



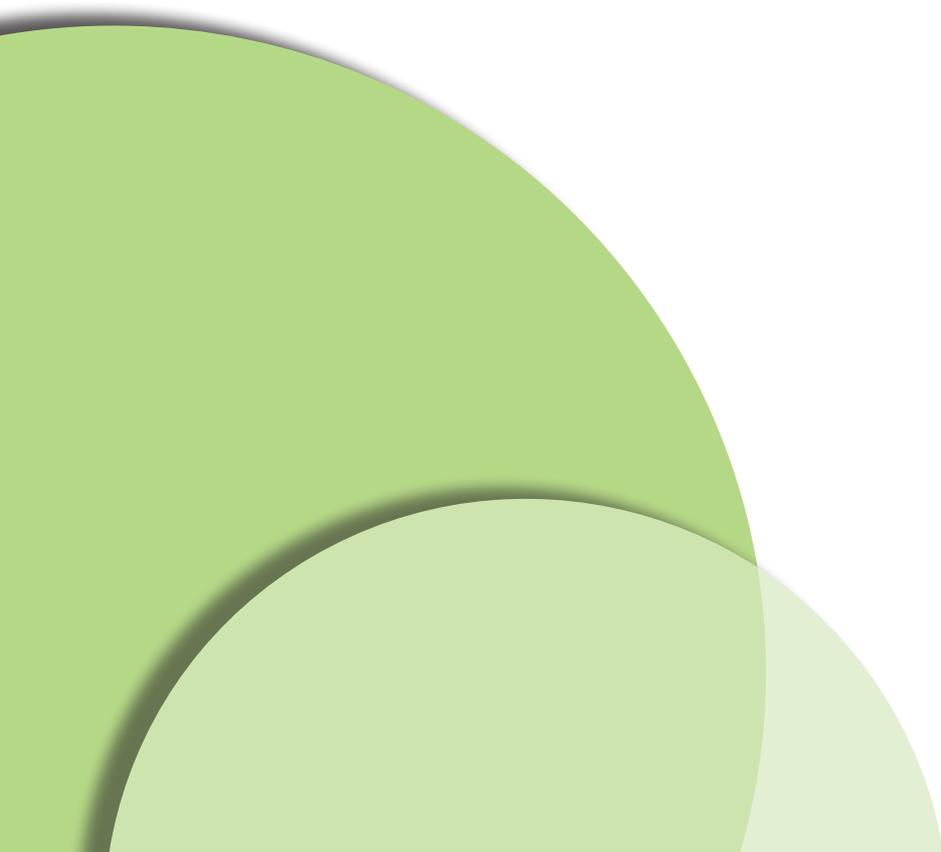
Royal College of
Obstetricians &
Gynaecologists

Developing a Subspecialty Training Programme

Global Health Toolkit No. 2

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Introduction

The RCOG frequently receives requests to either provide a subspecialty training scheme in the UK for overseas doctors, or deliver a subspecialty curriculum and scheme in another country. The former is difficult to achieve, in that the UK Government has stringent visa requirements for people from outside the EU.

This template seeks to identify two things:

- (a) the issues involved in supporting subspecialty training in the UK for overseas doctors; and
- (b) what steps would need to be taken to establish subspecialty training to RCOG standards in another country.

