



# Royal College of Physicians and VSO Parliamentary Briefing

## Tier 5 visa category and the Medical Training Initiative

April 2011

The Royal College of Physicians of London (RCP) plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 25,000 fellows and members worldwide, we advise and work with Government, the public, patients and other professions to improve health and healthcare.

Founded in 1958, VSO is the world's leading independent international development organisation that works through volunteers to fight poverty. VSO now has 10 dedicated health programmes in Burkina Faso, Cambodia, Ethiopia, Malawi, Mongolia, Sierra Leone, Sri Lanka, Tajikistan, Tanzania and Uganda, improving the quality of health care for nearly 5 million people in 2010. VSO recruits doctors, nurses, midwives, community health workers, management advisers and other professionals to support the development of stronger, more inclusive and accessible health systems so that the poor and most vulnerable people can realise their right to health.

For more information please contact Morgan Bailey, RCP international & MTI coordinator, on [morgan.bailey@rcplondon.ac.uk](mailto:morgan.bailey@rcplondon.ac.uk) or +44 (0)20 3075 1342, or Martin McCluskey, VSO Parliamentary Relations Manager on [martin.mclluskey@vso.org.uk](mailto:martin.mclluskey@vso.org.uk) or +44 (0)20 8780 7205.



## Overview

- The Government is set to launch a **consultation on reforms to Tier 5 of the Points Based Visa System** in May 2011. It is expected that the consultation will contain a proposal that Tier 5 visas should be shortened from 24 months to 12 months.
- Currently, the RCP and others use the Tier 5 visa to facilitate the **Medical Training Initiative (MTI)** which enables doctors from developing countries to enter the UK to train in the NHS for two years.
- The RCP and VSO believe that **any reduction of the training period from two years would be detrimental** and would not provide adequate training for progression for overseas doctors.
- Unlike other routes to work or training in the UK, **the Tier 5 'MTI' visa has robust safeguards to ensure participants leave the UK once 24 months has expired**. This means that entry to the UK under the MTI does not lead to permanent settlement and 'brain drain' from developing countries.
- A shorter MTI may lead trainees **to look to other countries for training**, where similar safeguards are not in place to prevent permanent migration from the developing world.
- The Department for International Development's recent review of bilateral aid recognised the need for well trained and highly skilled health workers in developing countries. **The continuation and expansion of the MTI will assist in establishing a cadre of doctors with advanced clinical knowledge** who will be crucial to improving and leading health systems in the poorest countries.
- **RCP and VSO urge MPs and Peers to raise this issue with Ministers** to ensure that the MTI continues as a two year training opportunity.

## Introduction

The Royal College of Physicians (RCP) and VSO recognise that the health crisis in many countries is one of the key barriers to development and to countries moving out of poverty. Key to tackling this crisis is addressing the lack of trained health workers. Fifty-seven countries suffer from a severe shortage of health workers and 36 of these are in Africa, which has just 3% of global health workers but bears 24% of the global burden of disease.<sup>1</sup>

Recent research by VSO<sup>2</sup> concluded that the permanent migration of health workers from Africa to the UK and other OECD countries was damaging health systems, but recognised developing countries can benefit from health workers spending a period of time training in a foreign health system such as the NHS. This training provides a much needed opportunity to enable progression and professional development, one of the key drivers that lead many health workers overseas.


VSO's research concluded that the Medical Training Initiative (MTI) provided a suitable route to provide such training and recommended that access to it be expanded to enable more doctors from Sub-Saharan Africa to participate in the scheme. The MTI is a scheme used by the NHS to provide training opportunities to overseas doctors. Currently, there are 340 doctors working in 149 trusts across the UK through the MTI. Of these, 77 were sponsored by the RCP and an additional 205 physicians are due to start posts in the UK in the coming months.

The Government has set a target to reduce immigration to the UK. As people who stay in the UK for 12 months or less are counted as 'temporary visitors', and are not regarded as immigrants, the UK Borders Agency (UKBA) is considering reducing the maximum length of stay under the Tier 5 visa from 24 to 12 months. The RCP and VSO believe this change would jeopardise the MTI and push doctors from overseas

---

<sup>1</sup>, Working Together for Health, World Health Organization, 2006

<sup>2</sup> 'Brain Gain', VSO, 2010



into training opportunities in other countries that do not guarantee return to their home country. Since UK trainees are overstretched, it could also have a detrimental effect on the ability of NHS hospitals to adequately fill training rotas, resulting in lower standards of patient care.

