In the UK, there is an urgent need for an increase in the visa cap for international doctors
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There is an urgent need to increase the cap on visas to allow more international medical graduates to work and train in the UK’s National Health Service (NHS). A paper published today by the Journal of the Royal Society of Medicine outlines how increasing the cap could help address exceptionally difficult workforce issues facing the health service.

The impact of Brexit on European-origin doctors working in the NHS and the fallout from the junior doctors' contract disputes have resulted in many taking career breaks, leaving medicine or the UK altogether.

Co-author of the paper Dr. Fraz Mir, Head of School of Medicine, Health Education East of England, said, "The promise of hundreds of extra home-grown doctors will not materialize for a number of years, and even then, external support will in all certainty continue to be required."

A scheme launched in 2009, the Medical Training Initiative (MTI), provides what the authors describe as a cost-effective and more favorable mechanism of temporarily recruiting more doctors compared to expensive locum appointments.

It provides the opportunity for highly qualified international medical graduates, primarily from South Asia and Africa, who have broadly similar medical training programs to the UK, to spend up to two years in an NHS training post.

Run by Health Education England on behalf of the Department of Health, the scheme operates under the auspices of a sponsored Tier 5 visa (temporary work government authorized exchange visa), with a 1,500 cap across all specialties. It is linked to a formally approved training post, time-limited to a maximum of two years, preventing "brain-drain" from countries that are not as well-resourced as the UK. In addition, care is taken to ensure that MTI posts do not disadvantage the learning opportunities for UK-based trainees.

To qualify, candidates must hold appropriate medical qualifications and have reached a satisfactory standard in the English language. They must also have been in clinical practice for three out of the last five years, including at least the last one year in the speciality in which they want to train in the UK.

The aim of the scheme is to provide mutual benefit to both the international doctors and the NHS, ultimately benefiting patients in both countries and forming lasting links. By attracting highly qualified doctors, the scheme also allows international doctors to share their experiences and expertise with UK colleagues.

Dr. Mir said, "International medical graduates often
have a valuable understanding of doing 'more with less' in clinical settings, expertise in tropical medicine, toxicology, infectious diseases and experience in dealing with higher volumes of patients. The concept of 'generalism' in medicine and surgery as well as same-day emergency care is the norm in countries like India and Nigeria and something from which the UK could learn."

Given the current workforce circumstances, he said, it is likely that the importance of the MTI scheme will increase. Consequently, an increase in the cap for Tier 5 visas is urgently needed.

Dr. Mir added, "Longer-term, a reciprocal arrangement for UK trainees to gain clinical and academic experiences abroad would be welcome. Building stronger research links via the MTI scheme, especially in epidemiology and public health, is likely to be of significant benefit too."


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