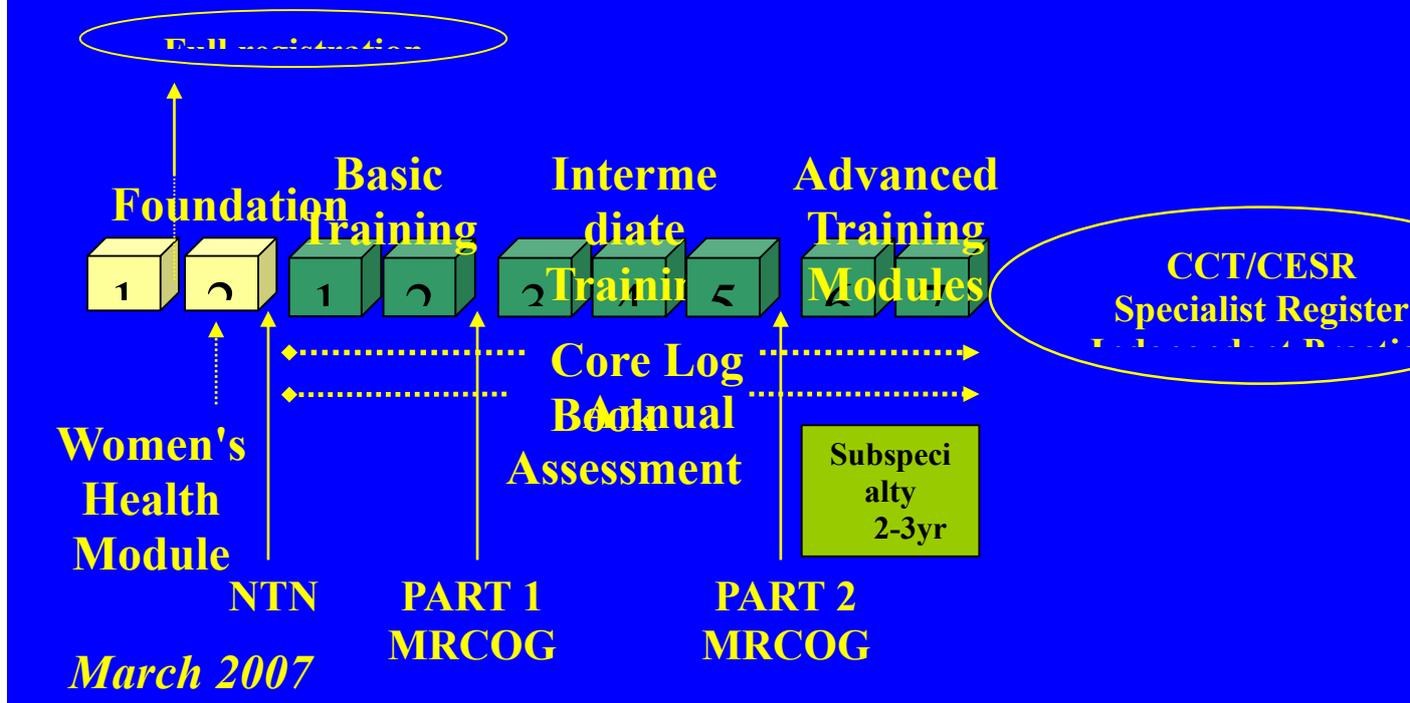
The RCOG website <https://www.rcog.org.uk/> has an extensive range of information about subspecialty training and requirements for UK-based training centres. This template does not duplicate that information.

The process described is likely to be interactive, as the RCOG develops its overseas training activity, together with its collaborative work with the Department of Health's global division, and UK Trade and Investment's (UKTI) international marketing of the NHS 'brand'.

1. What is subspecialty training?

For UK-based doctors, the last two years of their training programme involves **either** Advanced Training Skills Modules (ATSMs) **or** subspecialty training to develop the high-level skills they will need for a consultant post in their specialist area of interest and practice.

Specialty Training &



1.1 Subspecialty streams

There are four subspecialty streams for obstetrics and gynaecology in the UK:

- Maternal and Fetal Medicine
- Reproductive Medicine
- Urogynaecology
- Gynaecology

There is also a generic subspecialty curriculum which applies to all subspecialties and is completed alongside the specific subspecialty curriculum. The generic subspecialty curriculum covers non-clinical skills such as communication, team working, leadership and clinical governance.

1.2 Who are subspecialists?

In the UK, subspecialists are defined as doctors who have undertaken appropriate additional training in RCOG-approved subspecialist curricula and who continue to work in that field, and are therefore recognised by the UK General Medical Council (GMC) as having specialist expertise and a tertiary practice. This higher degree of specialisation indicates intensive training, research, experience and expertise.

It is because this level of training is not always available outside the UK, or to the standard required by the RCOG, that the College is considering how it can extend the training to non-UK doctors.

2. Prerequisites

There are a number of conditions that must be met before subspecialty training can be considered and these differ for UK-based and international activity.

