

ACADEMY OF MEDICAL ROYAL COLLEGES RESPONSE TO THE UK BORDERS AGENCY CONSULTATION ON CHANGES TO TIER 5 IMMIGRATION – THE IMPLICATIONS FOR THE MEDICAL TRAINING INITIATIVE

Introduction

The Academy of Medical Royal Colleges (AoMRC) welcomes the opportunity to comment on the UK Border Agency (UKBA) Consultation on changes to Tier 5 immigration

The Academy's membership comprises the Medical Royal Colleges and Faculties across the UK. The Academy seeks to support and co-ordinate the work of Medical Royal Colleges on issues of common concern. Whilst individual Colleges and Faculties may also have submitted their own responses to the consultation we are confident that this response represents the broad view of Academy members.

The Academy also acts as the UK sponsor for the Medical Training Initiative (MTI) for the UKBA. The Academy took on the role in 2010, following discussions with the Department of Health, because of its commitment to the principles of the MTI scheme. We firmly believe that the scheme which provides training opportunities for overseas doctors for a period of up to two years is beneficial to the NHS, to individual applicants and to their country of origin. We have worked extremely constructively over the last 15 months with the UKBA, the Department of Health, Medical Royal Colleges and NHS employing organisations to ensure the scheme operates efficiently and effectively and complies with UKBA requirements. We are confident that this has been the case.

The Academy and its member Colleges remain committed to the scheme and are hugely concerned at any potential changes to the immigration rules which might threaten the viability of the scheme.

Our response is, therefore, restricted to issues which concern the MTI.

Response

Question 21: Should those who enter on the temporary worker route be restricted to a maximum of 12 months leave to reinforce the temporary nature of the route?

Answer 21: No.

Question 22: If you have answered 'no' to question 21 please explain why.

Answer 22:

The Medical Training Initiative (MTI) is a national scheme designed to allow a small number of doctors to enter the UK from overseas, so that they can benefit from training and development in NHS services before returning to their home countries.

It supports the UK's international development objectives and helps foster exchange programmes between NHS and overseas organisations.

The MTI allows overseas doctors to undertake up to two years training and experience in the UK. The MTI operates under Tier 5 of the government authorised exchange scheme of (the UK Border Agency points based immigration system) which permits entry to the UK for overseas nationals coming to undertake exchanges or educational initiatives sponsored by government departments.

One of the main purposes of the Academy of Medical Royal Colleges is to improve post-graduate medical education within the UK; in keeping with that work the AoMRC took on the role of National Sponsor of the Medical Training Initiative scheme to the UKBA in April of 2010.

The AoMRC strongly believes that the Tier 5 route as it affects the Medical Training Initiative (MTI) scheme should not be reduced to 12 months but should remain as a minimum limited to 24 months. Capping the maximal length of stay for trainee doctors on the MTI will effectively nullify the existing benefits of the scheme and will jeopardise the likelihood of the scheme's continuation. The following points outline why the AoMRC and member Colleges believe the MTI is a significant benefit to the UK and how the proposed 12-month limitation will be damaging to the MTI Scheme:

Promoting two way flows in volunteers and trainees

The two-way flow of trainee doctor immigration to and from the UK upholds the coalition governments Millennium Developmental Goals and its reaffirmed commitment to international development responsibilities and promoting global health exchanges abroad. Over the past year there have been 463 trainee doctors leaving the UK to take up volunteering posts in the rest of the world and these numbers are set to grow with recent collaborative efforts between the Department of Health, the Department for International Development, the Medical Deaneries, NHS Employers and the AoMRC to make volunteering easier. By comparison, last year the MTI placed 220 foreign trainee doctors in NHS Trusts throughout the UK. The numbers of doctors placed on the MTI has remained consistent under the AoMRC's sponsorship and is capped at a maximum of 750 annually; if this level is reached, the MTI will operate on a "one out one in basis".

With last year's placements on the MTI being 220, as mentioned above, the MTI Scheme represents 0.041% of the total annual immigration. ¹ Furthermore, in 2009 there were 36,715 immigrants admitted under Tier 5 (main applicants) of the UKBA points based

¹ *Office of National Statistics, Long-Term International Migration Series (LTIM)*

system. Therefore, the MTI Scheme represents 0.6% of the total annual immigration under Tier 5.²

Compared with the value that these international medical graduates bring to the NHS and also to their home countries when they return, the relative impact on UK immigration is negligible.

