



**MTI Toolkit for Trusts / Health bodies / Employing bodies  
Employing an RCOG MTI International Fellow**

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## Section 1: Introduction: General Overview of the MTI scheme, it's aims and purpose

The Medical Training Initiative (MTI) is a philanthropic 'learn and return' scheme. It is designed to enable a limited number of International Medical Graduates from developing countries to come to the UK each year to train in the NHS system for up to 24 months, before returning back home to use the skills and knowledge they have used to improve healthcare in their home countries.

MTI posts must be approved by Deaneries/LETBs, to ensure MTI training will not disadvantage UK NTN trainees and the Royal College acts as the sponsor for the purposes of registration with the General Medical Council (GMC). The Academy of Medical Royal Colleges (AoMRC) acts as the UK Sponsor to enable participants to apply for a Tier 5 visa (Temporary Worker) with the UK Borders Agency; within the scheme the visa is used for training posts only. The AoMRC set the national standards for the MTI scheme.

The RCOG MTI Scheme is aimed at IMG trainees who have qualified and worked in their own country for at least four years in O&G but want to further their knowledge and expertise in core O&G by acquiring additional skills and exposure that working in the UK provides.

RCOG MTI Scheme trainees will start at ST2 for a short period whilst they acclimatise to working in the NHS, typically this is for 3-6 months. Once they are competent and able to perform independently they will then step up to registrar level and spend the rest of their time in training at ST3-5. Please note that we cannot provide trainees at advanced level under the RCOG MTI Scheme and the focus is on core O&G only.

The RCOG encourages UK hospitals to offer training placements for International Medical Graduates. While this experience will have an enormous positive impact upon the doctor, it also provides a great opportunity for units in the UK to learn from their international colleagues and share experiences and surgical knowledge.

Between October and December each year interested candidates can apply for the RCOG MTI Scheme for MTI placement posts that usually begin in Summer/Autumn of the following year. The [eligibility criteria](#) for doctors can be found on the RCOG's website.

Applications go through a rigorous Quality Assurance process involving two stages; assessment of applications by the RCOG MTI Assessment Panels in January and interview by a panel consisting of a UK O&G Consultant and RCOG International Representatives Committee (IRC) Chairs in February/March to ensure applicants have the required knowledge and skills to perform safely at ST2 level and potential to progress to ST3 within the timescales above. Successful candidates who meet the MTI Training Matrix competencies by the end of the 24 months of training are provided with a sponsorship registration certificate (SRC) by the RCOG which allows them to complete their application with the GMC to join the medical register.

NHS bodies who are interested in employing an MTI International Fellow can apply to the RCOG by sending a completed RCOG MTI Trust Application & Declaration form to [MTI@rcog.org.uk](mailto:MTI@rcog.org.uk). Application deadlines are published on the RCOG website.

Through the RCOG MTI Scheme shortlisted candidates and an employing body are "matched" and we require the employing body to interview applicants before offering a post. Once all parties are in agreement, an online application is made to the AoMRC who issue a Certificate of Sponsorship (CoS) which allows the doctor to apply for a UK Tier 5 Visa.

Please note that Deanery approval for the MTI post must now be obtained before a Trust applies to the RCOG to host an MTI trainee. The full process is outlined on the [RCOG MTI Flowchart](#)

## Section 2: Placement post applications to RCOG

Vacant ST3 training posts with a 24 month duration can be filled by an MTI International Fellow, if authorized by the appropriate Deanery/LETB. MTI International Fellows are employed as doctors (in training posts) and the employing body is their GMC designated body. As the MTI is a training scheme, International Fellows on the MTI scheme cannot be used to fill service posts.

Employing bodies are required to complete an MTI Trust Application & Declaration form to provide the details of the post, the supervising consultant, the relocation package available and provide confirmation of [post approval by the Dean](#). The job description will be passed on to the matched applicant.

### The process of applying

If you would like to offer an RCOG MTI Trainee a training placement post at your hospital you will need to obtain Deanery approval before completing the declaration form. Please start these discussions as early as possible as part of the initial job planning process.