2.1 Health and training needs assessment

For any country that requires subspecialty training (regardless of whether it is undertaken in-country or in the UK), the RCOG will require a health and training needs assessment to be carried out [see Health Needs Assessment template] to ensure that:

- (a) training requirements are identified;
- (b) training needs and recommendations are linked to health needs of women in the country.

2.2 Overseas doctors training in the UK

2.2.1 Visa restrictions

The RCOG will expect the doctor to adhere to all visa requirements. The RCOG will not accept liability for any violation of visa restrictions and sponsorship may be rescinded.

2.2.2 GMC registration

Aside from UK visa requirements, any doctor seeking to undertake subspecialty training in the UK will be required to gain GMC registration, which includes requirements for English language capability (www.gmc.uk.org/doctors/registration_applications/language_proficiency.asp). The costs of GMC registration and any other associated costs must be borne by the doctor or nominating country.

2.2.3 Funding while in the UK

The RCOG will require an undertaking from the Government or another agreed institution that the full costs of the doctor's expenses in the UK will be funded, including any costs incurred by the RCOG as sponsor.

2.2.4 Mentoring and governance

The RCOG will assign a mentor to a doctor undertaking subspecialty training and will require an undertaking from the sponsored doctor to meet (in person or via teleconference) at regular intervals. This is in addition to any formal assessment during training, and support may extend to non-clinical issues, such as general advice and problem solving related to every-day life in the UK.

2.2.5 Membership of the RCOG

The RCOG would expect the sponsored doctor to be an MRCOG and to maintain their membership throughout the sponsorship period. The costs of RCOG membership must be borne by the doctor or his/her nominating body.

2.2.6 Training centre partners

The RCOG will need to establish partnership arrangements with existing subspecialty training centres, or establish new arrangements for the purpose of training non-UK doctors. There are existing procedures for establishing a subspecialty training centre.

This is likely to be a complex negotiation, and the RCOG will be required to ensure that any non-UK doctor being sponsored is not preventing a UK-based doctor from taking the placement. The alternative is to create training placements fully funded by the doctor's 'home' country that are additional to the Trust's complement.

2.3 Subspecialty training delivered outside the UK

- 2.3.1 The organisation(s) in the 'host' country applying to run subspecialty training programmes must either be a recognised medical training institution, or include such an institution within their partnership and comply with the medical training institution's criteria.
- 2.3.2 An RCOG training centre must be established [see Training Centre for Courses Tool Kit Appendix 1].
- 2.3.3 The costs of establishing subspecialty training, including all costs associated with an RCOG training centre, must be borne by the 'host' country.

Frequently Asked Questions (FAQs)

QUESTION:

1. Does the RCOG also want a requirement for doctors to have passed the Part 2 examination before applying for subspecialty training in the UK? This may reduce the opportunities for the RCOG to expand services to countries where RCOG examinations are not currently undertaken or where doctors have trained to a high level in other countries (e.g. Kuwait has a lot of doctors trained in the USA or Italy, as well as the RCOG running its examinations there), but it would ensure that the doctor is trained to RCOG standards.

Answer: Yes, all doctors applying should have the Part 2 MRCOG.

2. Should the 'host' country be expected to pay the salaries of their doctors while in the UK, so that the placement becomes a nil-cost placement for the NHS?

Answer: YES

3. What implications might this have for the training centre(s)?

Answer: None as long as we check with the deanery the number of places available

4. Could placements be created that are additional to the Trust's complement?

Answer: No. There are strict limits on the number of training places allocated to a centre which take into account levels of case load, amongst other factors.

5. Could the RCOG work with non-NHS hospitals?

Answer: No, the GMC will not register the doctor

6. What might be the knock-on effect on vacancies and could it be detrimental to UK-based doctors?

Answer: We would seek Deanery approval to ensure that UK trainees have priority for places

7. Depending on visa requirements, would the RCOG require the sponsoring country to pay all funding to the RCOG, for the RCOG to be regarded as the sponsor for Tier 2 visa purposes?

Answer: In order to come under Tier 2 visa system the employing hospital has to apply for this via the RCOG's MTI scheme. We could use the Hong Kong model for this. (see case study below).