Impact the MTI has on the NHS

In recent years NHS Trusts have been cultivating strong personal ties between UK consultants and foreign institutions/IMGs. Tier 5 has worked well for these medical areas where there is a relationship with an overseas hospital and many NHS Trusts are looking to expand their Tier 5 recruitment in given specialty areas as part of their commitment to global health. This expansion takes a lot of time and work by the relevant consultant bodies. As such, limiting Tier 5 to one year is counter-productive. A one year training period will not allow for the level of training and support needed to meet a trainee doctor's and the foreign institutions' educational expectations as they would have been afforded during a two year placement.

Additionally, a decrease to the current 24-month period will severely hamper NHS Trusts' ability to employ MTI trainee doctors. As it stands, a three month induction period of a 24 month training post comprises a large part of a foreign doctor's training that is not spent either fulfilling their training goals or aiding the NHS through service benefits. With a decrease to 12 months this induction period will become an even greater hindrance in convincing NHS Trusts to bring on foreign doctors and develop excellent working relationships with overseas hospitals, as they will be spending a large percentage of their time in the UK acclimatising to the NHS and UK culture.

The changes to the Tier 5 rules may waste work that has already taken place and affect the view of and relationships with IMGs and foreign institutions. There is already a perception that overseas doctors may be looking to other countries such as Canada for training opportunities and this will be to the detriment of the UK

Impact the MTI has on Global Health

The MTI provides international medical graduates from low to middle income countries access to a higher-quality, structured training programme not available in their home countries. This supports the international spread of health and clinical techniques to areas whose populations have less well-developed health economies.

Of the doctors that have taken up MTI posts in the UK, each individual has their own account of the skills and training they have received while practising in the NHS.

² *Control of Immigration: Statistics United Kingdom 2009*

“Training in the UK in obstetrics and gynaecology involves different branches from those practised in Egypt, in particular endoscopic surgeries and uro-gynaecology surgery,” says an MTI trainee doctor. “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.”

Overseas doctors have enriched the culture of the NHS since its inception, and for many the skills acquired in the UK have greatly benefited patients back home. Many parts of the world are suffering from a severe shortage of highly trained medical personnel with the experience and technical expertise to serve their population’s health needs. The UK represents a wealth of knowledge, one that has been largely failing to give back to the urgent needs of less developed nations. The MTI scheme represents a way forward to redress this. It is a scheme that has been commended worldwide as it strives to build on one of the UK’s key international development goals: to add to the knowledge of the wider global workforce.

Structure and Precautions of the MTI

A key feature of the MTI Scheme, one that has attracted many of the Medical Royal Colleges in taking part, is that participation in the MTI does not lead to settlement or a prospect of a career in the UK. This then prevents any ‘brain drain’ from the less developed countries that these trainee doctors are coming from as they must return after completing their maximum two year post in the UK and nor does it deny long-term opportunities to UK medical graduates.

The AoMRC’s management of the scheme ensures that no doctor overstays the length of their work contract by routinely following up with employing Trusts to make sure doctors have left their post by the assigned date. The AoMRC then notifies the UKBA via the sponsorship management system to retract the migrant’s visa if they have not already reached the end of their visa’s duration. It is important to note that there is no option for extension or switching of visa categories and that once the trainee doctor returns home, they are not permitted to apply for another Tier 5 visa for five years.

As previously stated, 220 foreign trainee doctors were placed on the MTI scheme in 2010/11. The Department of Health has put an annual maximum cap on the scheme of 750 per year. If and when this level is reached, the scheme will then operate on a ‘one out, one in’ basis so this number would be unaffected by the duration of the visa.

Impracticalities of a 12-month MTI scheme

The AoMRC and its member Colleges firmly agree that a 12-month period for training is not sufficient to allow for acclimatisation, training and any examinations to be properly undertaken.