Once the post has been approved by the Dean and you receive the confirmation then you need to complete an MTI Trust Application & Declaration form available [here](#) . Return this form, together with a purchase order, job description and rota timetable to [MTI@rcog.org.uk](mailto:MTI@rcog.org.uk)

### What happens once we receive the declaration form

Once we receive the completed declaration form signed by all parties and required supporting evidence the application will be processed by the RCOG MTI office. This will then go to the Regional RCOG MTI Champion and / or RCOG MTI Officer for approval. If we have any questions, concerns or need any additional information we will be in touch. Once we have all the required information you can expect to receive a decision on the posts approval within 10 working days.

If the placement application is approved the declaration form will be counter signed by the RCOG MTI Officer on behalf of the College. A signed copy will be returned to you for your records along with the invoice.

Please note that MTI invoices must be paid within 30 days of receipt and the matching will not proceed until the invoice has been paid.

We will then begin matching your hospital with suitable MTI applicants on our MTI wait list.

### Next steps: Matching process

Once your Trust has paid the invoice the College will send you the application pack(s) of suitable doctor (s) that are short listed for your hospital for consideration. The RCOG MTI office will send detailed instructions around the matching options and the next steps in the process.

If you wish to offer the placement post to the matched MTI doctor, the RCOG MTI office will guide and support the placement hospital and MTI Doctor through the process including obtaining GMC

registration and the Certificate of Sponsorship (CoS) for the tier 5 visa through to arrival in the UK and starting in post.

Please note the RCOG MTI office is not involved in the logistics of organising or running interviews during the matching process for MTI placement posts.

#### Charges to hospitals

For the College to ensure a quality service to both hospitals and doctors, it began implementing a charge to hospitals for placing a doctor in post. This charge was introduced to enable the RCOG to maintain a high standard of assessment, induction and ongoing mentorship / support / quality assurance in view of the rising number of doctors placed in the scheme.

The charge to hospitals per placement offered is £2,500 plus VAT.

All hospitals are required to submit payment to the RCOG immediately after submitting the forms within this document and on receipt of an invoice from the College. Hospitals who withdraw their placement from the scheme will not be reimbursed.

Charges are per placement per doctor. Hospitals who offer more than one placement will be charged per placement offered.

#### Matching process and beyond

Following the matching process, the RCOG MTI Office will introduce the MTI International Fellow to the employing body via email. The Employing body will need to conduct a Trust led interview. The aim of interviews is that the employing body is satisfied that the doctor has the required communication skills to be able to cope with the demands of the available post.

### **Section 3: Practical Preparations**

Following interviews, if the employing body wishes to make an offer to the doctor they need to advise this along with salary details to the RCOG. We then pass this across to the doctor for consideration and for them to accept.

Once the employing body and the doctor are in agreement, an [AoMRC MTI Application Form](#) must be completed by the hospital and an offer letter must be sent to the doctor. The employing body will also need to complete their own pre-employment checks, such as overseas references and Police checks.

MTI International Fellows must be offered a 24 month contract and salary equivalent to a UK ST3 level trainee, setting out the terms and conditions of employment. Placements on the MTI scheme must be paid. All MTI Doctors must have a minimum starting salary equivalent to an ST3 UK trainee, whether previous experience is taken into consideration is at the discretion of the employing hospital. Hospitals can employ the MTIs under the 2002 or 2016 junior doctor contract

The Tier 5 visa is for up to 24 months and the employing body must employ an MTI International Fellow for the full 24 months under the RCOG Scheme. It is possible for an MTI International Fellow to transfer to a different employing body during their time in the UK. The AoMRC and the RCOG must be informed prior to any transfer.

The employing body completes an [AoMRC MTI Application form](#) with details of the post that is used to obtain the Visa.

Employing bodies confirm that they will offer the MTI International Fellow the following:

- An educational contract
- Access to facilities and training opportunities (including paid study leave)
- Appropriate annual appraisal and assessments
- An appropriate Responsible Officer, from within the NHS Employing Body, for the full period of the placement
- A total funding package that is appropriate for the role to be undertaken, with minimum ST3 starting salary, which has been explained, agreed with and accepted by the doctor

Details of any pre-employment checks should be sent to the doctor before they arrive in the UK so that they are prepared for any delays in starting work.

#### **Section 4: Arrival to the UK, HR support and pastoral care**

All MTI International Fellows should be offered support and advice as they relocate to the UK. Details of any re-location information and/or financial support should be sent to the MTI International Fellow before their arrival.

Employers should be aware that MTI International Fellows are moving to a new country with a different culture, often with young families, and may need additional pastoral and professional support during their first few weeks in the UK.