8. Should the RCOG seek to make arrangements with some or all of the currently recognised subspecialty training centres, or should it seek to establish partnerships with new training centres, specifically for training overseas doctors?

Answer: Yes it should seek to make arrangements with existing centres as they do not always fill their posts due to lack of funding or work force requirement. Overseas trainees with funding may be attractive to them as long as they have equivalent entry level skills and some experience of the NHS. Centres could be asked annually to advise if they are likely to have vacancies either funded or not funded.

Could a non-NHS hospital be a training centre for this purpose?

Answer: No, as the GMC do not see them as appropriate facilities to provide training and will not give approval so the doctor will not be able to work here.

Hong Kong Case Study:

The Hong Kong College of Obstetricians and Gynaecologists(HKCOG) runs a training programme that is jointly badged by us. They have two subspecialty centres that were originally approved by the RCOG, on the understanding that trainees must spend twelve months training in the UK, as they do not deliver the totality of the curriculum. These centres are now re-evaluated by the RCOG every six years. The trainees all hold the Part 2 MRCOG and they arrange their own subspecialty placements here. Their salaries are paid by their own hospitals for the period they spend in the UK and we organise their visas through the MTI scheme. One or two Hong Kong trainees come to the UK for training every year.

3. Training subspecialists in the UK

The UK-based subspecialty training programme is a minimum 3-year programme post-Part 2 MRCOG comprising:

- a minimum of two years of clinical training
- twelve months of dedicated research leading to two peer-reviewed MEDLINE articles

The clinical training programme is competence based with a set curriculum for each subspecialty, together with generic modules.

The aim of the research component of subspecialty training is to ensure that trainees can design and execute a quality research study. If trainees have undertaken related research before starting the subspecialty programme, this will be taken into account if it has led to an MD or PhD or 2 original peer-reviewed publications.

3.1 Visa and sponsorship requirements

3.1.1 The RCOG is recognised by the GMC as a sponsor and, provided that the RCOG is satisfied as to the competence and qualifications of the doctor to be sponsored (and meets the requirements for English language competence, currently level 7.5), the doctor should not be required to sit the PLAB test. This applies to doctors sponsored by the RCOG for the MTI scheme, who enter the UK on a Tier 2 work visa (valid for two years).

3.1.2 Through the current Advanced MTI Scheme the RCOG arranges placements either via the RCOG or via the Double Sponsorship Scheme (DSS) (See the RCOG website). . DSS is a link between either two institutes or two consultants.

Direct Placements - Trainees whose overseas supervising consultants have identified a UK consultant prepared to offer them a placement in the UK in a Subspecialty recognised centre, can be sponsored via the MTI. In line with our agreement with the GMC, and in order to obtain a Medical Training Initiative work permit for the candidate, we require confirmation from the UK consultant that the trainee has been offered a training post approved for SS training and in addition is in an approved practice setting in the UK. A clear expression of support for the placement from the local Postgraduate Dean will also be required. Trainees will be appointed to ST 6 or 7 for minimum of six months to maximum of two years.

3.2 Assessing trainees

The established procedure for subspecialty training, supervision and assessment will be followed. The RCOG will also appoint a mentor to provide additional support to the trainee.

QUESTIONS:

1. Could the RCOG consider allowing the doctor to return to her/his 'home' country to undertake the research component? This would require the RCOG and a suitable 'partner' institution in the 'host' country to agree parameters for research studies. The RCOG could oversee the research quality, with local support.

Answer: Depending on subspecialty chosen research is done in blocks of 2/3/6 months or over a year. It needs to be done early in the programme to ensure approval is given in good time. For research to be considered it must feature 2 first author papers, peer reviewed and published in a recognised medical journal in the UK. Systematic reviews, such as Cochrane, are accepted which could be done in a fairly short timeframe, or the overseas doctor would have to have convincing evidence that they had undertaken research that will lead to 2 publications within the 2 year visa restriction.

2. Alternatively, if there is an RCOG training centre or an RCOG approved training partner in a nearby country, could the doctor be supervised from there? This may assist with visa issues – two years, not three.

Answer: See question 1 above.

