBDP) or home country equivalent are typically completed in two years.	Five Foundation modules (Chemistry, Biology, Mathematics, Physics and English) at A level standard. Completed in nine months.
UKCAT	These tests are taken in July–October before students submit their UCAS application. The test scores are used to determine if the student will be invited to a MMI.	These tests are taken in July–October before students submit their UCAS application. The test scores are used to determine if the student will be invited to a MMI.	These tests are taken at the end of the Foundation, in the first week of July in the year students plan to start the Medicine programme. Students usually have 3 weeks to prepare for the test.
MMI	From November to March.	From November to March.	March-April (six months after the start of the programme. If students get through the MMI they will then need to take the UKCAT in the first week of July.
Work Experience	Before and/or during their A levels.	Before and/or during their high school programme.	Within the nine months of the Foundation programme.
University Application process (UCAS). The personal statement is very important in the selection process for many Medical schools.	UCAS – at least 4–6 months of support from their secondary schools to write a personal statement.	UCAS/DIRECT (plans to remove direct applications are underway, however). For applications via UCAS, students rely on their counsellors (for example the Canadian students) or agents who may or may not be fully conversant with the requirements of a medical application personal statement.	UCAS – if Foundation students are applying to other medical schools and not just to the MBBS6, then they have to submit their UCAS application in October, four weeks after starting the Foundation. There is insufficient time alongside the normal academic curriculum to adequately support students in writing their personal statements and completing the UCAS applications.

APPENDIX 9

Enrolment figures since the start of the Foundation Programme.

Year	Enrolment	Male	Female
2011-12	14	5	9
2012-13	22	8	14
2013-14	25	11	14
2014-15	54	20	34
2015-16	60	23	37