The doctors may require support in the following areas:

- Locating temporary and/or permanent accommodation – most doctors will require support to set up accommodation prior to arriving to the UK
- Support/advice with airport arrivals and travelling to their accommodation
- Collecting their BRP
- Opening a UK bank account – doctors often require paperwork from their employers to complete this
- Guidance to apply for a National Insurance number – provide the required employment letter
- Orientation to the local area and services
- Meeting the team
- Taxis or public transport details – doctors who don't have an international driving licence/access to a car, may need taxis while on call/moving between sites

Relocation allowances are not mandatory but are encouraged to help MTI doctors cover the high costs of relocation to the UK. If an allowance is being offered to the MTI doctor it should be clearly stated on the placement post form.

If there are delays in obtaining National Insurance (NI) numbers for new international doctors, alternative arrangements should be made for salary payments, security clearance and swipe cards until an NI number is received. We suggest that employing bodies advise doctors to begin their application for a NI number as soon as they arrive to the UK, and provide the required employment letter.

If there are any delays in receiving the BRP and this has not been received within 10 working days of arrival in the UK please contact [MTI@rcog.org.uk](mailto:MTI@rcog.org.uk). You can begin a doctor's employment in the absence of the BRP; if the visa sticker (called a vignette) in the doctor's passport or travel document

has not expired this can be used as proof of the right to work in the UK. If the vignette has expired, the doctor's employer can ask the Home Office to confirm their right to work in the absence of the BRP.

Within 2 weeks of the MTI International Fellow beginning work, the employing body must complete and submit:

- [An AoMRC Starter's Report form](#)
- [Data Consent form](#) completed and signed by the doctor
- A signed PDF copy of the MTI doctor's right to work profile and a copy of their Biometric Residence Permit (BRP)

For most MTI doctors there will be a delay between arrival to the UK and completion of the checks required for them to commence in post. We suggest that employers use this time to introduce themselves to the MTI International Fellow, carry out their own pre-employment checks and if possible, arrange for the doctor to shadow colleagues and make sure they have all necessary information about daily work procedures.

The AoMRC has produced a useful [Relocation Guide](#) which is sent to all doctors on the scheme.

## **Insurance and Indemnity**

It is important for doctors to have adequate and appropriate insurance or indemnity in case one of their patients suffers harm as a result of the doctor's negligence. We recommend reading the GMC's guidance on [insurance, indemnity and medico-legal](#) support. The guide gives help to doctors, patients, employers and responsible officers in understanding what insurance and indemnity means for them.

It is good practice for all MTI trainees to be a member of a Professional Indemnity Board / medical protective society in addition to the protection offered by the Trust and NHS,

MTI Trainees should be recommended to register with the Medical Defence Union or any professional indemnity organisation so that they obtain professional liability insurance **before** commencing work. They should be made aware to work within the scope of their practice and not undertake locum work outside the organisation without first obtaining approval from their responsible officer and line manager and notifying the RCOG MTI Office and AoMRC (an [exception report](#) must be completed if this is the case).

## **Section 5: Training standards and Educational support for MTI Doctors**

RCOG sponsored doctors who enter the United Kingdom for training on the MTI scheme come from a diverse range of backgrounds and will vary in their clinical experience. 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 and/or 3 examinations. Once they have passed this examination, additional qualifications including Advanced Training Skills Modules, can be aimed for if/where there is local training capacity. Although MTI trainees do not formally come under the Deanery's remit and are not NTN trainees, their posts are Deanery-approved for training and they should therefore be allocated educational supervisors to guide them through their training in line with NTN trainees.

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 they may be missing (the most common example is FBS in labour or use of forceps/ventouse/instrumental delivery skills). The majority of MTI doctors will reach this level within 3 to 6 months if given an educational plan which includes appropriate opportunities and adequate supervision.

### **At the start of the post**

On starting in the UK, MTI International Fellows will be invited to attend an O&G MTI induction which is organised centrally by RCOG, for those already in training we expect hospitals to release their MTI to participate in this induction event). We also expect them to attend an induction at their employing body which should be specifically tailored for IMGs new to the UK NHS system and a departmental induction. We aim to have MTI International Fellows in post by late Summer/early Autumn, but delays do occur and the RCOG induction may have been missed. In this case we expect the employers to provide the necessary induction information to these doctors.

