

International educational partnerships for doctors in training: a collaborative framework with the RCP

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ABSTRACT – The UK offers excellent postgraduate medical education, and overseas doctors in training often covet a period of training in the UK. Some overseas training authorities make UK training mandatory prior to appointment as a consultant. Unfortunately, the organisation of such training often proves to be *ad hoc*, and may lack educational value. UK training faces challenges as a result of reduced hours of work, more structured and intensive educational needs, and pressures of increasing clinical demand. A plethora of new ‘trust’ posts have developed, often with limited educational value, creating a risk that training quality for overseas doctors is reduced. Against this background, such posts can be used to create international training partnerships such as that at Sherwood Forest Hospitals NHS Trust (SFHT), providing high-quality general and specialty training. Given the success of this strategy, it would be desirable for other UK trusts to provide similar schemes offering specialties not covered at SFHT.

KEY WORDS: international training partnerships, medical education, medical training, overseas doctors in training, postgraduate education, training doctors

The UK enjoys a record of excellence in medical training of undergraduates and postgraduates. Indeed, this record has led many overseas nations to look to the UK to provide a period of postgraduate training for their own medical staff. Such training links are seen to maintain and improve standards of clinical care in the home nation.

The International Office of the Royal College of Physicians (RCP) of London supports such training links through sponsorship of qualifying doctors from overseas via the International Sponsorship Scheme (ISS) (Figs 1 and 2). The ISS offers trainees an alternative to the Professional Linguistic and Assessment Board (PLAB) examination route to limited General Medical Council (GMC) registration. Eligible UK posts must have formal or *ad personam* General Professional Training (GPT) training approval.

Alternatively, since May 2004, overseas doctors who successfully apply to the RCP for recognition of a minimum of two years Basic Specialist Training (BST) and who hold a recognised postgraduate qualification (MRCP(UK) equivalent) may apply directly to the GMC.¹

As a model for UK training of overseas trainees, the example of postgraduate medical training in Sri Lanka is useful. Prior to an act of Parliament in 1980, medical training of specialists in Sri Lanka had required postgraduate experience in the UK. With this new act, a supervised in-service training period of three years, followed by an examination (MD Colombo for physicians in training) was introduced. The Postgraduate Institute of Medicine (PGIM) was established to supervise training.² Prior to this, the examinations recognised for consultant appointments in Sri Lanka were the MRCP, FRCS etc of the UK colleges. With the new training structures, Sri Lanka became more self-sufficient in specialist training, and Boards of Study for various specialties were introduced. Between 1980 and 2002 some 1,195 doctors obtained MD Colombo, with a total of 978 specialists certified by their respective Board of Study. Recognising the historical benefits of UK clinical experience, all Sri Lankan specialist trainees must still spend 12 months during senior registrar training in a recognised post overseas. UK training has remained the most popular option, although training in a number of other nations is also recognised by the PGIM and Board of Study, and the influence of countries such as Australia is growing.

Experience of the International Sponsorship Scheme to date

In principle, the ISS offers overseas training institutes like the PGIM the opportunity to establish formal training links with UK training institutions. In practice, however, such links often rely on personal acquaintances, prove *ad hoc*, and are open to individual patronage. Consequently, the opportunity of offering training in the UK for the majority of Sri Lankan trainees has been overlooked. Indeed, where training links have been established an ISS trainee

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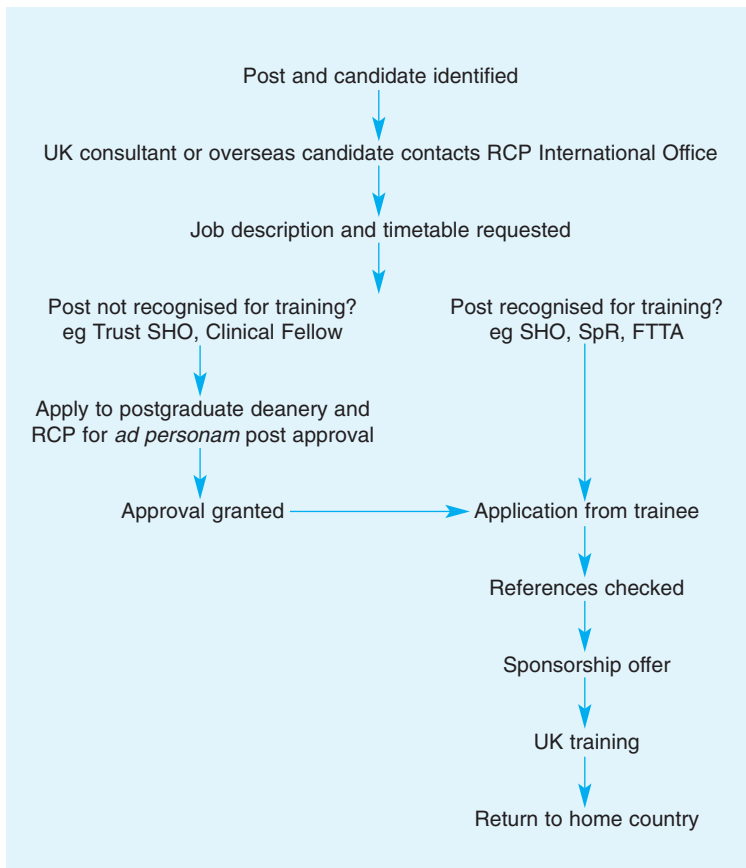