### **What is the MTI?**

The MTI is ‘a temporary scheme designed to enable a small number of international medical and dental graduates to enter the UK to experience training and development in the NHS for up to two years – before returning to their home country.’<sup>3</sup>

The MTI is currently administered under Tier 5 of the ‘points-based system’ of the UK’s immigration rules. It falls under the specific sub-category of a Government authorised exchange (GAE), which has the support of a Government department and an ‘overarching sponsor’ who can manage the scheme.

The MTI and other Tier 5 training schemes for health workers<sup>4</sup> run by the medical royal colleges and other organisations represent the few remaining routes for overseas health workers to access training within the NHS. The abolishment of permit-free training and the overseas doctors training scheme visas in 2006, as well as the introduction of regulations restricting those on the (now defunct) Highly Skilled Migrant Programme from applying for training posts in the NHS has significantly reduced the number of opportunities for doctors to train in the UK.

The purpose of the scheme is to make use of spare training capacity in the NHS, while providing relevant work experience in the UK to doctors from low- or middle-income countries. Participation in the MTI does not lead to settlement or a prospect of a career in the UK. At the end of the maximum period (two years), the individual is expected to return home.

As training in some developing nations can be quite basic, the MTI provides overseas doctors access to a higher-quality structured training programme.

*Training in Sudan is very basic and not structured. At least 80 per cent of your knowledge and education comes from your own efforts, unlike the UK where you can get direct teaching and education in a structured format. Every Sudanese doctor’s main ambition is to train in the UK, and the MTI opened the gate for us.*

Dr Tarig Mahmoud, MRCP London and former MTI trainee from Sudan

### **Benefits to the UK**


The NHS relies on international medical graduates (IMGs) to provide a high-quality, reliable and safe service to patients. They enrich the NHS with their skills and enthusiasm and have become essential members of the UK’s medical workforce. Both the RCP and VSO are proud that the NHS is highly regarded internationally and seen as a place where the best medical graduates across the world want to receive education and training. These well-established training links give the UK additional influence internationally. While the RCP and VSO support a fully home-grown healthcare system, there is currently a need for trusts to recruit from overseas to fill gaps in training rotas which have been compounded by the limitations imposed by the European Working Time Directive (EWTG).

The MTI also saves trusts money. The NHS’s reliance on locums to staff their hospitals has grown considerably in recent years, and utilising the MTI can both produce savings and facilitate more efficient

---

<sup>3</sup> Academy of Medical Royal Colleges, 2010, Medical Training Initiative Guide, p.2, <http://www.aomrc.org.uk/medical-training-initiative.html>

<sup>4</sup> For example the Commonwealth Scholarships Commission, the International Paediatric Training Scheme, and the International Doctors’ Training Programme



workforce planning for hospitals.<sup>5</sup> The average locum appointment costs the NHS between £10,000 and £20,000 in agency fees. In addition to this fee, the locum agencies charge a percentage of the doctor's monthly salary from the trust.<sup>6</sup> MTI doctors are paid the same as UK trainees and do not incur additional charges for the trust from locum agencies. These doctors not only decrease the NHS' reliance on locums, but they also enable trusts to plan their workforce more efficiently by allowing them to plan ahead for MTI positions instead of using last-minute locum appointments.

The MTI not only benefits the NHS, but also IMGs and their home countries. IMGs who train in the UK return home with loyalties to the UK and links to NHS Trusts. These loyalties reflect on the UK's reputation overseas whilst supporting the UK's international development objectives.

*I have long experience of hosting postgraduate students from overseas in Liverpool ... In all cases these graduates have returned to their home countries full of enthusiasm for their specialty. In each case this has led to continued research and training links, including several joint scientific publications after their return to their home country. The presence of such trainees on our unit enriches local training for all UK staff, including nurses and other professions as well as the doctors. It enables us to learn on a day to day basis about differences between our disease patterns and approach to that overseas, which is vital for our field.*

*In addition, these placements have enabled reciprocal training of our own medical trainees overseas, especially in Colombo. Two of our senior registrars have completed a year or more of training in Sri Lanka and we expect more to follow. Two of our nurses visited Colombo to see conditions in the hospitals at first hand, and deliver some local training, and raised funds to enable their nursing Sri Lankan colleagues to visit our unit. Trainees returning to Colombo and Muscat have continued dialogue with us, enabling significant formal training links between the Royal College of Physicians of London and Ministries of Health and sister colleges overseas.*

Dr Nick Beeching, clinical director of Infectious Disease Unit, Liverpool

### **Benefits to sending countries**

VSO recently conducted research<sup>7</sup> with African health workers in the UK and in Africa to establish their motivation for migrating to the UK. This research also included interviews with current and former VSO volunteers and partner organisations operating in Africa.