MTI International Fellows should enjoy equal access to the same training opportunities and materials as other trainees at their level in their department. As the MTI doctors are in the UK for training purposes, they should attend departmental and regional post-graduate teaching sessions. Appropriate study leave budget should be allocated for each MTI doctor as per Trust policy. If there are any issues with MTI accessing regional teaching and education please contact your RCOG MTI Regional Champion or RCOG MTI Office to discuss.

Hospitals providing an MTI placement are expected to provide the following to their MTI Doctors:

The trainee should attend a hospital induction. This should be arranged locally and is the responsibility of the employing Trust and the educational supervisor. This induction should be tailored specifically to the needs of IMG Doctors new to the UK NHS system.

All doctors should be introduced to staff and colleagues in the department, to supervisors and to the College Tutor. They should be given enough time to adjust to a new workplace and to shadow colleagues in the first instance.

The trainee should be allocated a deanery-approved educational supervisor who will be responsible for the trainee's educational needs.

An induction appraisal should be performed as soon as is practical and by no later than the first month of the placement, in order to identify learning needs and provide support for the trainee. These can also be conducted before the MTI has arrived in the UK or after arrival in the UK before they have OH clearance. Educational meetings should be documented using the RCOG e-portfolio and should be similar to those undertaken with NTN trainees.

The MTI doctor should register with the RCOG as a trainee via the Trainees Register to gain access to the RCOG ePortfolio. MTI trainees are encouraged to use the ePortfolio in exactly the same way as NTN trainees to record their progression against the RCOG MTI Training Matrix and may need additional support in becoming familiarised with the ePortfolio.

The doctor should be allowed a shadowing period of at least 2 weeks 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 the placement hospital to decide.

## Local Experience

Depending upon country of residence, MTI trainees may not have sufficient experience with CTG interpretation, will not have performed fetal blood sampling and will not be independent at performing operative vaginal deliveries. Their experience with instrumental deliveries is likely to be limited since many countries overseas have high caesarean section rates, as such they may be acquainted with the theory of instrumentals but not have much practical experience. Hospitals should have arrangements in place to supervise and assess these skills and support training in these areas during the first 3-6 months to aid step up.

The RCOG's strong recommendation is that MTIs (at any level) should not be redeployed or 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.

MTI doctors should have regular meetings with their Educational Supervisor to review their progress and address any difficulties they may be experiencing as early as possible. These meetings should be documented using the RCOG e-portfolio which MTI doctors should set up at the earliest opportunity once they arrive in the UK.

We encourage and recommend a shadowing period of a *minimum of two weeks*, including the shadowing of a colleague on a night or weekend shift.

We recommend that employing bodies allow 4-8 weeks for International Fellows to become accustomed to NHS systems before being put on-call. We encourage the provision of an induction plan to prepare doctors for on-calls, including shadowing colleagues who are on-call during this period. Employers should also consider whether any refresher courses in physical health examinations are required.

After shadowing, the trainee should preferably work at ST2 level before working as an ST3. The length of time spent working as an ST2 may vary, depending on the trainee's ability and adaptability. The RCOG's recommendation is that *the trainee should work as an ST2 for 3–6 months and no longer than 12 months maximum*. Local arrangements should be sufficiently flexible to allow this. If an MTI Trainee has not stepped up after 6 months please notify your MTI Regional Champion or the RCOG MTI Office.

Before working at ST3 level, the trainee should demonstrate independent practice as set out in the [RCOG training matrix for MTI Doctors](#). This will provide objective evidence of progression and standard of skills required. Importantly, it also provides the trainee with clear targets to achieve. The RCOG has the duty to provide MTI doctors with pastoral support but cannot be involved in any communication between a doctor and a hospital regarding any contractual and/or legal aspects of the MTI doctor's placement. This must be between the hospital and the doctor as the employer and employee and does not come under the responsibility or capacity of the RCOG.



## **Ongoing supervision and progress**

One of the aims of MTI training is to enable the trainee to sit the MRCOG Part 2 and / or 3 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 MTI Training Matrix to monitor their progress. At least one audit project should be undertaken during the 2-year programme.

Not uncommonly there can be 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 / 3 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 minimum of 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 3 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 and the tier 5 visa cannot be extended to facilitate completion of ATSM. 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.

MTI International Fellows often apply to the MTI scheme with specific training goals and/or seeking exposure to a specific subspecialty. The RCOG's MTI scheme is designed to help international medical graduates to come to the UK to consolidate their core training in Obstetrics and Gynaecology and obtain the MRCOG qualification. It is not a scheme designed to provide advanced training.