Fig 1. Application process for overseas doctors in training entering UK posts via the International Sponsorship Scheme (ISS). The ISS is for clinical training only, and the RCP is therefore unable to sponsor for research posts. For the full ISS Handbook, see: www.rcplondon.ac.uk/college/international/uktraining.htm

Key Points

The most educationally effective UK training for overseas doctors requires structured, tailored educational packages agreed jointly between UK organisations and overseas training institutes

High-quality general professional and specialist training can be delivered to overseas doctors through the development of international training partnerships

Partnerships between NHS organisations, UK and international bodies tasked with training, can bring mutual benefits for all parties

Individual UK NHS trusts are unlikely to be able to offer overseas doctors access to training in more than a limited range of specialties per trust

It is desirable that a number of different NHS trusts become involved in international training partnerships offering a full range of specialties between them

In addition to coordinating initial applications to access UK training, the RCP could ensure maintenance of high educational standards

often only fills posts once every few years. In addition, training experiences in ISS posts as reflected by trainees returning to Sri Lanka has been variable.³ The consequence of these faults, both perceived and real, is that Sri Lankan trainees are turning to countries other than the UK for the overseas training they require.

Development of formal international educational partnerships: the experience of Sherwood Forest Hospitals NHS Trust

Sherwood Forest Hospitals NHS Trust (SFHT), a large Associated Teaching Hospitals Acute Trust, is affiliated to the Mid Trent Deanery. The development of an educational partnership between the PGIM and SFHT saw the provision of regular training progress reports returned to the PGIM. This partnership proved highly successful, resulting in a more formal understanding between SFHT and the PGIM at the end of 2003.

Briefly, the partnership offers initial induction into the NHS working at senior house officer (SHO) level, followed by a further period as supernumerary specialist registrar (SpR). These periods have each been six months, thus accommodating four International Training Fellows at SFHT at any given time. It has recently been established that six months of NHS induction is excessive for the majority of Sri Lankan specialist trainees. Consequently, future plans include provision for six International Training Fellow Placements (as four month blocks: one at SHO grade and two at SpR level) to coincide with the introduction of F2 foundation training programme SHO posts in August 2005.

PGIM trainees receive a stipend from the Sri Lankan government equivalent to approximately £10,000 per annum to remunerate their 40 hours basic training week. To discourage a brain drain phenomenon, the stipend is secured with a form of bail bond. However, a core part of general (internal) medicine (G(I)M) training is participation in unselected emergency admission duties, thus ISS trainees participate in the respective SHO and SpR on-call rotas for which they are reimbursed at full NHS rates of pay.

International trainees are extended all the educational benefits afforded to SHOs and SpRs by SFHT. Full participation in the extensive educational programmes is encouraged and funded study leave is available on an equitable basis with all other trainees. Involvement in the MRCP(UK) PACES training programme is strongly encouraged and trainees are advised to sit the written paper for MRCP(UK) Part 2 prior to commencing post. Trainees receive full educational supervision, with the RCP core curriculum forming the basis for the personal learning plan during initial induction. Thereafter, the respective specialty SpR RITA structure forms the basis for educational

supervision during the supernumerary SpR period. The PGIM stipulates that any trainee failing to meet the standards specified should not pass to the next step of training and will be required to undertake a further period of targeted training upon return to Sri Lanka. To date, the educational programme has worked well and has been valued by trainees, trainers, SFHT and the PGIM.

Pastorally, SFHT offers an information pack listing local schools, shopping, attractions and outlining accommodation agencies. It helps trainees find single or family accommodation, local school placement and cheap car purchase.

