

Education guidance for hospitals with RCOG sponsored international medical graduates on the Medical Training Initiative (MTI)

Background

RCOG sponsored doctors from non European Community countries who enter the United Kingdom for training on the Medical Training Initiative (MTI) scheme come from a diverse background and often vary in their clinical experience. Nevertheless, the aim of the training in the UK is to get these doctors to a standard that will allow them to pass the MRCOG Part 2 examinations. Once they have passed this examination, additional qualifications, ideally Advanced Training Skills Modules, should be aimed for.

Although MTI trainees do not formally come under the Deanery's remit, their posts are Deanery-approved for training and they should therefore be allocated educational supervisors who would guide them through their training similar to all other trainees.

The MTI doctors are expected to work at the standard of a UK Year 3 Specialist Trainee (ST3). However, some doctors require supervised training at SHO level for a short period until they have a better grasp of the UK NHS system and to allow them to improve their communications skills and some specific practical skills (the most common example is FBS in labour). Most MTI doctors reach this level within 3 to 6 months if given an educational plan which includes appropriate opportunities and adequate supervision.

Aims

The aim of this document is to set out guidance for the educational supervision of the doctors on the MTI scheme. The document also sets out guidance on the educational targets these trainees should be achieving during the 2-year programme. These are not meant to be strict guidelines, as trainees' skills, motivation and local experience will vary. However, a standardised approach will ensure consistency across training Units and guide educational and clinical supervisors involved in training of these doctors.

RCOG Induction

The RCOG provides a 2-day induction programme free of charge for all new MTI trainees. This used to take place in the last week of July, before the start of August placements, but was recently moved to beginning of September for two reasons. First, many MTI doctors would not have obtained their visas by the end of July and therefore missed the induction course, and second, doctors appreciated the differences in O&G practice and communication skills between their countries and the UK, and therefore appreciated the course's contents more, after they had experienced the job for few weeks.

The programme aims to provide background information on

1. The GMC and Good Medical Practice
2. The basic structure and the practicalities of working in the National Health Service

3. Generic information such as risk management, documentation and hand-over
4. Role of the RCOG
5. Use of RCOG e-portfolio
6. OSCE style Communication skills stations using actors
7. Practical training using simulators for common procedures such as FBS in labour, instrumental deliveries, suturing third and fourth degree perineal tears
8. Obstetric emergency drills and skills such as management of shoulder dystocia, eclampsia, postpartum haemorrhage and others, focussing on team working

This induction course is mandatory for all new MTI doctors and it is essential that employing hospitals allow them the time to attend. Not only is this information essential for the trainees, it also allows them to meet and communicate with other fellow MTI trainees. It is also beneficial to the hospitals as it helps the doctors during their initial settling in period.

At the start of the post

1. The trainee should attend a hospital induction. This should be arranged locally and is the responsibility of the employing Trust and the educational supervisor.
2. The trainee should be allocated a deanery-approved educational supervisor who will be responsible for the trainee's educational needs.
3. An induction appraisal should be performed as soon as is practical, in order to identify learning needs and provide support for the trainee. Educational meetings should be documented using the RCOG e-portfolio and should be similar to those undertaken with specialist trainees.
4. The MTI doctor should register with the RCOG as a trainee to gain access to the e-portfolio and STRATOG. Although he/she is not a trainee within a deanery, the RCOG has agreed that these doctors may use the e-portfolio.

The doctor should be allowed a shadowing period in order to become familiar with the department and local working practices, including shadowing at nights and on a weekend shift. During this time, the doctor should familiarise him/herself with local protocols, begin training in CTG interpretation and ensure that they understand basic skills such as appropriate documentation, safe prescribing, taking consent and ordering investigations. Where necessary, targeted sessions for basic skills training should be arranged. The duration of the shadowing period is for every hospital to decide.

Local Experience

Many of the trainees will not have sufficient experience with CTG interpretation, will not have performed fetal blood sampling and will not be independent at performing operative vaginal deliveries. Hospitals should have arrangements in place to supervise and assess these skills.

Prior to, or shortly after starting, working at ST3 level, the trainee should demonstrate independent practice in all the OSATs for ST2 level, i.e. uncomplicated Caesarean Section,

assisted vaginal delivery, fetal blood sampling, manual removal of placenta and ERPC (from the RCOG Education Progress Matrix). This will provide objective evidence of progression and standard of skills and will also provide the trainee with clear targets to achieve.

The RCOG's strong recommendation is that MTIs (at any level) should not cover any other areas of the hospital. MTIs are likely to be very unaccustomed and have little/no recent experience in other areas of care and integrating and understanding the delivery of O&G care should be the absolute priority. The RCOG believes that expecting MTIs to cover other areas of care raises very significant supervision and patient safety issues.