However, if MTI trainees obtain the MRCOG early in the 2 years of training, they may be able to undertake Advanced Training Skills Modules (ATSM) in their areas of interest during the remainder of the 2 years. They are advised that the ability to do this will depend on the presence of spare training capacity in their local hospitals to undertake these ATSMs and that this cannot be guaranteed. It should be noted that the tier 5 visa cannot be extended to facilitate completion of ATSMs and as such it may be difficult for MTI trainees to complete ATSM's within the time limits of the training.

## **RCOG Buddying scheme**

The RCOG buddy scheme for MTI doctors partners each IMG with a UK trainee, at a similar stage in training, ideally working in the same geographical area but not the same hospital.

The buddy can help to facilitate the integration of the MTI doctor, particularly during the initial stages of the placement.

This may involve talking through local procedures and guidelines, help accessing and using the RCOG e-portfolio, guidance on who to approach for help with professional issues or how to tackle any problems that arise. At a later stage in the placement the buddy can help signpost the MTI doctor to resources for preparing to sit the MRCOG.

The UK trainee will benefit from an opportunity to increase their understanding and knowledge of international healthcare, and gain experience in mentoring.

Pastoral support and guidance should come primarily from the educational supervisor and college tutor, in the same way as UK trainees, but additional support is available at the RCOG if needed. Sometimes MTI trainees may need guidance on who best to approach for help.

The appropriate pathway is:

- Educational supervisor or RCOG MTI Regional Champion
- College tutor
- Training Program Director
- Head of School
- RCOG MTI officer

## **RCOG Workplace Behaviour Champions**

The [RCOG Workplace Behaviour Champions](#) are part of the RCOG improving workplace behaviours project to address undermining and bullying behaviour in the workplace whose role includes supporting junior doctors experiencing bullying and harassment in the workplace. Contact details of Champions is available on our website; trainees can contact them directly in confidence if they need any support or are facing any such issues. You can contact a Champion from another region if this is your preference. FAQ's for trainees are found [here](#)

The RCOG has also developed a number of Supporting our Doctors Resources including a Wellbeing resources hub. This [hub](#) brings together a number of resources and sources of support for wellbeing, mental health and legal advice.

Please ensure your MTI Doctor is signposted to these resources as part of their induction.

## **Section 6: Common challenges in MTI Doctors stepping up to the Registrar rota**

The most common reasons for MTI failing to step up to the ST3 rota are:

- Effective communication
- Instrumental delivery
- Initial management of obstetric emergencies
- CTG interpretation

These may be due to limited training exposure in the home country or cultural issues. MTI trainees are recommended to undertake the following courses/training to assist with development of these skills during their time in MTI and should be advised they may need to partly self-fund these:

- Obstetric skills - local/regional
- RoBUST\*
- PROMPT\*
- EFM - K2/ECOG EFM package
- Perineal Trauma repair course\*
- Communication courses
- Part 2/3 exam course

\*These are highly recommended for MTI Doctors

It may be worth checking with your HoS to see if any local courses can be accessed by the MTI trainee.

### **Instrumental delivery / initial management of obstetric emergencies**

If the MTI trainee is coming from a country which does not routinely perform and/or provides limited training or exposure to vaginal birth and they need to develop their instrumental delivery skills it is recommended the MTI doctor complete a ROBuST course ideally within the first 6 months of arrival to the UK to assist with step up.

### **CTG Interpretation**

MTI doctors are advised to read up on and understand physiological interpretation of CTG and NICE guidelines for CTG in advance of their arrival

As Trusts in the UK may work differently they are advised to find out what CTG interpretations in their Trust are like, what the local training package offered is and how best they can contribute to effective CTG interpretation.

Please contact your MTI Regional Champion and / or RCOG MTI Office if there are concerns in these areas and the College will work with you to put in place a SMART action plan to assist with timely step up for the MTI trainee.

### **Guidance for hospitals where difficulties arise**

The RCOG strives to ensure that all MTI placements are a success and provide a rewarding, positive experience for MTI doctors and UK hospitals alike. However, there are occasions where issues may arise with the placement.

Not uncommonly, there can be initial difficulties in the adjustment to life in the UK and working in the NHS. The RCOG provides clear, comprehensive [guidance to doctors](#) and guidance to hospitals to manage problems where they occur.