Appointments are made adopting standard UK employment procedures. Adverts are placed in Sri Lanka by the PGIM in addition to eligible trainees being circulated with a letter. Applicants are asked to submit a curriculum vitae, and short-listing is conducted using a standard person specification (Table 1). SFHT run regular diabetes training programmes in Sri Lanka, so a panel including an SFHT consultant, a senior representative of the PGIM or Board of Study, and a non-medical panellist, interviews short-listed candidates.

Since its introduction, SFHT has been granted *ad personam* training approval for three years for each post on the scheme. Two problems have been encountered:

- Six months of NHS induction is too long, as noted above.
- The process of advertising, short-listing and interviewing has not been developed as effectively as it could be.

Work is being undertaken to improve these areas.

Extending partnerships and developing the Sherwood Forest model: a collaborative framework with the RCP

The model described above has a number of advantages for all parties. Trainees join an organisation that values training and does not regard overseas doctors as ‘an extra pair of hands’. In addition, emphasis is placed on the MRCP (PACES) and trainees benefit from training in their preferred specialty as well as gaining abundant G(I)M experience.

UK consultants have developed respect for the abilities of Sri Lankan trainees, an understanding of educational needs, and valuable contacts have been made between SFHT trainers and their Sri Lankan counterparts. This has led to collaborative audits and research studies conducted by the Sri Lankan trainees. Such activity is relatively uncommon during training in Sri Lanka, so trainees and Sri Lankan trainers perceive it as invaluable. SFHT may also be able to offer interested Sri Lankan trainees the option of a second year spent as a research registrar, taken as an out-of-programme sabbatical, with a grant-funded salary.

The PGIM and Board of Study have benefited from guaranteed placements for their higher trainees. The present scheme has introduced international educational partnership and reduced the need for trainees to arrange *ad hoc* ISS placements. It also offers trainees significantly greater salaries than the stipend available from Sri Lanka allows. Although generous by Sri Lankan

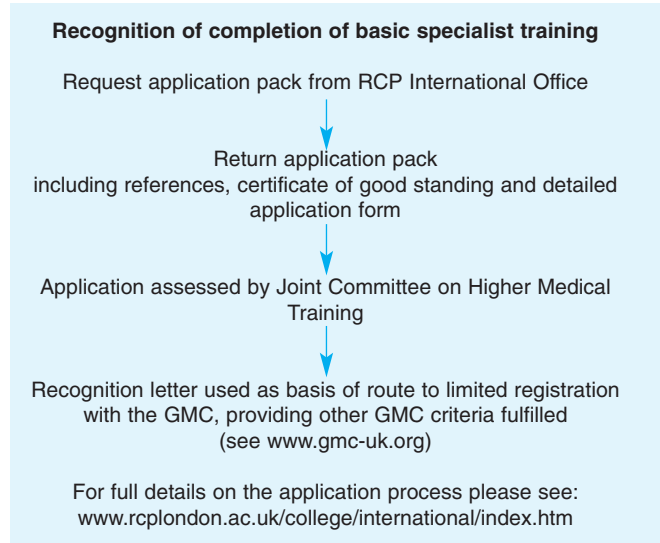


Fig 2. Application process for overseas doctors in training entering UK posts via recognition of completion of Basic Specialist Training (BST). GMC = General Medical Council.

standards, this stipend does not support the cost of living for a year in the UK, a fact not overlooked by many Sri Lankan trainees considering the ISS route to UK training experience.

The NHS has also have benefited in a number of ways:

- The scheme provides a stream of doctors who bring both experience and perspective to the existing training programmes at SFHT.
- With the changes imposed by shift working and reduced hours of work, it has been increasingly difficult to use outpatient capacity efficiently. The development of supernumerary SpR posts makes it possible to use available outpatient accommodation more effectively without any detriment to training.

Table 1. Basic person specification to meet RCP and trust criteria for short-listing.

Basic criteria for applicants:

ISS

- Suitable UK post with educational value
- MRCP(UK) part 1 or an applicable postgraduate qualification from home country
- Minimum of 2 years postgraduate experience, at least 12 months of which must be spent in the specialty of the UK post
- International English Language Testing System (IELTS) score ≥ 7.0

BST

- MRCP(UK) equivalent qualification in general medicine
- 2 years General Professional Training
- International English Language Testing System (IELTS) score ≥ 7.0

BST = Basic Specialist Training; ISS = International Sponsorship Scheme.

- Patients have also benefited from consequent reductions in clinic cancellations and shorter intervals between appointments.