3. What does the RCOG need to do to become a sponsor organisation for UKBA visa purposes? (See UKBA site: <http://www.ukba.homeoffice.gov.uk/visas-immigration/working/tier2/general/sponsorship/registerofsporsors/>)

Answer: A sponsor can employ a migrant to do a job on the shortage occupation but the RCOG is not a employing a migrant in shortage occupation plus the RCOG will not be the employer, the hospital will.

4. If the doctor's costs are paid by her/his 'home' country, and this is a training post, could they enter on a student visa? Implications for dependants?

Answer: No, under this visa scheme a doctor would not be allowed to work.

4. Establishing a subspecialty training centre overseas

It may be more appropriate (for the country and for the doctors themselves) to establish subspecialty training in the country itself. It enables more culturally specific training, prevents the disruption to careers and family life caused by uprooting to the UK, and obviates the visa/sponsorship issues.

Two options are considered: restricting a scheme to those who have passed Part 2 MRCOG, and an unrestricted scheme. The process and the relative merits of each are examined below:

4.1 Training restricted to doctors with Part 2 MRCOG

4.1.1 Advantages:

- (a) the quality of training can be warranted by the RCOG;
- (b) the level of English language capability will be high;
- (c) there is already a known commitment to continuing professional development;
- (d) there is likely to be a familiarity with the non-training work of the RCOG (e.g. advocacy and global health) and an understanding of the importance of patient engagement;

- (e) set-up time could be quicker, as the procedure is based on the RCOG established approach.

4.1.2 Disadvantages:

- (a) in countries that recruit doctors trained in countries where the MRCOG is not the standard programme, there may be few doctors who can take up subspecialty training and/or there will be a delay while doctors undertake Part 2;
- (b) it may contribute to ongoing health inequalities in that country, if there is a shortage of subspecialists and a high level of need.

4.2 Training open to suitably qualified doctors (without Part 2 MRCOG)

4.2.1 Advantages:

- (a) Opens up subspecialty training to a much wider body of experienced doctors to be trained to RCOG standards;
- (b) Increases the range of countries in which the RCOG can establish a programme;
- (c) Increases the potential for income generation.

4.2.2 Disadvantages:

- (a) There will be additional verification of qualifications and experience for each doctor nominated to the scheme (this cost would need to be covered by the nominee);
- (b) Some additional pre-training work may be required to counteract training or habits that are non compliant the RCOG standards of practice;
- (c) Training may need to be undertaken in other languages, thus driving up costs.

4.3 Process for establishing a subspecialty training scheme

Once the prerequisites have been satisfied (see above), the RCOG's procedures for establishing a subspecialty training programme would need to be amended to work with the partner organisation without compromising RCOG standards.

The RCOG and the local O&G society, having undertaken a health and training needs assessment and agreed the priorities for subspecialty training, would need to collaborate with a teaching hospital (or a suitable alternative facility and an academic institution).

The criteria below are those applied to the RCOG process for recognising subspecialty training centres and may need to be adapted for local implementation:

- 4.3.1 Each subspecialty has its own requirements and they should be followed. In addition, there are generic modules that all trainees must undertake. The approach to be taken to deliver training must be approved by the RCOG Subspecialty Committee.
- 4.3.2 A centre should have sufficient caseload to support a trainee in completing the approved subspecialty curriculum within the required timeframe. A trainee should complete all aspects of the curriculum and be given the opportunity to visit other centres, if such exist, to gain level 1 experience of highly specialised techniques relevant to the curriculum, and experience of less common conditions occurring within a population.
- 4.3.3 There must be clinical supervision and timetabling for all elements of the curriculum within that centre.
- 4.3.4 The number of trainees that can be supported at the centre will depend on the capacity to deliver the breadth and depth of training. Any gaps in fulfilling curriculum requirements at the main centre will need to be augmented with training at other appropriate centres.
- 4.3.5 Mitigating factors in relation to the caseload required for gaining RCOG recognition of a centre for subspecialty training will be considered. Mitigating factors might include the track record of the training centre, working within a training network, highly specialised or supra-regional areas of clinical practice provided within that centre, and workforce requirements within a geographical area.
- 4.3.6 Where the programme is to be operated in a training network, competencies to be completed during rotation to each training centre within the network should be clearly defined. The goal would be enhancement of training opportunities through the training network, such that all elements of the curriculum would be delivered and the overall standard of training would not be compromised through rotation between centres.
- 4.3.6 There should be a minimum of two full-time consultants working as subspecialists in any centre approved for subspecialist training. Each centre should name the clinical supervisor who will deputise when the Subspecialty Training Programme Supervisor (STPS) is on leave.
- 4.3.7 The logbooks of trainees will be reviewed to ensure the curriculum requirements are being met in a timely and educationally appropriate manner.