On going supervision and progress

The aim of training is to enable the trainee to sit the MRCOG Part 2 examinations within the 2-year programme. MTI doctors should have regular meetings with their educational supervisors to review their progress and address any difficulties they may be experiencing. In the first 6 months, this may need to be fairly frequent, depending on individual needs. Educational meetings should be documented using the RCOG e-portfolio.

Trainees should use the RCOG Education Progression matrix to monitor their progress. In the first year, they should use the OSATs, CBDs, mini-CEX and reflective practice requirements set out for ST3 year. Subsequently, they should use the same tools for ST4 standards. At least one audit project should be undertaken during the 2-year programme.

Not uncommonly there are initial difficulties with team working and communications with both colleagues and patients. The Team Observation 1 (TO1) form should be used for collating feedback and should be recorded in their e-portfolio.

Teaching sessions and study leave

As the MTI doctors are in the UK for training purposes, they should attend departmental and regional post-graduate teaching sessions. Hospitals should allocate an appropriate study leave budget for each MTI doctor.

Trainees should be entitled to study leave and have a budget to enable them to prepare for the MRCOG Part 2 examinations, including attending appropriate courses. Where there are local arrangements for courses, the MTI doctors should be included.

MTI trainees often attempt the MRCOG Part 2 examinations too soon. It is recommended that they attempt the examinations after training for a year, which would still allow them two attempts during their 2-year placement, although this decision is ultimately the trainee's.

Post MRCOG Part 2

Where possible, consideration should be given to allow the MTI doctor who has passed their Part 2 examination to undertake an Advanced Training Skills Module (ATSM). In doing so, this should not disadvantage local trainees who require ATSM training to achieve their CCT.

In most instances, there will only be time to achieve one ATSM in the remaining duration. The trainee will need to register for the ATSM as prescribed by the RCOG. Approval should be obtained from the educational supervisor and regional ATSM director. Consideration will need to be given regarding funding for the relevant theoretical course.

At the end of the 2-year scheme, the trainee is required to leave the UK, as stated in the MTI tier 5 visa regulations. Doctors who have entered the UK on an MTI scheme are not allowed to apply for further MTI tier 5 visas for 5 years.

Appraisals

There must be an end-of-year appraisal with the educational supervisor, which should be recorded using the e-portfolio. A Team Observation 2 (TO2) form must also be completed.

Trainees in difficulties

An MTI doctor experiencing difficulties should have targeted training and supervision similar to that provided to local trainees who are experiencing difficulties. Where an MTI doctor persistently fails to make progress and is deemed unsuitable to work on the second on call rota after ample adequate opportunities for training, this doctor should be discussed with the RCOG sponsorship officer.

Occasionally, consideration should be given to transferring the doctor to another hospital within the same deanery. This can sometimes provide a different and more conducive environment for progress. Trainees with tier 5 visas may transfer to another hospital within the same deanery. However, the RCOG, the GMC and AoMRC need to be notified of the change of hospital as the RCOG's sponsorship agreement with the GMC is issued for a specified hospital/Trust. It is the responsibility of the employing hospital/Trust and the trainee to notify the RCOG and the GMC.

As a very last resort, it may be necessary to consider terminating the doctor's training scheme, however, the doctor should be given at least 3 months of supervised training before reaching the conclusion of persistent failure. This should be discussed with the RCOG sponsorship officer well in advance.

Where an MTI doctor is referred to the GMC, the RCOG should be notified of this immediately. The educational supervisor, college tutor and the RCOG MTI Officer should provide the necessary support to the trainee.

Involvement of Schools of Obstetrics and Gynaecology

With the growing numbers of MTI doctors and the growing need for them, ideally each Deanery should have a named 'Champion' who is appointed by the School of Obstetrics and Gynaecology, or Specialty Training Committee in Scotland, to oversee the co-ordination and training of RCOG sponsored MTI doctors within their Deanery. They should be experienced as educational supervisors and mentors and should be experienced in managing trainees who encounter difficulties and solving training issues.

These 'champions' should liaise with college tutors, the training programme director and Head of School in identifying potential vacancies for MTI doctors within their region and also liaise with the RCOG in the allocation of MTI doctors.

They should undertake an annual assessment of training progression for the MTI doctors, separate from the appraisals undertaken by the educational supervisor. The outcome of the assessment should be fed back to the RCOG. Where local Units encounter particularly difficult training issues, the 'champion' should also be involved, working with the department, planning solutions for targeted training and for reviewing progress. Where a trainee persistently fails to make progress and is unable to work at ST 3 level after adequate training opportunities, the 'champion' should liaise with the RCOG Sponsorship Officer regarding terminating the MTI scheme and recommending return of the doctor to their home country.

Where an MTI champion is available, annual reviews should be undertaken on a regional basis if there are several MTI doctors within a deanery. The School's MTI 'champion' should undertake this annual review of skills progress for the MTI doctors. The 'champion' should provide the RCOG with feedback of these reviews by forwarding a copy of each doctor's TO2 form, annual assessment form and the SPON 2 form.

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