Currently, the AoMRC mandates that an induction period is a requirement for an IMG placed on the MTI scheme. Trusts and Post Graduate Medical Education Deaneries alike have noted that depending on the IMG in question, induction can last from anywhere up to 3-6 months in length leaving potentially only 6 months of meaningful clinical work for the IMG under a 12 month limit. This is insufficient for hospitals to realise any meaningful benefit after putting resources into the application process and, along with the lack of training return to the MTI doctor, would jeopardise Trust interest in the MTI.

The ability of foreign doctors coming to the UK to sit their Royal College examinations at the end of their 24-month placement has led to international attraction to the MTI scheme. These doctors then return to their home countries with meaningful, career progressing achievement, in addition to the skills and experience gained through their placements. Medical Royal Colleges also view IMG's success on these examinations as a source of pride and achievement of the UK medical system. Currently, the Royal Colleges of Anaesthesia, Emergency Medicine, Obstetrics and Gynaecology, Physicians, Surgeons, Pathologists and Ophthalmologists offer their college examinations as means for doctors on the MTI scheme to gain additional accreditation in pursuit of their academic and career aspirations. For example, of the over 100 doctors on the MTI scheme in 2009/10 sponsored by the Royal College of Obstetrics and Gynaecologists, 75% of trainees passed Part 2 of the MRCOG examinations within their two years training programme in the UK. This is on par with the passing rate of UK trainees of the same level.³

An MTI O&G registrar from Sudan affirms the need for UK training and examinations for foreign trainee doctors.

“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.” She wants to specialise in uro-gynaecology, which does not have dedicated consultants in Sudan.

Employers, Colleges and MTI applicants all agree that 12 months is too short a period to allow for both meaningful service benefits for the Trust and any reasonable amount of meaningful training to be completed by the MTI doctor. The Royal Colleges, who currently facilitate the vast majority of international recruitment to the scheme, will not be able to attract trainees for such a shortened scheme. The likely result of a shortening to 12 months of the scheme would cause the scheme to close, as the attractiveness of the UK as a training destination would be jeopardised and increasingly lead trainees to look to other countries for training. With the availability of training programmes in alternative health systems, a restriction to 12 months will undoubtedly serve to drive international medical graduates to seek more meaningful opportunities abroad and detract from the valuable global health links that have been established over decades of partnership.

³ Medical Royal College of Obstetrics and Gynaecology, 2009-2010.

Additionally, in accordance with recent partnering with the Department for International Development and Voluntary Services Overseas, a renewed focus on lower middle income countries, specifically Sub-Saharan Africa, will be at risk if limitations are put on the length of time medical doctors are able to stay in training posts. As it stands, many foreign trainee doctors already look to Australia and Canada as more attractive alternatives to medical training in the UK, largely based on their geographic proximity; if the MTI scheme was to be reduced in length, large numbers of trainee doctors would opt for these alternative medical systems due to more attractive training opportunities.

In 2008, the strategy “Health is Global” defined a framework through which the previous Government, in partnership with others, set out to work in a coherent and coordinated manner to improve health in the UK and overseas. The strategy outlined five areas for action: better health security, health system strengthening, more effective international health organisations, fairer trade for better health and strengthening the way we develop and use evidence to support policy design.

The ability of the government to meet its global health priorities will be severely reduced if the MTI scheme suffers. Additionally, there will be a negative portrayal to the international community if the UK defaults on the obligation it has set out in increasing support for distance learning resources and the UK will be seen as withdrawing from its commitments to Global Health.

Question 23: Should the ability to bring dependants in the Tier 5 (Temporary worker) category be removed?

No. As with limiting the length of the MTI Scheme to 12 months, not allowing trainee doctors on the MTI scheme to bring their dependants would highly influence their decision to come and be likely to drive them to other countries as a means for medical training. Many current MTI doctors have put forward to the AoMRC that if they had not been able to bring their family under dependant visas, they would have not come to the UK on the scheme. They have stated that it would have been very difficult to leave their family for two years.

Additionally, trainee doctors coming on the MTI scheme are earning substantial salaries that fall in line with UK national trainee salaries and these wages are enough to financially support their dependants.

Question 24: If we were to continue to allow Tier 5 temporary workers to bring their dependants, should those dependants' right to work be removed?

The AoMRC does not have an opinion on this.