

Medical Training Initiative (MTI) Guide



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Thank you for the contributions to this guide from NHS Employers, the Medical Royal Colleges and NHS Professionals.

Introduction

The Medical Training Initiative (MTI), designed to allow overseas doctors to undertake up to two years of training and experience in the UK, is already assisting NHS employers with recruitment and fostering exchange programmes with overseas health services and organisations. This guide will explain the benefits of the MTI scheme and signpost trusts to further information.

The MTI operates under Tier 5 of the UK Border Agency points based immigration system and has the backing of the Medical Royal Colleges, English Postgraduate Medical Deaneries, NHS Employers, Skills for Health and the Department of Health.

The MTI helps the NHS to increase medical workforce capacity to support patient care and to sustain EWTD implementation, as well as enhancing our international reputation for high quality medical training. Overseas doctors benefit from increasing their skills and experience helping them to improve health services in their home countries when they return home after completing their MTI training.



NHS Employers - Advice from David Grantham, head of programmes

The Medical Training Initiative provides an aid to recruitment in the UK and can make an important contribution to the development of the wider global healthcare workforce, according to David Grantham, head of programmes at NHS Employers.

He says the Initiative will support international development through the sharing of knowledge, experience and best practice and strengthen reciprocal international links which currently exist between UK and overseas employers and Colleges.

The MTI, which went live in November 2008, is designed to allow overseas post graduate medical specialists to undertake up to two years of training and experience in the UK, normally within the NHS, where it is sponsored by the Department of Health.

All MTI roles must have the approval of a relevant Royal College, responsible for setting the standards of practice in their specialty for entry to the MTI posts, and of the English Postgraduate Medical Deaneries which ensure the training capacity is available to support the posts.

David believes the MTI is one initiative on a menu of recruitment options which can offer a “potential pool of doctors who want to work in the UK who will add benefits to the NHS but will also gain vital training and experience to take back to their home countries.”

He says that because there are no centrally imposed requirements on recruitment, suitable doctors may be identified by Colleges with existing international links or established reciprocal employer to employer arrangements.

“From an employer perspective, the Initiative is very flexible.” He says sponsorship could embrace a Professor from America, highly skilled in a particular surgical technique, who wants to share it with UK colleagues, and a skilled doctor from Egypt who wants to devote 30% of his time to a postgraduate qualification.

“To date, one of the best ways we see the Initiative working is when clinicians in the service are aware of an overseas need for training, know where there is such capacity through their links into Colleges and know that such placements would help their departments.”

He advises that practical planning takes time and employers need to be clear what opportunities they can offer to take full advantage of the MTI.

Employers must consider how the Initiative can fit in to their medical workforce planning and ensure both the appropriate College and Deanery agree with their aims.

“This is a collaborative initiative and it is important to join up all elements,” he says.

NHS Professionals is acting as the national scheme sponsor, issuing certificates of sponsorship to doctors who have been approved under the MTI by a Royal College, Deanery and local employer. The doctors enter the country under the UK Border Agency Tier 5 of the five tier points based immigration service, which supports international development, information and education exchange.

“The Initiative is in line with the Department of Health’s international development goals and is one which will add to the net knowledge of the wider global healthcare workforce”.

Top Tips for trusts recruiting through the scheme

1. Plan ahead as much as possible to make sure the process runs smoothly. Be realistic about the timescales involved and plan accordingly. It can take up to 5 months for the visa to be processed so this needs to be built into the timeframe.
2. It is a collaborative process so make sure you are in contact with the other relevant parties eg Royal College, the Deanery and the sponsor organisation (currently NHS Professionals).
3. The MTI scheme is flexible so you can build it around your and the doctor's needs. For example it can be to fill a vacancy on a rota or it can be used for a doctor to learn specific surgery techniques while supporting the trust's surgery service. There is no requirement that posts meet UK (PMETB) approved standards delivered through training curricula leading to CCT, just that there is 'knowledge, experience and best practice' provided and that the relevant Royal College can confirm this.
4. Make sure you have formally identified the training opportunities the doctor on the scheme will be able to access. It is important that the doctor receives training and meets the objectives they set out to achieve from the placement. They may wish to gain qualifications during the scheme and any help you can provide to facilitate this will be beneficial.
5. Be frank with the trainee about what qualifications they would be eligible for and what would be realistic for them to achieve in the time that they will be with you. Also be really clear how the UK training system works through its apprenticeship style approach and combination of service with training.
6. Many Royal Colleges will be able to identify doctors that you could take on under the scheme as they have overseas contacts and have taken on this role in the scheme. However, this is not always the case and do not forget that in your organisation you are likely to have staff who have overseas connections and you should utilise these links where possible.
7. You will be asked in the sponsorship application process whether you will 'support the migrant on arrival in the UK - to ensure they do not require public funds' If it is not ticked then the migrant worker has to prove they have funds and sometimes get refused a visa. It is important to understand what this means and decide how you are going to handle this section.
8. Remember that there are obligations to let the sponsor organisation know if there are any changes to the circumstances under which you are employing the doctor eg the start date is delayed or the doctor leaves employment early.