One of the advantages of the SFHT scheme is the specialty link (diabetes/endocrinology and healthcare of the older person). To maintain the international inter-professional contacts and the research opportunities thus developed, existing specialty links need to be preserved. Even large trusts cannot accommodate more than a few ISS trainees, so it would be desirable to see other UK trusts offer similar schemes with links to specialties not covered at SFHT. To be effective, these schemes would need to meet a series of pre-established educational criteria. These criteria could be defined and supervised by the International Office at the RCP, but might follow the SFHT programme. Participating trusts could be offered three-year rolling *ad personam* educational approval, where appropriate. Educational review of ISS training placements could be conducted regularly through existing deanery and RCP visits. A principal benefit of RCP involvement would be greater uniformity and assured quality of training for overseas doctors.

If training partnerships can be consolidated, a number of fringe benefits are likely to develop. Trainees would be more attracted to the UK than at present, bringing clinical expertise, perspective and collaborative research opportunities. Also, educational partnerships may bring opportunities to conduct comparative research on educational methods. One further benefit of partnership is that overseas doctors may be less inclined to undertake ‘DIY’ training programmes by sitting PLAB. Experience suggests that doctors entering UK training via this route (Fig 3) are more likely to be seduced by higher salaries and stay in the UK, thus contributing to the growing ‘brain drain’ which developing nations, like Sri Lanka, are experiencing.

Naturally, there are caveats. The PGIM and Board of Study in Sri Lanka are bodies set up by government. Whilst the probity and integrity of senior staff in these organisations is in no doubt, it would add transparency and long-term stability if the Ceylon College of Physicians (CCP) were invited to join the educational partnership. Indeed, it would be desirable for a senior fellow to be an integral part of the appointments process as a representative of the CCP in a manner similar to the role of RCP representatives in the UK. It is also likely that participating trusts would wish to see a member of their own consultant staff involved in interviews for trainees. This could be achieved if, say, the CCP were to invite consultants involved in interviewing to assist at the CCP Annual Educational Sessions. A further benefit of such collaboration is that most senior trainees attend these sessions and would be readily available for interview. Finally, local deaneries would need to be persuaded of the benefits. Whilst these may appear self-evident, deaneries are under considerable pressure to implement changes to medical training and may not perceive international educational partnership to be a high priority.

In summary, an international educational partnership based

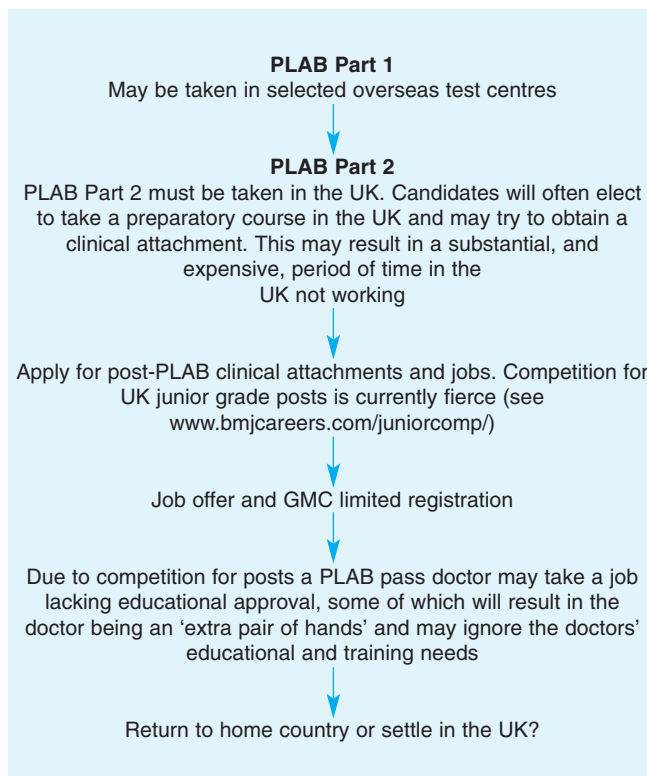


Fig 3. The Profession and Linguistic Assessment Board (PLAB) route to UK posts for overseas doctors in training. The ISS ensures that a doctor is technically still employed in their home country and will have a job to return to upon completion of their UK training. A PLAB pass doctor is not restricted in the same way as to the length of stay in the UK and may not have a job to return to, if they do indeed go back to help develop their home country's health provision.

on the ISS in close collaboration with the International Office of the RCP has been developed. Extension of this model by the RCP in collaboration with other NHS trusts and the CCP could bring considerable benefits to overseas trainees and health services in developing nations. In addition, tangible benefits for UK organisations and patients through the osmotic sharing of expertise and perspective that partnership achieve are likely.

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