If however, despite the support and supervision provided, significant issues remain, we advise that hospitals follow these steps in an effort to resolve the situation.

### Step 1

Please ensure that the doctor is well informed about the issue and understands the nature of the problem. We suggest that the College Tutor also informs the doctor that the RCOG will be contacted about the issues.

### Step 2

Any concerns or issues must be reported in writing to the RCOG MTI Officer (address at the bottom of this page) as soon as they arise.

The letter should contain:

- A detailed explanation of the issue/concern
- An explanation of the steps taken so far to try to improve the situation
- A proposed plan for future action if required

### Step 3

The RCOG MTI Officer and MTI Lead will be available to discuss and suggest possible options with the Educational Supervisor and College Tutor.

The RCOG may suggest that:

- An outline of how to provide the MTI doctor with a targeted training programme with focused supervision and support.
- The College Tutor should be available to the MTI doctor for direct advice.
- The Educational Supervisor should try to arrange regular meetings with the MTI doctor to identify areas that need improvement and offer the doctor guidance.

If there are continuous concerns about a doctor's communication skills, for example, it may be useful to direct doctors to the GMC's [Welcome to UK Practice communication tools](#) or encourage them to join a communication skills courses at the hospital.

### Step 4

Depending on the nature of the issue and the plan proposed by the hospital, the RCOG shall arrange a face-to-face meeting or write to the doctor directly to gain insight into their interpretation of the issue.

### Step 5

After the plan is in place, the MTI Officer will expect an update report on progress once a month via email to [MTI@rcog.org.uk](mailto:MTI@rcog.org.uk).

### Step 6

After a reasonable amount of time, the MTI Officer will assess the situation, hearing from all parties involved and suggest next steps.

If there is no improvement in the situation despite efforts to resolve the issue

Where an MTI doctor persistently fails to make progress from ST2 to ST3 and is deemed unsuitable to work on the on-call rota after adequate opportunities for training, the situation should be made clear through written communication to the MTI Officer at the address below.

In some cases, it might be appropriate and feasible to consider transferring the doctor to another hospital which can offer a different post or environment. Some doctors benefit from such transfers and manage to meet the NHS standards. In such case, the RCOG will try to facilitate the transfer,

although this cannot be guaranteed as it depends on availability of placements. This should always be discussed with the MTI Officer in advance.

At a very last resort, it may be necessary to consider terminating the doctor's placement. This should be discussed with the MTI Officer well in advance and the hospital should be able to demonstrate that all other avenues to improve the situation were taken prior to this decision.

In the case of termination of the contract an [End of Placement report](#) must be completed by the hospital as a matter of urgency.

Doctors on the MTI scheme are subject to dismissal under circumstances which would normally lead to termination of a contract within the NHS such as: resignation, prolonged absence, moving to another hospital, breach of the terms and conditions of working and leave, engagement in criminal activity etc.

Where an MTI doctor is referred to the GMC, the RCOG MTI Office must be notified of this immediately.

All of such incidents must be reported to the RCOG MTI Officer via [mti@rcog.org.uk](mailto:mti@rcog.org.uk) or in writing to the address below.

## Section 7: Recording an MTI's Progress: Annual Review process

MTI Trainees will need to log their progress against the RCOG MTI Training Matrix competencies throughout their 2 years of training. MTI Trainees need to have access to the RCOG ePortfolio, which they get by RCOG UK Associate Membership or by subscribing to the RCOG Trainees Register. They will need to pay an annual subscription. *We advise that MTI ensure they get access as soon as possible after arriving in the UK and within the first month of arrival in the UK.*

Trainees need to have consistent engagement with logging WPBA and should be using the ePortfolio regularly and at least weekly to log their progress. WPBA's should include a good mixture of OSATs, CbD, Mini CEX as well as reflections and other supporting evidence. These should be spread evenly throughout the year and trainees are advised to avoid clustering in the few months before an MTI ARC review.

MTI trainees should focus on collating a portfolio of robust evidence with a good mix of CBD's of appropriate complexity and avoid repetition, consultant led OSAT's where possible and evidence of scan training skills. They should aim to complete two sets of Team Observations each year, one at around 4 months and one at 8-10 month, and should liaise with their Educational Supervisor on the timing of these.