Royal College support

Among the Colleges supporting the MTI are The Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Physicians (RCP) and the Royal College of Paediatrics and Child Health (RCPCH).

Dr Tony Falconer, RCOG senior vice president - international office says:

“We have a long and fruitful experience of utilising similar schemes. Philosophically RCOG believes that we have a duty of care to provide education for trainees from overseas.

“We have embraced all the components of the MTI and in the summer of 2009 we recruited new appointees.”

Richard Warren, honorary secretary of RCOG, says the College, which has 50% UK and 50% global membership, has a long history of international involvement and is keen to improve women’s health internationally. “We have a role to support education, training and standards globally,” he says.

He acknowledges that the European Working Time Directive (EWTD) has increased the need for more doctors. “While we strongly support the consultant expansion as a long term solution, we know that will be a gradual evolution.

“But in the meantime, the MTI can help to provide the extra well qualified middle grade doctors needed to support EWTD compliant rotas during that evolution.”

Mr Warren believes that the two year MTI should be extended by six months to allow “a period of acclimatisation” in which doctors could gain experience of the UK health system and its technologies.

“Although the doctors may be well qualified, they may not have practised some of the technologies which we take for granted or have the organisational skills necessary to play a full role in the service and gain the most from the current two year period,” he says.

All RCOG sponsored programmes include an induction period of between three and six months, in which doctors work at a lower level and with greater supervision than in their own countries.

The Royal College of Physicians is also heavily involved in international sponsorship and has helped facilitate clinical training opportunities in the UK for International Medical Graduates from around the world for over 25 years.

Professor John MacDermot, International Director says that “We are currently processing applications from 16 different countries, and we have strong links with medical authorities in Sri Lanka, Oman and Jordan to name a few. Every year, a number of doctors also come from high income countries, such as Canada, the USA and Australia, as well as a small number from sub Saharan Africa seeking to take new skills, knowledge and experience home.”

He believes that training allows doctors to gain experience that would not otherwise be available in their own countries, and improves patient care when the doctors return home.

“Hosting International Medical Graduates in NHS hospitals helps ensure that the UK will continue to have a network of doctors around the world to work with in the future. It also brings new and different perspectives to our healthcare system as well as knowledge of global health issues that enhance patient care of the UK’s population.”

Matthew Foster, head of international affairs explains that it has been a difficult few years for international medical graduates (IMGs) looking to come to the UK for clinical training, and for the hospitals who wanted to host them. “IMGs were forced to look to other countries, such as the US, Canada and Australia to get their training. The introduction of the MTI allows us once again to offer training and helps us forge strong links with our partners internationally.”

Dr Mary McGraw, vice president for training and assessment at RCPCH, reports that in August this year (2009) 30 MTI doctors approved by the College were already in post and a further 27 with job offers were being processed.

She says the College has particularly strong links with Sri Lanka, where trainee doctors are required to spend one year overseas. The College is also the external assessor for some examinations. "This means that doctors from there fit easily into our system," she says. "Most come for clinical rather than research experience."

Dr McGraw believes that the MTI benefits both the trainees and the NHS. "The trainees gain access to experience they cannot get in their own country which will enhance their individual learning and, in the long term, the health of the children in their own countries.

"It also strengthens our long standing international relationship with countries which we greatly value."

Dr McGraw says the NHS is enhanced by the ideas doctors bring from other countries, allowing the UK to consider different perspectives.

She believes the two year period should be more flexible. "For example, if a doctor with a lot of general paediatric experience comes to the UK to learn about clinical management, they may be able to acquire a lot of knowledge in a relatively short time," she says.