QUESTION:

1. If there aren't two subspecialist consultants available what can be done to resolve this?

Answer: It may be possible to second RCOG faculty to the centre on a temporary basis to supervise trainees, whilst a local person undergoes training. It may also be possible, if a country wants to initiate an extensive programme, for RCOG-trained subspecialists to be appointed to supervise on a full-time basis. These options would both require direct negotiations with the RCOG.

5. Quality assurance (QA)

- 5.1 Quality assurance is provided by the RCOG. The Centre must comply with the current centre criteria. EQAC will be responsible for reviewing a summary prepared by the Subspecialist Committee.
 - 5.1.1 The Subspecialty Committee at the RCOG ensures that visits are arranged to assess trainees in post and prospective training centres in liaison with the host unit/Ministry of Health.
 - 5.1.2 The Subspecialty Committee makes recommendations to the host regarding the approval of programmes on the basis of advice provided by the RCOG team that undertook the needs assessment.
 - 5.1.3 The Subspecialty Committee makes recommendations to the RCOG Education Board regarding the award of certificates of Subspecialist Accreditation on the basis of advice provided in Faculty reports following trainee final review visits.
 - 5.1.4 The Subspecialty Committee provides feedback to subspecialty training programme supervisors (**STPS**) on the progress of trainees based on information submitted in the Faculty reports following the annual assessment undertaken by an RCOG team.
 - 5.1.5 The RCOG liaises with STPS to ensure the curriculum, requirements for training and the various application and report forms are updated appropriately.
 - 5.1.6 The RCOG maintains an information bank on current and past trainees, provides governance and performance management of the scheme.

5.2 QA provided by the 'host' country

- 5.2.1 The 'host' country will establish a collaborative quality assurance panel, which shall include a senior representative of the national O&G society, a representative of the RCOG, a leading

academic specialist in O&G, a representative from the local health authority or Ministry of Health and appropriate senior medical staff outside of the training centre. This QA panel will liaise with the RCOG’s Subspecialty Committee, to coordinate the local programme.

5.2.2 The Subspecialty Committee will undertake visits to assess prospective training centres as well as to assess trainees in post.

5.2.3 The Subspecialty Committee will be responsible for verifying the qualifications and clinical experience of doctors nominated or applying for subspecialty training.

5.2.4 The Subspecialty Committee will make recommendations to the RCOG Education Board

6. Risk management

The RCOG and the ‘host’ country will need to undertake a risk assessment, based on the local programme and the financial agreements in place. It should include (but not be limited to) the following areas:

Risk area – UK – Subspecialist Training	Likelihood (1-5)
Overseas trainees take places instead of UK trainees as they have funding, so the UK loses trained specialists	2
Risk to patients as doctors have not come through UK training system	3
Overseas doctors apply for and get UK posts after they’ve finished training	3

Risk area – Overseas – Subspecialist Training	Likelihood (1-5)
No guarantee that training is up to scratch as no UK staff present - QA	4
Risk to patients as poorly trained doctors carrying out procedures	4
We invest resources in training centre and local authorities cancel programme	2
Local trainers do not keep up to date – no CME	4
Once trained doctors go and work where they can earn more money	3

7. Appendices

Training Centre for Courses Toolkit: www.rcog.org.uk/globalhealthtoolkits



Also in the Toolkit series:

- Curriculum Design
- Developing a Subspecialty Training Programme
- Establishing a Training Centre for Courses
- Exam Preparation
- Guideline Development and Adaptation
- Health and Training Needs Assessment
- Service Review and Audit

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