The majority of health workers interviewed expressed their desire to come to the UK on a temporary basis to work or train in order to increase their skill levels and continue their professional development. Time in the NHS is seen as an opportunity to move towards or achieve promotion, and to practice in a well-resourced health system where equipment and drugs are readily available.

Many VSO volunteers, leaders of professional associations, and other stakeholders expressed the view that health workers with experience of working in the NHS were better placed to take up positions of responsibility within their home health system and brought back additional skills and expertise:


*Returning...health workers would bring their expertise from working in a health care system where operations function in a better way. This could lead to support for the Ugandan health care system to develop and grow, to increase capacity and quality of care. They could share experiences and identify*

---

<sup>5</sup> Duffy, Judith. "NHS spend on covering doctor staffing gaps increases," BBC News, 13 May 2010. <http://news.bbc.co.uk/1/hi/scotland/8660477.stm>

<sup>6</sup> Estimation based on Medic International agency fee per doctor. [www.medicnet.co.uk](http://www.medicnet.co.uk)

<sup>7</sup> "Brain Gain", VSO, 2010



*the needs to make adjustments to narrow the divide between the UK and Ugandan health care systems. They could support training and human resource issues...*

Dr Ismail Ndifuna, national programme officer, UNFPA Uganda

This has been supported by MTI doctors:

*A well-trained doctor is like the sun. His knowledge will radiate out and impact everyone around him; he upgrades his own service in his country automatically.*

Dr Tarig Mahmoud, MRCP London and former MTI trainee from Sudan

Against a backdrop of opportunities for overseas doctors becoming increasingly restricted, as described above, the MTI enables the UK to remain globally competitive in attracting the best health workers to help meet skills shortages in the NHS while also discouraging permanent settlement in the UK. In addition, the MTI supports the UK's international development objectives through facilitating the sharing of knowledge and best practice that will enable Africa's health workers to help save more lives at home.

## **Safeguards**

The MTI scheme has robust safeguards to ensure the highest quality IMGs are working in the NHS. Unlike doctors coming to the UK from other EU countries, IMGs who come to the UK on the MTI must demonstrate a high level of English language and communication skills in order to be registered with the General Medical Council (GMC). This involves scoring a minimum of 7, out of a possible 9 bands, in each category of the International English Language Testing System (IELTS).<sup>8</sup> Individuals achieving this level are considered to have the ability to handle 'complex language well and understand detailed reasoning.'<sup>9</sup>

The RCP ensures candidates have excellent medical expertise and good communication skills by interviewing them in their home country before they are able to start working in the NHS.<sup>10</sup> The interviews are conducted by both UK fellows and overseas fellows of the RCP in a UK Core Medical Training (CMT) style interview assessing communication and clinical skills, as well as the individual's CV and career ambitions.<sup>11</sup>

Once the IMGs are in the UK, they are required to have an induction period to assimilate into the NHS. They are supervised by a consultant and are subject to the same assessments as their UK counterparts.

There are further robust safeguards to ensure IMGs cannot prolong their stay in the UK. Tier 5 visas limit an individual's stay to 2 years. At the end of this period the IMG cannot be employed legally and is required to leave the UK. There is no option for extension or switching of visa categories. Once the IMG returns home, they are not permitted to apply for another Tier 5 visa for five years.<sup>12</sup>

---


<sup>8</sup> The categories include listening, reading, speaking, and writing in English.

<sup>9</sup> "My test score", IELTS, [http://www.ielts.org/test\\_takers\\_information/getting\\_my\\_results/my\\_test\\_score.aspx](http://www.ielts.org/test_takers_information/getting_my_results/my_test_score.aspx)

<sup>10</sup> The UK style interviews assess a doctor's clinical and communication skills at a core medical training (CMT) level by using scenarios and actors to observe how the doctor reacts in different situations.