"But if they want to develop in a specialist area - learn about dialysis or transplantation - to establish that service in their own country, they are likely to need much longer."

She believes that "there is more work to be done here and abroad" in promoting the MTI and wants to establish links with overseas organisations who can act as local sponsors for the Initiative.

Dr Andrew Long, lead for overseas examinations at the RCPCH, confirmed that the College is setting up an opportunity for Indian paediatricians to take the RCPCH membership (MRCPCH) exam within India to facilitate their entry to the UK and to gain maximum benefit from the International Paediatric Training Scheme or similar schemes.



Royal College schemes and contact details

Colleges that support the MTI scheme (at the time of publication) include:

Royal College of Physicians of London

Contact: Naa Akleh Noi
Tel: 020 3075 1304
Email: international@rcplondon.ac.uk

The Royal of Physicians of London facilitates clinical training in the UK for international medical graduates through its International Sponsorship Scheme (ISS). Posts must be at ST3 grade or above and those who are sponsored for GMC registration through the ISS may be eligible for a Tier 5 visa through the MTI. To be eligible, candidates must have appropriate postgraduate experience and qualifications. More information on this scheme is available on their website:

<http://www.rcplondon.ac.uk/international/IMG/Pages/International-Medical-Graduates.aspx>

Royal College of Paediatrics and Child Health

Contact: Maria Kirk
Tel: 020 7092 6000

The Royal College of Paediatrics and Child Health (RCPCH) run a sponsorship scheme under the MTI, called International Paediatric Training Scheme (IPTS) consisting of a junior scheme and senior scheme. To be eligible for the junior scheme the doctor must have MRCPCH Part 1A and 1B passed and for the senior scheme either full MRCPCH or an equivalent postgraduate qualification. On the junior scheme the doctors are likely to have the opportunity to complete their MRCPCH during their time in the UK. On the senior scheme doctors are likely to be able to gain sub specialty experience. For more information and eligibility criteria please see their website:

www.rcpch.ac.uk/ipts

Royal College of Obstetricians and Gynecologists

Contact: Miss Joan Hayman,
Tel: 020 7772 6285
Email: jhayman@rcog.org.uk

The Royal College of Obstetricians and Gynecologists (RCOG) run an International Doctors Training Programme (IDTP) using UKBA Tier 5 - Government Authorised Exchange process for doctors who hold Part 1 RCOG membership (MRCOG). Whilst training in the UK, the RCOG expects trainees to attempt the Part 2 MRCOG examination and over 70% of the trainees obtain their MRCOG qualification during their two years training in the UK. For further information on this scheme and the full eligibility criteria please see their website:

www.rcog.org.uk/our-profession/careers/working-britain/international-doctors-training-programme

Royal College of Surgeons, Edinburgh

Contact: IMGSS Administrator
Tel: 0131 668 9205

The Royal College of Surgeons, Edinburgh run an International Medical Graduate Sponsorship Scheme (IMGSS) for doctors wishing to train in the UK at ST3 level or above. There is a requirement that the applicant holds relevant postgraduate qualifications and that the post offered to the applicant has Postgraduate Deanery support. All surgical MTI applications are administered through the IMGSS. For information, please see their website:

www.rcsed.ac.uk/site/396/default.aspx

Colleges running other types of international schemes

Royal College of Anaesthetists

The Royal College of Anaesthetists run an Overseas Doctors sponsorship scheme. For further information on this scheme please see their website: www.rcoa.ac.uk

College of Emergency Medicine

The College of Emergency Medicine run an International sponsorship scheme. For further information on this scheme please email: training@collemergencymed.ac.uk



Stakeholder MTI roles

Role of employers

- To employ the MTI trainees and agree terms and conditions of service
- To identify medical training capacity that can be utilised for the MTI, with the deanery.

Role of the deanery

- To liaise with NHS trusts to identify training capacity
- To give a view as to the quality of the training looking into supervision, learning opportunities, and appraisals
- To ensure that the MTI training does not impede existing trainees in recognised posts and programmes
- To take into account whether the post fits within a recognised UK training programme or will sit along the training programme.

Role of international doctors/trainees

- To express an interest in the MTI scheme
- To meet eligibility criteria set by Royal Colleges
- To ensure immigration paperwork is in order etc.

Role of Royal Colleges

- To work with deaneries to match up the MTI candidates with placements if possible or provide own sponsorship scheme. Candidates apply through the colleges who set eligibility criteria
- To liaise with overseas colleagues to locate eligible candidates and/or maintain waiting lists of candidates, although each college has its own policies and procedures.