MTI are advised to familiarise themselves in advance of arrival to the UK with the ePortfolio and the types of WPBA to include:

- Mini CEX - Mini clinical evaluation exercise
- CBD - case based discussion
- OSATS - objective structures assessment of technical skills, formative and summative
- NOTTS - Non technical skills of surgeons
- TO - Team observation, TO1 collate to a TO2
- ARC - Annual review of competency
- Reflection

MTI can read more on the ePortfolio and the types of evidence [here](#)

***It is vital MTI trainees understand how the RCOG ePortfolio works – this is the single most important piece of evidence for the 2 years of MTI training and for MTI ARC***

The RCOG ePortfolio and MTI ARC is covered in detail at the RCOG MTI Induction event. Please be sure to check the MTI doctor has an ePortfolio account and is using /engaging with this, if they are having difficulties please see if there are any regional sessions they can join or ask a junior doctor at the Trust to show them how to use the system or refer to their RCOG ePortfolio Champion.

You can also contact the RCOG ePortfolio team at [ePortfolio@RCOG.ORG.UK](mailto:ePortfolio@RCOG.ORG.UK) / +44 20 7772 6283

### **RCOG MTI Annual Review of Competencies (ARC)**

As part of the RCOG's educational quality assurance of the MTI training scheme, all MTI Trainees will need to undergo regular review of their progress against the RCOG MTI Training Matrix competencies. This process is led by the RCOG MTI Regional Champion with support from the RCOG MTI Office.

The Regional Champion should meet with the MTI trainee informally at 6 months to review how they are progressing and check if they have stepped up to ST3 level and if not they should work with the trainee and ES/CT to support step up via a SMART action plan. The MTI trainee will then be assessed formally by an MTI ARC Panel led by the Regional Champion at around 12 months and 18 months. An ESR report must be completed by the MTI trainee with their the ES ahead of this ARC review.

MTI doctors will be given detailed information on what they need to do to prepare ahead of ARC but it is important that they familiarise themselves with both the RCOG MTI Training Matrix ahead of and during MTI training and that they engage with the RCOG ePortfolio from the very start of the training post to begin logging evidence for these reviews. If there are any queries please contact your RCOG MTI Regional Champion or the RCOG MTI Office.

If the MTI trainee is assessed with having met all of the MTI Training Matrix competencies at ARC by the end of the 2 years of training then they will receive a certificate from the RCOG to advise they have completed the MTI Training Programme.

### **Involvement of Schools of Obstetrics and Gynaecology**

With the growing numbers of MTI doctors and the growing need for them, each Deanery should have a named RCOG MTI Regional Champion, 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.

Details of the RCOG MTI Regional Champions can be found [here](#)

Employers should register their MTI International Fellow on GMC Connect and they should be included in the Annual Organisational Audit (AOA) returns and appraisal compliance figures. The employing body is the International Fellow' GMC designated body.

Doctors in the MTI scheme should engage in the revalidation process, even if their date for revalidation never comes up whilst they are working in the UK. MTI International Fellows need a Responsible Officer and should engage in an annual appraisal process and collect supporting information exactly as any other doctor should. To avoid duplication of effort, evidence submitted as part of the ARCP process can be used to feed into the employer's appraisal system for the purpose of revalidation.

Please note that RCOG MTI ARC does not replace appraisal as it is not currently a GMC recognised or mandated process in the same way ARCP is for UK national trainees with a training number.

## **Section 8: Transfers between Employing bodies / visa extensions**

In some circumstances, MTI International Fellows may request a visa extension. In exceptional circumstances an MTI International Fellow will transfer to a new MTI post with a different employing body in the same Deanery / Region. Both visa extensions and transfers between employing bodies, must be approved by the RCOG and by the AoMRC before any changes take place. The AoMRC Application for an [extension or transfer form](#) must be completed at least one month before the planned transfer /extension.

## **Section 9: The end of the MTI placement**

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. Extensions beyond the 24 months is not permitted. Doctors who have entered the UK on an MTI scheme are not allowed to apply for further MTI tier 5 visas for another 5 years. When the MTI International Fellow comes to the end of their training time, an [End of MTI report](#) should be completed This report must be submitted within ten working days of the doctor's final working day. The RCOG MTI Office should be notified in advance of the MTI doctor completing the post and advised of the MTI Trainees final working day to update College records.

MTI doctors will be sent a survey to feedback on their experience of the RCOG MTI scheme once the posts have ended, as well as a survey at the end of their first 12 months in post.