

## **EMPLOYMENT-RELATED SETTLEMENT, TIER 5 AND OVERSEAS DOMESTIC WORKERS CONSULTATION RESPONSE PRO-FORMA**

**June 2011**

The consultation document is available in electronic format on the UK Border Agency website: [www.UKBA.homeoffice.gov.uk](http://www.UKBA.homeoffice.gov.uk). We would encourage you to read this before completing your responses. Alternatively, you may respond to this consultation using the online response tool which is also available on-line.

Completed consultation pro-formas should be sent no later than midnight on 9th September 2011 to the following address:

**Electronic (email):**

[Worksettlementconsultations@homeoffice.gsi.gov.uk](mailto:Worksettlementconsultations@homeoffice.gsi.gov.uk)

**By post:**

Work and Settlement Consultation  
UK Border Agency  
1<sup>st</sup> floor Green Park House  
29 Wellesley Road  
Croydon  
CR0 2AJ

**Your details**

Name: [Dr A D Dwarakanath FRCP Edin, Secretary](#)  
Organisation [Royal College of Physicians of Edinburgh](#)

**Contact Details**

Postal address [9 Queen Street, Edinburgh EH2 1JQ](#)

Telephone number [0131-247 3608](#)

Email [l.lockhart@rcpe.ac.uk](mailto:l.lockhart@rcpe.ac.uk)

**Introduction:**

The Royal College of Physicians of Edinburgh (RCPE) welcomes the opportunity to respond to the UK Borders Agency Consultation on changes to Tier 5 immigration.

RCPE is a professional membership and standard-setting organisation. Our principal concern is to deliver a programme of medical examinations and education, and to set standards and curricula for training for qualified doctors who wish to pursue a career in specialist (internal) medicine. We run a programme of Continuing Professional Development for trained doctors and are setting standards for revalidation. We also

represent the views of doctors and promote public health. RCPE has over 10,000 members who are based in 91 countries, covering 56 medical specialities.

RCPE is a member of the Academy of Medical Royal Colleges, which is the sponsor for the Medical Training Initiative (MTI), supported by the Department of Health under the Government Authorized Exchange scheme. In order for the MTI to continue, and to reach its potential in benefits for the UK and for the home country of participants, we believe it is essential that Tier 5 visas remain available to participants for a period of 24 months.

Our response is limited to questions 21 to 24. We offer no opinion on issues that do not directly affect the viability of the MTI.

***Question 21: Should those who enter on the temporary worker route be restricted to a maximum of 12 months leave to reinforce the temporary nature of the route?***

**Answer 21:**

No.

***Question 22: If you have answered 'no' to question 21 please explain why.***

**Answer 22:**

Those entering on the temporary worker route under the Medical Training Initiative should be allowed to stay for a maximum of 24 months.

**Reason: The scheme does not need to be restricted to 12 months to reinforce the temporary nature of the scheme.**

RCPE guidance on the scheme (visit: <http://www.rcpe.ac.uk/training/medical-training-initiative.php>) is explicit about the temporary nature of the scheme. We state this in 3 different ways in our opening paragraph: "The Medical Training Initiative (MTI) is designed to enable a small number of International Medical Graduates (IMGs) to enter the UK to experience training and development in the NHS for up to two years before returning to their home country. Participation in the MTI will not lead to settlement in the United Kingdom and candidates are required to demonstrate a firm commitment to return to their home country. Please note there is no prospect of a UK career via this route."

**Reason: 12 months is too short for meaningful training.**

A scheme that was limited to 12-months would not allow the trainees enough time to gain the level of experience and support that would make a significant impact on their return home.

**Reason: The MTI offers enormous potential to help the UK demonstrate its commitment to global health improvements.**

We simply have not realised the full benefits from the MTI yet. A limited number of places (750) are available under the scheme, and we are committed to work with our sister colleges to ensure that the places go to trainees who do not have comparable opportunities for training in their own country and who are clearly motivated by the potential benefits to their home country.

RCPE is currently developing its international strategy and already has long-term links with partner colleges overseas. Many of our Fellows are members of the

Edinburgh College and also a College in their home country. RCPE intends to better develop its partnership with overseas Colleges and its network of overseas Fellows. We aim to have the Colleges nominate trainees to come to the UK under the MTI in a coordinated, strategic manner that allows the sending country to get maximum benefit from the scheme in its longer-term health planning. We are not seeking to help individuals advance their own careers and settle overseas, but to ensure that benefits are realised in some of the poorest health-economies.