Case studies

Obstetricians and gynaecologists

Two doctors, sponsored under the MTI, started training in NHS gynaecology departments in August 2009.

They were among a group of doctors, approved by the Royal College of Obstetricians and Gynaecologists (RCOG), who want to enhance their training and knowledge and gain extra clinical skills during their time in the UK.

Both attended a two day induction at RCOG before taking up their posts.

Dr Ahmed Elnaggar has moved from the Ain Shams University Maternity Hospital in Cairo to Bedford Hospital and Dr Nasreen Soliman, from the National Ribat University Hospital in Sudan to Cheltenham General.

Dr Elnaggar, after being interviewed in Cairo by the Egyptian RCOG representative committee and passing the International English Language Testing System (IELTS) exam, was granted an MTI certificate of sponsorship.

After the two day induction, Dr Elnaggar spent two weeks orientation at Bedford Hospital before starting clinical work in the department.

He is particularly interested in gaining experience in endoscopic surgery and urogynaecology surgery.

“Training in the UK in obstetrics and gynaecology involves different branches from those practised in Egypt, in particular endoscopic surgeries and urogynaecology surgery,” he says. “I am aiming to benefit by learning these skills which will definitely enhance my clinical work in Egypt.”

He has also found that “patient counselling” is much more evident in the UK than in Egypt. “There is much more sharing of knowledge with patients in the UK.”

Dr Elnaggar says both the Royal College induction and the two week orientation at Bedford Hospital were “very beneficial.

“I was keen to be in the best possible condition to start work and everybody has been very cooperative, helpful and friendly.”

Dr Nasreen Soliman, an O&G registrar from Sudan, said.

“One of my objectives in applying for the MTI was to gain exposure to the UK system which would help me to achieve Membership of the Royal College,” she says.

“Ever since university, we have been taught in the English system and it seemed right to spend some time here at one point.”

Dr Soliman is impressed by the “structured and planned training” but says the MTI is not merely about the acquisition of scientific and clinical knowledge but about developing personal skills, including leadership.

Dr Soliman cites the greater use of PACS computer software (picture archiving and imaging system) and the high standard of sterilisation in the NHS.

She too is aware of the greater degree of “patient counselling” than in Sudan.

“I understand it is important and ethical and I hope that when I return home with this experience, it will raise awareness among doctors and patients.”

Dr Soliman wants to specialise in urogynaecology which does not have dedicated consultants in Sudan.

Egyptian surgeons

Egyptian military surgeons are being recruited to the NHS under the Medical Training Initiative in a scheme led by Nigel Standfield, head of the School of Surgical Specialties for London, who has a long standing relationship with the Egyptian military.

The initiative, backed by Imperial College and the Royal College of Surgeons of Edinburgh will enable the surgeons to spend 70% of their time on trust service commitments and 30% studying for a masters degree which includes an Imperial course and a research project.

The Egyptian Army, keen to offer surgeons improved training opportunities, will pay the surgeons' university fees and the employing trusts will pay a salary of £35,000 per annum.

The first 15 surgeons will arrive in the UK in the autumn to take up posts across London where around 65 potential jobs were identified.

The pan London recruitment process began in May 2009 when Nigel Standfield, Mary Currie, HR planning manager at King's College Hospital NHS Trust, and Professor Dudley Sinnett, professor of breast surgery at Imperial College flew to Cairo to interview over 75 surgeons.

With the assistance of two consultant surgeons from the Egyptian Army, they identified 70 potential candidates across surgical specialties including general, trauma and orthopaedic, urology, ENT, paediatric, cardiothoracic, ophthalmology and plastic surgery.

The Army agreed that around 40 surgeons could be released to spend two years in the UK, all of whom had to pass the International English Language Testing System (IELTS) exam at the level acceptable to the NHS. They were also required to undergo occupational health screening.

"The system is attractive to all concerned," says Mary Currie. "The MTI gives the surgeons the opportunity to learn, gain experience and complete a masters' degree, all of which they can take back to Egypt in two years time.

"For trusts, they can recruit the surgeons to fill some of their vacant service posts, providing one surgical solution to EWTD."

Mary Currie, who says the British Council in Egypt assisted with the necessary processing of surgeons recruited via the MTI, advises trusts to allow plenty of time to complete the recruitment process which can take up to five months.