<sup>11</sup> The interviews are conducted for posts that are salaried.

<sup>12</sup> The Academy of Medical Royal College (AoMRC), which is the overarching national sponsor for the MTI, receives written confirmation in the form of a Migrant Exception Report for any doctor that leaves their post prematurely. They would then notify the UKBA immediately and the individual's visa would be rescinded. The AoMRC also sends out quarterly checks to the Trusts to ensure that all doctors under the MTI are still in post or that we are notified that they have left. This helps to ensure that even if a Trust does not send us the Migrant Exception Report we are still aware of any changes.



*There are already safeguards in place to ensure doctors benefiting from Tier 5 visas return to their home countries after training in the United Kingdom and, we in the South Sudan, will ensure that this provision is built into the individual trainee contracts. From my point of view this is possibly the best foreign aid (in kind) which the United Kingdom can give to any developing country.<sup>13</sup>*

Dr Eluzai Hakim, consultant physician in adult medicine and rehabilitation, Isle of Wight

### **Why are the proposed changes problematic?**

It is currently difficult for the NHS to recruit adequately skilled and experienced doctors to fill training rotas to support the NHS. This has led to a reliance on locums, with the associated high cost and difficulties in ensuring quality and continuity of care.

The NHS, with the support of the medical royal colleges, use the Government authorised exchange category of the Tier 5 visa for temporary and exchange workers, to bring highly skilled, well qualified and experienced doctors into the UK for up to 24 months.

If the length of stay under the Tier 5 visa is reduced from 24 to 12 months, it will no longer be beneficial for the UK or overseas countries to take part in MTI. At present, for a number of countries, the MTI is one of the only routes available for professional development of doctors to enable them to progress to consultant level. For example, in Sri Lanka, the lack of capacity to train doctors beyond the basic level means that those who wish to progress look overseas to undertake the required two years of training.

*Training time in the UK is of great importance to Sri Lankan doctors and the continuing development of our health system. After so many changes to UK immigration regulations in recent years, restricting the Tier 5 medical training initiative to 12 months will force our doctors to shift their focus away from the UK.*

Professor Rezvi Sheriff, Director of the Postgraduate Institute of Medicine, Colombo, Sri Lanka

VSO's research showed that one of the key drivers for brain drain from developing country health systems is the lack of potential to progress. As noted above, the MTI is one of only a few training opportunities available internationally that has no prospect of leading to permanent settlement. At present, the MTI provides a route for many Sri Lankan doctors to undertake training in the UK. However, a scheme of less than two years would not provide adequate training for progression and would lead to many doctors looking elsewhere to train:

*Though I have just been accepted on the most recent round of the MTI [March 2011], if the visa is reduced to 12 months, then I won't come. In Sudan, if you want to register as a specialist with the Sudan Medical Council, then you need to have gained at least two years of sub-specialty training which is difficult to obtain in Sudan. If I can't do this in the UK, then I will go somewhere else.*

Dr Rihan Elhassan, MRCP London and accepted on to the MTI in March 2011 from Sudan

The RCP and VSO believes that, given the amount the British Government have invested in health systems strengthening in developing countries in recent years, every effort should be taken to ensure that doctors who leave their home country to train overseas should return at the end of the training. The continuation of the MTI ensures that a route continues to exist that guarantees both high quality training, with the associated benefits to developing country health systems, and the guaranteed return of the doctor to their home country.

---

<sup>13</sup> The Republic of South Sudan will be an independent country on 9 July 2011. The Ministry of Health with South Sudan has directly written into his proposals for postgraduate training the use of the MTI. Dr Hakim is the RCP's International Advisor for South Sudan as he is a representative of the Diaspora community.



### **Action and next steps**

The RCP and VSO are calling for the Government to retain the length of the Government authorised exchange category of the Tier 5 visa at 24 months, and not reduce it to 12 months. We ask MPs and peers to raise this issue with the home secretary and Home Office ministers, to ensure that any changes to the Tier 5 visa category do not lead to unintended consequences that could undermine the UK's development objectives.

At present, the Government's timeframe for policy change is still unclear. The RCP and VSO expect the consultation on the Government's review of Tier 5 immigration to commence after the elections and AV referendum on 5 May. We will be submitting a formal consultation response in due course.