Correspondence

Medical Training Initiative Scheme in UK: Authors' response

Dear Sir,

It was an honour to hear views from our respected colleagues. To begin with, we must admit it is always a pleasure to see historical healthy and close ties between UK Royal Colleges and CPSP Pakistan. There has never been a doubt in our mind that we are equally proud of our association and allegiance to both. Both institutions have played a major role in career of thousands of doctors like the author himself.

Sir Neil Douglas has mentioned that the reference to the national minimum wage in our editorial was misleading. While looking for information online for our editorial we were unable to find Academy of Medical Royal Colleges' (AoMRC) advice on how the doctors under MTI should be paid. Unfortunately, we cannot still find it on their website.[1] We did however provide a reference from a reputable source (British Medical Journal) in support of what we mentioned. We agree that the reference only indicated 'minimum wages' under the scheme and might not be applicable to all prospective users of the scheme, as indicated by Dr Raza in his response, but unless an average is explicitly stated the readers cannot know that it is ok to expect salary similar to a UK counterpart. Also, we are confident that the idea of even a proportion of doctors, e.g. supernumerary trainees on International Sponsorship Scheme, being offered a salary/ stipend of unskilled labourers (Dr Raza's letter) will be unacceptable for majority. Most will agree with us that junior doctors will not find this aspiring. What we found distressing was the lack of clarity of these issues, which may mean most of these doctors will not even know what to expect until they have wasted a lot of time in the process. This information on salary is not available on the websites of AoMRC, NHS Professionals and various Royal Colleges;[2-5] the admin fee for processing MTI applications, was however clearly mentioned on one of the Royal Colleges' website.[5] Overall, it gives an impression of quite a neglected aspect if not a deliberate avoidance.

Regarding the training aspects of MTI, both our senior colleagues felt that we did not do justice to the matter. We based our writing on these concerns:

- A maximum duration of two years of training promised under MTI is a huge and genuine concern for many critics of the scheme. In the absence of any robust plans made available by the proponents of the scheme, of 'how quality training will be achieved in this limited span', mere abuse of the MTI 'trainees' to fill the gaps in service identified in various trusts, seems a justifiable fear.
- The posts mentioned as suitable for MTI include few of those not considered training posts for UK trainees, e.g. Clinical Fellow and Research Fellow posts.[6] Does this not in any way convey the message of double standards or moulding the principles to suit the NHS?
- MTI will provide training to the candidates according to their personal career plans and learning objectives. This target could easily be considered vague and depending upon the sincerity (or the lack of it) and needs of recruiter, and especially at a time of immense service pressures, could be exploited to varying extent without the exploitation being discovered. Institutions can use effective bureaucracy for cover up. We understand that MTI is flexible[7] and training details will depend upon job description and we have a well-placed concern that such level of flexibility can easily be manipulated by the employer in their own favour. Exploitation and oppressive bureaucracy of doctors is not unknown in (any part of the world, including) UK.[8]
- This is true that there are manpower planning limits on number of UK based trainees allowed to be trained in a given medical field; it is true that limitation of doctors work hours under EWTD has meant that these UK trainees are exposed to dangers of under-training[9,10]. Most of the UK doctors filling non-training posts will agree that these two facts have resulted in a trend in trusts of:

1) Introducing non-training posts, and
2) Diverting the work traffic in a way that the UK trainee gets minimum harm from reduced hours and gets the maximum training opportunities squeezed into those limited hours so same intensity of their training can be achieved without increasing number of years they have to be trained for.

This naturally means types of jobs relatively less important towards becoming a consultant are handed over to non-training doctors.

* We learned from Ray and Kumar [6] that role of deaneries is to ensure that training of an MTI trainee does not affect or compromise training of existing UK trainees. We find this a little bizarre that if there was extra training capacity how it was not grabbed by the large number of local doctors currently in the non-training posts in the UK who strive to get their hands on any learning opportunities, especially involving procedures. We will find it a pleasant surprise if in the presence of these intense training needs of UK trainees, extra training capacity will still be there for non-UK trainees. And by extra training capacity we of course mean real training opportunities that not only make a doctor eligible for an exam or result in a certificate but can give him real skills he can take back home, not the ones he could easily gain in his own country. Once again, and despite our willingness to believe in MTI as a real learning opportunity for its users, we are concerned that the use of vague description like 'training according to ones' personal plan' will allow poor accountability and possesses potential for abuse.
* Whilst we find mention of a maximum of 24 months' training allowed under MTI, we fail to find any explicitly stated 'minimum limit' on any of the relevant websites. This leaves behind another uncertainty and another likely weakness of scheme that risks exploitation by employers. How likely is it that employers will start recruiting for a lesser duration than the maximum allowed, just to suit their needs? Will there be adequate barriers in place to prevent this?

Besides all this, we would like to mention recent reports of the proposals of parliament to further reduce the duration of MTI to 12 months, which will inflict a lasting blow to any chance of training under the scheme, that will have to be completed in 12 months taking into account the weekends, annual and study leaves. The RCP has already raised concerns on this.[11] This in our view will only enrage those who already have doubts about the scheme by further diminishing usefulness of MTI scheme for training purposes, as it clearly is unjust to expect adjusting into a new healthcare system and getting training within a year. Junior doctors coming to UK in hope of training will be in danger of feeling exploited at the end of this period.

By mentioning all these concerns, we hope we have highlighted the reasons of why we fear the doctors will not gain from the scheme. We are no inflexible opponents of MTI. We value the aspirations, reassurances and clarity in responses from Sir Neil Douglas from AoMRC and Tanzeem Raza, Peter Trewby and John MacDermot from RCP. We have identified matters with utmost sincerity to our colleagues back home. We are confident that any robust steps, by these respectable organisations to address these matters and to prevent any suspected trainee abuse through the scheme, will find us, as well as potential users of MTI, optimistic. If enough transparency is provided regarding the structure of training of the MTI trainees right from the outset; if training targets are clearly defined; and if enough information on these and on the other vital issues like doctors' salaries is provided, it is highly likely that much of the negative feelings regarding the scheme will be alleviated. We will then consider it as a positive way forward for trainees in Pakistan and other countries from the Sub-Continent.

All we wish is avoidance of the situation like 2006, when sudden policy changes 'to suit NHS' had meant that dreams of hundreds of migrant doctors were trashed. Hundreds of Asian doctors' saw a frustrating time in UK; and as mentioned by British Association of Physicians of Indian Origin (BAPIO),[12] doctors were devastated, poor, working in food shops and bars. Thousands had to return home after spending years in UK and so unforgettably, there were even few suicides.[13]

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