"The MTI is a good means of attracting international doctors to the UK after changes to the immigration laws," she says. "We have to formally identify how they can gain training experience and we must explore options around the world."



Physicians' experience

Dr Samantha Potgieter - South Africa

Dr Samantha Potgieter, who qualified as a doctor in South Africa in 2003, spent six months in the UK during 2009 in a training post at the Department of Microbiology and Infectious Diseases at the Oxford Radcliffe Hospitals NHS Trust.

"It was an excellent chance to spend time in a unit which is held in high regard worldwide," she says. "The biggest challenge facing our population is HIV AIDS and I saw this as a chance to gain expertise in a first world setting."

Dr Potgieter, who has completed two of four years post graduate training, was told of the training post by her head of department at the University of Free State in Bloemfontein where she is specialising in internal medicine.

"He was very supportive, granting me unpaid leave to take up the post as both he and I felt the experience I would gain would benefit the department."

Dr Potgieter was interviewed by a panel from the department at the John Radcliffe Hospital via teleconference and her GMC registration was sponsored by the Royal College of Physicians – International Sponsorship Scheme (RCP ISS).

She spent the first four months as a specialist registrar in infectious diseases and microbiology and the final two months as a specialist registrar in general internal medicine. She was based both at the John Radcliffe and Churchill Hospitals in Oxford.

"I was involved in an HIV clinic which is something we are not exposed to in general medicine training in South Africa," she says. "It was a fantastic experience to witness infectious disease medicine practised in an environment that is not limited by the same resource constraints as at home.

"In South Africa, there is sadly sometimes a large gap between how a disease should be managed and the reality of how it is managed. This is especially true for HIV medicine."

As a specialist registrar, her responsibilities included some student teaching and managing a clinical team, including house doctors and SHOs.

"I was interested to observe the way resources were managed in the UK," she says. "At home we are constantly aware of our resource constraints but perhaps forget that they also apply elsewhere."

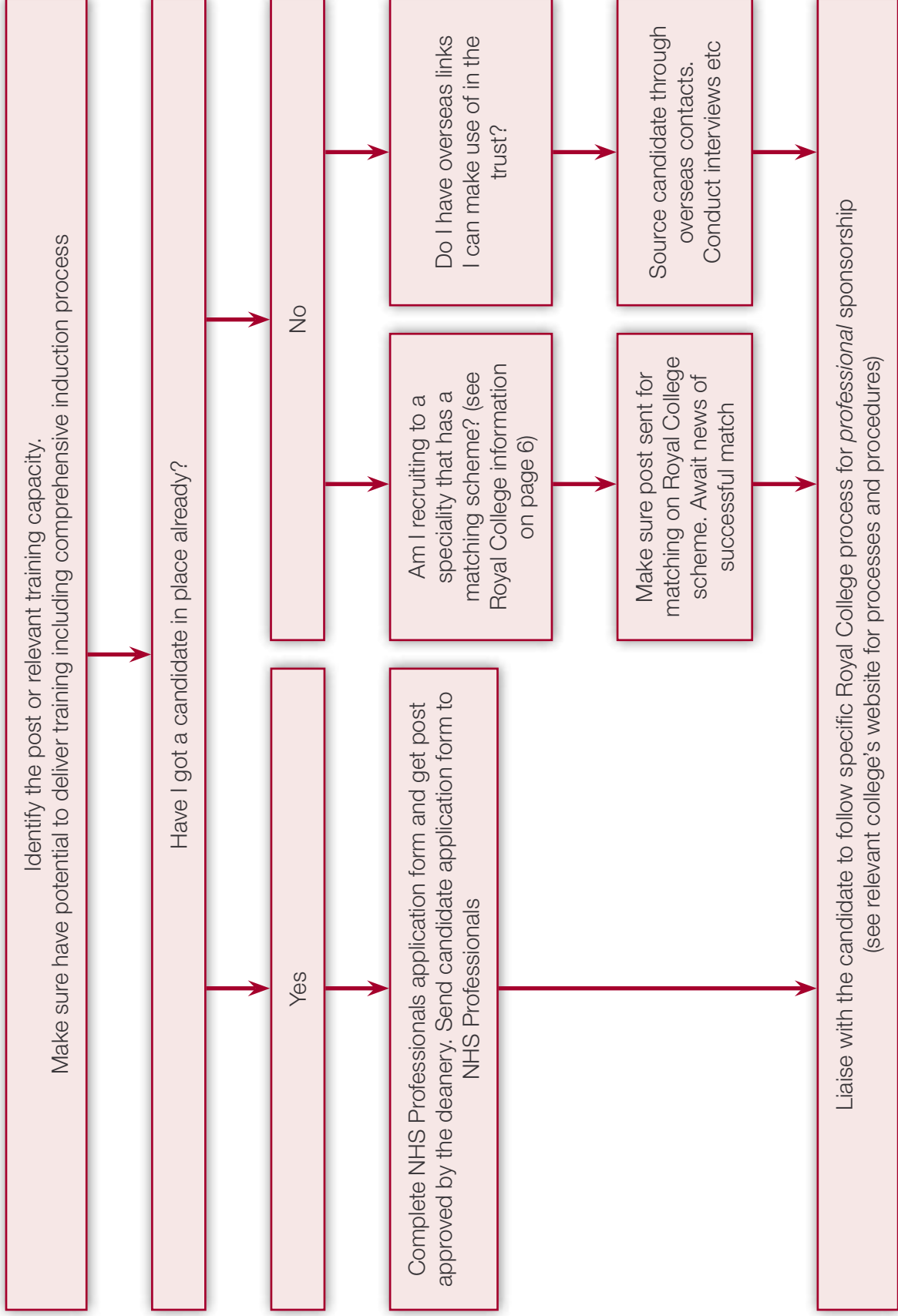
Dr Potgieter also took part in the academic programme under an educational supervisor, spending dedicated time in formal academic teaching and discussion sessions. Although she did not complete a specific qualification, her time in the UK counts towards her post graduate training in South Africa.