**Reason: Recruitment and induction is resource-intensive for the NHS.**

Recruitment processes are time and resource intensive. Induction for overseas doctors into the NHS may take 3 to 6 months. Those from countries that may benefit most from the scheme when the trainee returns, ie those with the poorest standards of healthcare, tend to take the longest to complete induction and be signed off as safe. The NHS gains sufficient benefit from the service element of the training post after induction to balance the resource invested, but it is better business-planning for an individual to serve the NHS for 21 months after a 3 month induction, than to leave after 9 months and be replaced by another individual who also requires a 3 month induction.

**Reason: To cover UK trainees taking time Out-Of-Programme.**

The MTI scheme makes use of spare training capacity in the NHS. Spare capacity is created by training programmes not attracting a sufficient number of UK applicants or by trainees taking time Out-Of-Programme (OOP). Trainees who take time OOP often do so to take part in a research programme, or for maternity leave. Training programmes have elements of service delivery, and where places are vacant this can have a negative impact on service delivery. If visas were restricted to 12 months, it would not allow sufficient time for induction and the covering of a training post where the UK trainee is taking time OOP. It would be very difficult to fill the last few months of a vacancy created by maternity leave if the initial overseas trainee had to return home. As demographics of the medical workforce alter to be predominately female, and with preferences for Less Than Full Time working, more vacancies in training programmes will arise.

**Reason: To fill UK training places where recruitment has been insufficient.**

Vacant training places are a particular problem for some remoter parts of Scotland, and for some specialties. If visas were restricted to 12 months, it would not allow sufficient time for the NHS to gain enough benefit from the trainee to be willing to invest in recruitment and induction. As noted above, with changing demographics of the medical workforce, more vacancies are expected to arise, and it is likely that remoter locations will find it hardest to fill vacancies.

**Reason: The UK may lose the cultural and economic benefits from the scheme.**

If visas were restricted to 12 months, it is likely that the trainees we are seeking to attract will look to Canada, the USA, Australia and New Zealand to take advantage of longer training schemes that are available. We also need to be aware of the ambitions of the layer of countries that are close to developed status: Malaysia is now a net exporter of Higher Education, and has medical training schemes for less developed nations in South-East Asia. The scheme helps meet the International Development objectives of the UK, and fosters an understanding of the UK for participants in the scheme who return to all parts of the world.

RCPE has not yet developed its scheme to the extent of some of our sister Colleges, but if visas were restricted to 12-months and the scheme collapsed, it recognises that a

considerable amount of resources from Colleges and NHS Trusts/Boards would be wasted. International partnerships are slow to establish.

Given the tiny number of doctors using the scheme (220 in 2010, to be capped at a maximum of 750 once all Colleges have fully developed their schemes), the effect on UK immigration is negligible. But the benefits from the scheme, for both the UK and the home country, are considerable.

**Reason: Reputational risk to the UK.**

Positive international perception of the UK as committed to improving Global Health could be negatively affected by the significant reduction in the benefits to home countries that would be available under a 12-month visa for higher specialty training.

**Question 23: Should the ability to bring dependants in the Tier 5 (Temporary worker) category be removed?**

**Answer 23:**

No. RCPE facilitates training places for trainees who have already completed a minimum of four years hospital-based postgraduate training. Many potential trainees will have dependants, and it is likely that some candidates would be deterred from applying for UK training places if they could not bring their immediate family.

RCPE is committed to allocating training places to the best candidates and does not want the personal circumstances of candidates to be a factor in the recruitment process.

Trainees are paid an equivalent salary to UK trainees, and are able to support their dependants.

**Question 24: If we were to continue to allow Tier 5 temporary workers to bring their dependants, should those dependants' right to work be removed?**

**Answer 24:**

The RCPE offers no opinion on the right to work of dependants.

**QUESTION 37**

Are you a:

(Please select **one** answer only)

Public sector body

Private sector body

Voluntary/not for profit organisation

Other

**YES (Medical Royal College)**

If you answered 'other' please specify below:

**QUESTION 38**

Which best describes your organisation/company?

(Please select **one** answer only)

Micro company (1-9 employees)

Small-medium enterprise (10-246 employees)

Large company (over 250 employees)

Not applicable

**QUESTION 39**

Where in the UK is your organisation based?

(Please select **one** answer only)

UK-wide

**YES**

Wales

Scotland

Northern Ireland

North-East England

North-West England

Yorkshire and the Humber

East Midlands

West Midlands

East of England

London

South-West England

South-East England

Not applicable