

## The Medical Training Initiative scheme in the United Kingdom: Another Viewpoint

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We write in reply to your thought provoking editorial: "Medical Training Initiative scheme by United Kingdom – What is its worth?"<sup>1</sup>

Your editorial rightly points out the benefits we have enjoyed from our links with colleagues in Pakistan. Senior professors, educators, students and doctors from Pakistan have visited, worked and examined in the UK and UK physicians have taught and examined in Pakistan. We take pride in our association with the CPSP which we see as a major force driving for improved health care, education and training in Pakistan and we also take pleasure in the fact that most of its Founding Fathers were trained for their post-graduate qualifications in the UK.

The closure of the permit free routes for entry into the UK healthcare system in 2006 threatened these links. Suddenly it was very difficult for non-European doctors to compete for training jobs within the NHS.<sup>2</sup> Determined that the links should continue, the Royal College of Physicians of London lobbied hard to find a way to maintain exchanges with its international sister organisations, and with the Department of Health and UK Border Agency, established the Medical Training Initiative (MTI) Scheme. This scheme now provides an excellent alternative route for overseas doctors to come to the UK for training.<sup>3</sup> The scheme comes under the umbrella of the Tier 5 points-based visa which allows trainees to receive training in the UK and to work in the NHS for periods of up to two years, after which they must return home.<sup>4</sup>

Your editorial emphasises that the MTI visa is limited to 2 years and is not a route for settlement. This is true; and rightly so in the light of previous high levels of international medical graduate unemployment in the UK and suggestions of exploitation of junior doctors.<sup>2</sup> The MTI scheme is about sharing and teaching, not taking.

Your leader however does not do justice to the training aspects of MTI posts. All MTI posts are training posts. Many are long established training posts transferred over for the benefit of the MTI scheme. Other posts are only approved for the scheme if the

training content of the post is judged by the Post-graduate Dean and the respective Royal College to be exactly on par with U.K. training posts.<sup>5,6,7</sup> This includes provision of study leave and encouragement to attend regular in-house training opportunities. Once appointed, each trainee is allocated a named educational supervisor, has regular appraisals and partakes of the same work place based assessments as UK trainees. An e-portfolio is maintained and regularly examined to ensure that the graduate's training corresponds with their personal career plans and learning objectives. During their time in post, pastoral as well as educational needs are overseen by the appropriate Postgraduate Dean and Royal College. MTI trainees get regular hands on experience and if, working in a procedure-based speciality, carry out work based assessments to confirm that they have developed appropriate competencies in those procedures. We also encourage graduates to gain non clinical experience in management, teaching and research.

The one difference between the UK and MTI trainee is that the UK trainee's curriculum leads to a Certificate of Completion of Training after 4 (or more) years of training while the MTI trainee's curriculum is limited to 2 years. During their 2 years however they are exposed to the same training opportunities as UK graduates so as to ensure they return home with additional skills, experience and, we hope, enthusiasm to maintain those contacts made during their time in the UK.

Your editorial also talks down the salary associated with the MTI scheme. If a trainee is being appointed to a post in an NHS hospital they will receive exactly the same salary as their UK counterpart. Depending on grade of post and extra duties this will be around 3 times the £11,128 per year quoted in your editorial. It is only in the case of supernumerary trainees on the International Sponsorship Scheme with no service commitment and no NHS salary that the MTI visa stipulates that the minimum stipend from their home country must be more than the minimum national wage of around

£12,000 per year. This is to make sure the graduate has enough to live on in the UK. Even these trainees can and are encouraged to supplement their income by doing additional locum and on call work if they so desire. All graduates on the MTI scheme are paid at standard NHS rates and yes, as your article points out, they do pay tax but no more than others. MTI doctors will not make their fortune but nor will they be poor.

In summary we feel the Medical Training Initiative marks a positive way forward to maintain long established links between Pakistan and the UK. The scheme provides an opportunity for young Pakistani doctors to practice within the National Health Service and take that experience back. It provides opportunities for UK doctors to be exposed to graduates with different experience from different backgrounds and for the NHS to maintain teaching and research links with Pakistan. The scheme is evolving, and we accept is not yet perfect: there can be difficulties matching candidates to posts; the IELTS requirements are very stiff (7.0 or more across the board); there are many forms to be filled in, and 2 years in a different health system is not for everyone. But we believe that those who do come will learn skills and make friends and forge associations which will benefit them and their patients for the rest of their careers. All of us in the UK associated with the scheme are determined to make it a success.

#### REFERENCES:

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## Medical Training Initiative Scheme in UK: Response by UK AMRC

I respond to the editorial "Medical training initiative scheme by United Kingdom: What is its worth?" published in Pakistan Journal of Medical Sciences 2011;27:481-3.

The Academy of Medical Royal Colleges took over the role of National Sponsor of the Medical Training Initiative in May 2010 to ensure that it delivers high quality training in the UK for overseas trainees to

the benefit of both the individual trainee and their country of origin. The Medical Training Initiative provides a maximum of 24 months of postgraduate medical training in the UK for trainees who may not have similar training opportunities in their own country.

Following pressure from the UK Medical Royal Colleges, the UK Government set up the Medical Training Initiative (MTI) in February 2009. The MTI Scheme gives overseas doctors Royal College certified training posts that offer experience and training in the UK. These are not service posts, except in as much as UK training combines some service provision with training, and one of the reasons that the Academy of Medical Royal Colleges took over MTI was to ensure that all incoming trainees enter posts which provide comparable training to that received by UK based trainees. These posts can allow candidates to take Royal College examinations, and/or to receive a certificate from the Royal College or Postgraduate Dean attesting to the type and quality of training completed.

The MTI uses extra training capacity within the UK and offers *bona fide* training which is often available because of the manpower planning limits on the number of UK base trainees allowed to train in a given medical field. Every effort is made through the recruitment process of the Medical Royal Colleges to ensure that the training that the overseas applicant undertakes corresponds with their personal career plans and learning objectives.

Reference in the editorial to the national Minimum Wage in relation to the MTI scheme is misleading. The AoMRC advises that all doctors coming on the MTI scheme are paid the same amount as a UK trainee at an equivalent level. We know of no cases where an MTI doctor has earned less than the basic salary of a UK trainee.

The MTI is not a route to settlement within the UK. We believe that one of the main advantages of the MTI Scheme over other immigration routes is that it does not contribute to the 'brain drain' from countries in need of advanced medical training and highly skilled medical personnel, as all of the doctors coming to the UK on the MTI must return home by the end of 24 months.

I hope this clarifies the MTI. If there are any further questions please do not hesitate to contact the AoMRC MTI office directly.

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*For author's response see Page 953*