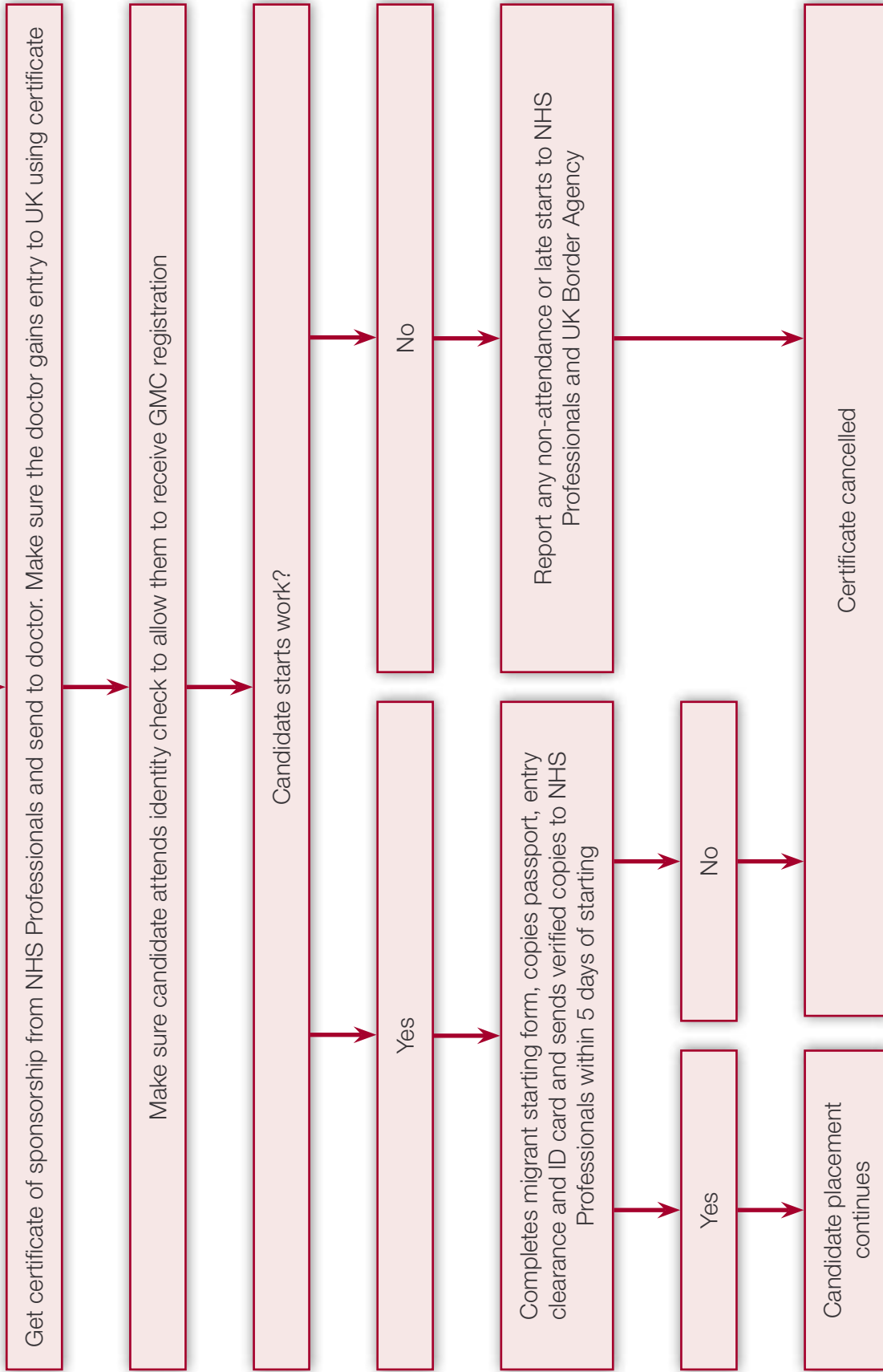
Dr Potgieter says that although she was paid a salary in the UK, she required financial support from family to enable her to travel to and live in the UK for six months, while also maintaining necessary financial commitments in South Africa. "A longer period may have been easier," she says.

