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## THE MEDICAL TRAINING INITIATIVE PROGRAMME AT THE DIANA PRINCESS OF WALES HOSPITAL

The Department of Health launched the Medical Training Initiative (MTI) scheme as a national philanthropic project in 2009. The aim was to overcome global training deficiencies as highlighted by the Lancet Commission on Global Surgery report.<sup>1</sup> It provides opportunities for trainees from lower-middle-income countries to enhance their training and leadership potential. The candidates have to fulfil requirements set by the Academy of Medical Royal Colleges, the Royal College of Anaesthetists (College), the General Medical Council and the Home Office.<sup>2</sup>

The anaesthetic department at the Diana Princess of Wales Hospital in Grimsby (DPOW) has been successfully hosting MTI doctors since 2013. DPOW is a 439-bed district general hospital. Our UK doctor intake was low due to both reduced recruitment of doctors by our local education and training board (LETB) and to the geographical factors. We conducted a departmental needs analysis, which highlighted the underutilisation of our training potential. We then explored the option of MTI training.

The key aspects of the MTI proposals approved by the postgraduate dean were:

- safeguarding of the LETB doctors' educational needs
- measures to ensure the delivery of high quality MTI training:
  - submission of MTI doctors' six-monthly review report to the College, and use of an ARCP-like process

- ensuring that MTI doctors do not fill more than 25 per cent of any rota
- ensuring that MTI and LETB doctors have identical provision for study
- provision of a study leave and funding budget
- completion of life-support courses by MTI doctors before placement on the on-call rota.

A departmental lead for MTI doctors was appointed, and the College tutor agreed to advise on training matters. This arrangement was made to avoid conflict of interest. Provision was made for the allocation of individual educational supervisors. We joined the College's 'matching scheme' (by which the College provides hospitals with CVs of suitable MTI candidates). The interview panel comprised the MTI lead, the clinical director, and human resources personnel. The interview focused on doctors' career aims and training needs. Candidates were informed about the department's goals.

Clarifying expectations and agreeing commitments at this stage is key to the success of the programme. Candidates are appointed to a two-year training programme, and are made aware of the lengthy (up to ten months) but mandatory documentation phase.

We ensure that MTI doctors feel valued and welcomed. Travel and accommodation information is sent in advance; doctors are met at the railway station and are given a guided tour of the town. Early adaptation to the lifestyle speeds up the uptake of training. We now have an established 'buddy system' whereby the existing MTI doctors guide the new ones. This promotes networking and wellbeing.

### Training plan for MTIs

MTI doctors undergo trust and departmental induction. Candidates are placed as supernumeraries for the first six weeks, during which time they

MTI team at DPOW (left to right): Dr Anand Shirgaonkar, Dr Venkat Ramakrishnan, Dr Basant Bhattarai, Dr Ankit Kedia and Dr Viraj Shah



are expected to complete their initial assessment of competence (IAC) in anaesthesia. They then join the on-call rota for theatres. After completing an initial assessment of competence in obstetric anaesthesia (IAOC) and a three-month ICU module, they are placed on ICU/obstetrics on-calls. They are encouraged to attend the school-wide teaching and FRCA exam preparation days alongside the LETB doctors. They have access to the Lifelong Learning platform, and are supported to undertake competency-based assessments.

### MTI programme at DPOW – evaluation

The flexibility of the programme enables the MTI doctors to achieve their individual goals within the two-year timeframe. Three doctors have completed the programme (Table 1).

The programme evaluation from MTI doctors highlighted an improvement in their clinical and leadership skills. They benefited from constructive interaction with LETB doctors. The MTI doctors were unanimous in finding the initial documentation phase very challenging.

### Building on our experience

In order to enhance the quality of the MTI programme, we suggest better collaboration between district and tertiary centres to help broaden the exposure of doctors to the UK healthcare system.

**Table 1** MTI doctors' duration of work and educational outcomes

Trainee	Duration (months)	IAC	IAOC	Primary MCQ	Primary SOE
MTI 1	24	✓	✓	✓	
MTI 2	24	✓	✓		
MTI 3	24	✓	✓	✓	
MTI 4	22	✓	✓	✓	✓
MTI 5	5	✓			
MTI 6	1				

### What did we gain?

MTI doctors are appointed by the trust for two years. The MTI scheme allows them to adapt to the NHS and get involved in existing departmental projects. Our staff have become aware of the working conditions in the healthcare systems overseas, and this has enabled them to recognise the merits of the NHS.

We hope that our experience helps other trusts and departments. Please get in touch. We would be happy to help.

### Acknowledgment

We would like to thank Dr A Mitra, Consultant Anaesthetist, Grimsby for his valuable contribution towards setting up the project.

### References

- 1 Meara J G et al. Global Surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *The Lancet* 2015;386(9993):569–624 ([bit.ly/2VHQCTO](http://bit.ly/2VHQCTO)).
- 2 Guidance for UK hospitals who wish to bring international medical graduates via the College's MTI scheme. RCoA 2018 ([bit.ly/2Swpd4Y](http://bit.ly/2Swpd4Y)).