

Medical training initiative scheme by United Kingdom: What is its worth?

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Pakistan is blessed with massive talent and despite constrained resources the country manages to produce thousands of capable doctors each year. In Pakistan, the College of Physicians and Surgeons of Pakistan (CPSP) plays the role of Royal Colleges in the UK and co-ordinates and conducts postgraduate training and exams in different specialties in the country. The Fellow of College of Physicians and Surgeons (FCPS) diploma is recognized in countries like Saudi Arabia and Nepal and is considered at par with the membership of the Royal Colleges of the UK by the Joint Royal Colleges of Physicians Training Board (JRCPTB). The FCPS training, by and large, is comparable to good standard training in any other part of the world.

The salaries of the doctors in Pakistan are very low, making it difficult for them to feed their families, maintaining a white collar. Although the main reasons for medical migration from the country have always been financial, in the recent times violence, insecurity, corruption, robbery, kidnapping and target killing have also contributed, fuelling their desire to move. A recent study based on a self-reported survey has shown that apart from low pay, increased workload, no positive feedback, job insecurity, poor mutual support and hostile attitude of the media were some of the reasons for doctors in Pakistan being unhappy. About 55% of them would prefer to be in any other country than Pakistan.¹ Usual destinations have always been USA, UK, Saudi Arabia and Middle East. Earlier a desire for increased income, greater access to enhanced technology, an atmosphere of general security and stability, improved prospects for one's children (in destination countries) and poor job satisfaction level with higher level of workplace stress (in home country) have been identified as primary motivating factors for

physician migration.²⁻³

The world has significantly changed since 9/11. USA, which used to be the top destination for most Pakistani doctors, has been less popular in the recent years due to the visa restrictions and overwhelming discrimination felt by a majority of Pakistanis. This seems to have resulted in shifting the bulk of migration towards UK.

In UK, the National Health Service (NHS) has relied heavily on International Medical Graduates (IMGs) since its formation more than 60 years ago, due to the shortage of doctors.⁴ The IMGs have contributed immensely to the development and progress of the NHS.⁵ A significant number managed to achieve positions of seniority and eminence within the profession. But even in good old days most of immigrant doctors had to accept less desirable specialties and non-career grade positions i.e staff grade, associate specialists etc.⁵ In 1961, Lord Taylor, addressed the House of Lords regarding IMGs and said, "They are here to provide pair of hands in the rottenest, worst hospitals in the country because there is nobody else to do it."⁴

There has often been a significant disparity in the demand and supply in NHS. An increase in the number of medical graduates in UK from 3700 in 1997 to 6200 in 2006⁷ and an influx of doctors from the European Union (EU)⁸ has led to unemployment and frustration among the IMGs in the recent years. The statistics reveal that an IMG has to wait 16 months and fill in about 500 job applications before getting one.^{4,9}

The dreams of doctors coming to UK are to earn good money, to get advanced training and to work in a stress-free environment. These dreams get quite shaken and shattered in their translation to reality. Whilst in Pakistan, earning in sterling pounds seems very fascinating, it is often forgotten that 20-40% of these highly desired pounds never see our account as they get pinched by the taxman who also takes away a further 8-11% in the name of National Insurance contributions. Whatever manages to reach the employees account soon leaves him dry when huge bills for massive rents, electricity, gas, telephone, mobile etc are automatically deducted by direct debits and if anything is left behind one can barely

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afford to eat and pay for the expensive commute to work without splashing out on their credit cards.

The overall work environment in UK is very stressful. In hospitals, litigations are the main reason why doctors have to work under stress as minor lapses in communication and management may end up in the court, risking the career of a doctor. A whole new set of communication skills have to be learnt and the need for extreme 'political correctness' means need for great caution in all professional interactions, adding to the stress.

There have been major changes in the NHS over last few years. Heavy influx of doctors from the EU in recent years meant far lesser good jobs for Non-EU (Mostly Asian) doctors. The tough competition makes it very difficult to get into a training job. Most non-EU doctors risk ending up with non-career oriented jobs for survival. Waiting to get into a training post is hardly affordable and may never happen. Tougher immigration rules have not been of help either. In February 2008, The UK Border Agency, changed entry requirements and decided that the IMGs whose Highly Skilled Migrant Programme (HSMP) visas were issued after February 2008, were not eligible for appointment to any training post if any graduate from UK or European Economic Area (EEA) or IMGs with HSMP issued before February 2008, applied to these posts. These changes affected all IMGs but the worst affected were the doctors from South Asian countries. A massive number of doctors had to return to their homelands, which was a shame as most of them worked in the UK for quite a few years and suddenly had to leave the country and to adjust in a new environment. Most of them found it very hard to go back to the basics and sit for a post-graduate exam right from the scratch, when their classmates, who stayed back-home, may have been consultants for years. These hard facts are surprisingly ignored under the charm of emigration. Thousands of families suffered but failed to make the point to the future potential emigrants about the inherent risks of emigration.

Recently CPSP, in collaboration with the Royal Colleges of UK, has invited the fellows and the doctors in training, to apply to work in UK via Medical Training Initiative (MTI) scheme. While this might give an impression of a good training opportunity to the unfamiliar, it needs careful dissection in light of facts before any hopes are built about the scheme.