MTI posts are available and salaried for up to 2 years which gives more flexibility. Some doctors and their professional bodies are calling for the scheme to be extended to even longer periods to allow for a better induction.

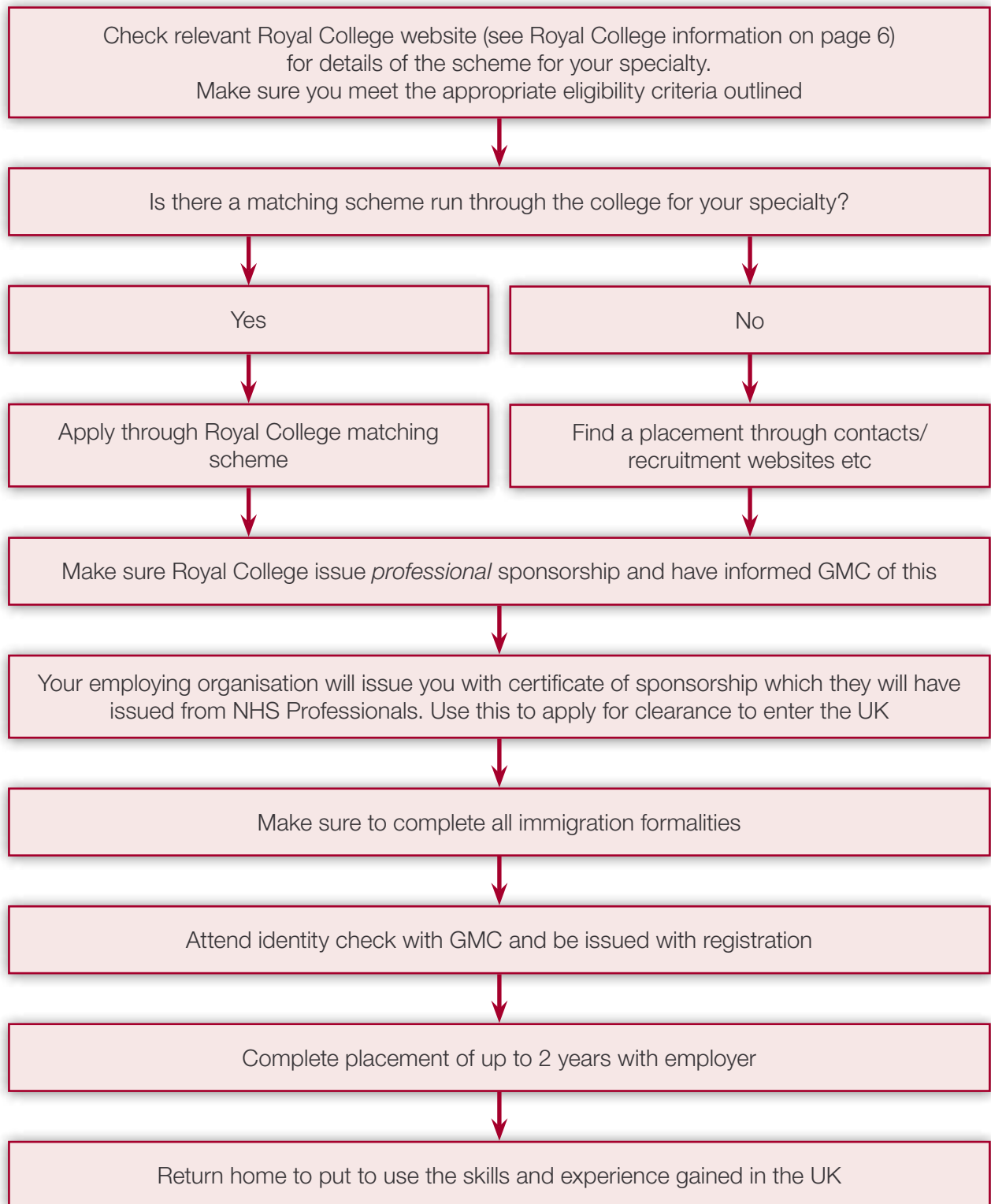
Dr Potgieter says that the challenge of working in a new environment "gave me confidence in my ability as a doctor to function in a hospital where I believe standards are very high." She recommends the international sponsorship schemes to other doctors overseas looking to gain new skills and experience.

Step by step guide for trusts





Step by step guide for candidates



MTI scheme and medical workforce planning

Medical workforce planning is a very important area and can help trusts address vacancy issues before they become a problem. Many trusts around the country are struggling with vacancies in key posts that they need for service delivery. Anticipating these issues early and putting in place the necessary plans can help prevent staffing shortfalls in service. Workforce planning is an effective tool organisations can use to maximise resources and efficiency.

There are various factors to consider when tackling recruitment issues and the MTI scheme can become part of the workforce plans in an organisation. Trusts should consider international recruitment as one of their options when considering the problems they have with their workforce supply and demand.

It will be important for trusts to initially establish whether difficult to recruit to posts are necessary and look at the potential to restructure or create different roles. For example, trusts struggling to fill their trust doctor or SAS positions may in fact want to reconsider their medical workforce structure and look at whether initiatives such as Hospital at Night will improve patient safety at the same time as freeing up medical workforce capacity in the daytime. This may reduce the need for trust doctor posts. More information on implementing Hospital at Night can be found at www.healthcareworkforce.nhs.uk/hospitalatnight

Trusts may also wish to look at how they can attract doctors to their trust by promoting their trust and its training opportunities at conferences, through their website and open evenings. This can involve promoting the benefits of living in the local area as well as the training opportunities. With competition for training posts it is vital that trusts do everything they can to promote their organisation as an attractive place to work and train.

The MTI scheme is a very valuable solution to a vacancy problem and can be used in tandem with other options. Planning ahead to fill vacancies with overseas doctors who will benefit from the skills and experiences they gain in the UK can provide benefits on all sides. It is beneficial to look ahead because recruiting using the MTI involves time and energy to complete the process and put in place robust induction processes for the doctor. This is key to making sure the placement is a success.

For more information and tools to help support your organisation with its workforce planning, please see the capability and capacity section of the healthcare workforce portal: www.healthcareworkforce.nhs.uk/capabilityandcapacity

Clinicians wanting training on workforce planning should look at the courses available delivered by the Capability and Capacity team. They offer a range of courses from introductory modules to a five day course. More information on this can be found at: www.healthcareworkforce.nhs.uk/news_and_events/forthcoming_events/medical_workforce.html

Further Information

For any queries relating to the general implementation of the MTI scheme by employers, contact: medicalworkforce@nhsemployers.org.

For advice regarding a specific placement the initial contact should be with the Medical Royal College. Once a scheme is approved, individual sponsorship forms are available from NHS Professionals.

NHS Employers MTI information

www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/Medical_Education_and_training/MMC-international-recruitment/Pages/Medical-Training-Initiative.aspx

NHS Professionals - MTI Guide

NHS Professionals provide the immigration sponsorship for the MTI scheme and applications must be sent to them. They have produced a guide to the scheme which is available at:

www.nhsprofessionals.nhs.uk/flexible/doctors/overseas-doctors.aspx

UK Border Agency, 0845 010 6677 will provide advice on immigration issues.



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