The European Working Time Directive (EWTD), which was introduced in UK in 2007, is having a significant impact on the training of doctors by reducing the number of training hours for trainees. The

Royal Colleges have already shown concerns on this.¹⁰ With the final enforcement of EWTD in August 2009, the doctors' working hours were reduced to 48 hours a week, creating a shortage in medical workforce. At the same time, a fierce competition for training opportunities complicated the situation so that UK was in need of more doctors, but merely to fill the non-training jobs. In order to resolve this issue, the Home Office and the Department of Health (DOH), in February 2009, introduced MTI Scheme, in which IMGs are invited to apply for UK jobs as a part of their training and work experience.¹¹ The MTI visa category has been established under Tier 5 of the point based immigration system.¹² The visa allows doctors to come to UK to share "knowledge, experience and best practice."¹³ The MTI allows IMGs from outside of European Economic Area to undertake work-based training for a professional or specialist qualification or a limited period of work experience, provided it does not affect an existing training scheme. Practically it translates as 'filling only the gaps unfilled by UK and EU doctors' and 'ensuring that the training within the MTI scheme does not interfere with or compromise the existing training of the trainees in recognized posts or programmes'; these gaps may not always coincide with or even have compatibility with career plans of IMGs who will potentially get only the left-overs.

Currently the NHS is facing major difficulties in running the system due to the recent changes in their policies and they have to hire locum doctors and have to pay them a huge amount of money. The MTI scheme is planned as the DOH wants to run the hospitals without spending a hefty sum on the locum doctors, which still results in non-uniform quality of patient care. This is an intelligent plan as per description of the MTI itself, the immigrant doctors will take up the jobs that do not affect the existing trainees. It is very likely that the bulk of the non-training tasks will shift to these IMGs, leaving room for the local trainees to follow their training programmes and enabling the trusts to adhere to the EWTD as well.

With regards to the training of doctors under MTI scheme, it is highly unlikely that these doctors would get any hands-on experience to do procedures like endoscopy, bronchoscopy, coronary angiograms etc, as the doctors already in training in UK find it difficult to get ample hands-on experience in EWTD setting. With unsatisfied training desires the potential IMGs may still wish to give this a go for the sake of apparent financial potential, however, the extremely expensive cost of life in the UK, worsened by recent recession, means even that is a fool's paradise.

Having a close look at MTI reveals that regarding salary the only hope being given to IMGs is that 'they will not be paid less than the National Minimum Wage' which is approx £ 11,128 per year for somebody working 40 hours a week.¹⁴ NHS pay structure has not been promised to doctors planning to apply under MTI. Furthermore, the restrictions on visa will mean that time worn strategies of 'Apply now, change later' will not be an option and may only result in frustration later, as the MTI visa is limited to two years and is not a route to settlement.¹¹

Browsing across the web in search of the term 'Medical Training Initiative' and 'MTI' shows how experts and colleagues working within the NHS for ages and having sufficient understanding of the system, give trust-worthy opinions which are casting serious doubts on the legitimacy of the term 'training' and calling it a misnomer for 'Medical Services Initiative' or 'Medical Workforce Scheme'. At the end of the reference list, we endeavor to provide links for at least a few of the eye-opening online blogs and forums, where the topic has been intensely discussed and strong advice given to think before considering it an option.

Learning lessons from all this palaver, it seems hard to ignore that this is high time for a change in Pakistan- a change in the health care system. We got our country 63 years ago and we have seen major advancements in our postgraduate training structure since. After coming into being in 1962, CPSP moved on from no one knowing what CPSP means to the recognition of its postgraduate degrees in countries like Saudi Arabia, Nepal and the UK. Setting the standards high, it is high time that we stop following others and re-define our training goals and adapt our infra-structure accordingly; ensure a 'negative politics-free' training atmosphere, struggle for better wages and stop gifting our precious brains for kind of a systematic wastage by the developed countries. The CPSP should take steps to make its postgraduate degrees recognized beyond Saudi Arabia and Nepal. The FCPS exams should be held in other countries too. If the USMLE and MRCP exams are held world-wide, why can't FCPS be? The CPSP should consider inviting examiners from USA, UK, Australia, UAE, etc and show them that our fellows are second to none. The postgraduate training is very good and there is no doubt that these doctors would stand up to the expectations of the foreign examiners. The experts in various fields from different countries may be invited to train our trainees according to our needs and resources. There is no point sending doctors to developed countries for skills that they fail to

implement in their own country because of limited resources. It is time to show that we are inferior to none when it comes to our post-graduation. The CPSP, rather than taking pride in sending doctors to UK, should proudly be able to say that their degrees are recognized worldwide and doctors from other countries should come for training to Pakistan. This can generate both respect and revenue for CPSP and the country.

There is no doubt that there are hundreds of overseas Pakistani doctors passionate about updating and improving our under- and postgraduate medical education system and will be pleased to lend their time and advice, if called for help. The CPSP, when ready to lead the change, should liaise with them as experts from abroad. It's time for a change before it's too late for our next generations to blame us that we have not done enough for them.

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