

## Medical Training Initiative (MTI) Training Guide for MTI hosts

The following information has been put together to give a brief guide to MTI Training. The information provided here is not exhaustive. You can also refer to the [RCoA website](#) for further information about supporting MTI doctors while they are in post. The Global Partnerships team and the MTI Leadership Group are also available via [Global@rcoa.ac.uk](mailto:Global@rcoa.ac.uk) to clarify your individual queries.

This document is accompanied by a checklist that you department will need to complete within 3 months of your MTI doctor having commenced their post and return to the Global Partnerships team ([Global@rcoa.ac.uk](mailto:Global@rcoa.ac.uk))

### Induction

The MTI trainees should attend the Trust induction **and** the department induction at the commencement of their employment.

The RCoA strongly recommends that MTI doctors attend the College's *New to the NHS meeting* (MTI doctors will receive an email from the College to inform them when this meeting becomes available) and one of the simulation courses organised by various centres around the UK. Further details on the simulation centres and the dates of the courses can be found [here](#)

### AoMRC Starter's Report

Complete the [MTI starter form](#) (and copy to the College). Failure to submit it may result in the AoMRC withdrawing the doctor's CoS under the assumption that they have not arrived in the UK. The report along with a copy of the doctor's BRP and completed [Data Protection Form](#) must be sent to the AoMRC as soon as the doctor has started their placement.

### Educational Supervision

There should be a named, accredited Educational Supervisor (ES) allocated to the trainee and the first meeting should take place within **two weeks of commencing work**. As the first point of contact for the MTI doctor, the ES is responsible for guidance, advice and pastoral care. MTI doctors should be made aware of the process to raise any concerns/issues they may have during their placement (this may include training, personal or undermining issues).

### Buddy system

It is highly recommended that a 'buddy' (a colleague) is allocated to the MTI doctor to ease acclimatisation to the NHS. There should be a nominated "buddy" from the colleagues allocated to ease acclimatisation to NHS.

## Training

For MTI doctors in anaesthesia, it is mandatory to complete the [Initial Assessment of competence](#) (IAC) -More details on assessments to be used for the Initial Assessment of Competence [here](#) -irrespective of clinical experience in Anaesthesia prior to starting solo work and on calls. The time taken to complete IAC can be tailored to each individual, and there is no minimal time requirement. A proactive senior trainee can complete this in 2 - 3 weeks. The maximum duration is 6 months as equivalent to UK novice trainees.

Once the IAC is completed, they can start on calls at a SHO level. They will need to complete the [Initial Assessment of Competence in Obstetric Anaesthesia](#) (IACOA) before starting obstetric on calls. This gradual step up is also beneficial to facilitate settling in the NHS and stepping up from being a team member to a leader in the team with a greater responsibility.

There should be a modified, bespoke IAC and familiarisation period (agreed by the Employing Trust) for MTI doctors undertaking an intensive care medicine post. The duration of familiarisation should be mutually agreed depending on the seniority and progress of the trainee.

The trainee should get **minimum 3 directly supervised sessions** averaged over their rolling rota.

The modules that they require to complete after the IAC & IACOA should be catered to the trainee's development needs and mutually agreed by the ES on a Personal Development Plan. The competencies should be in line with the level of the experience and functioning of the trainee in the NHS.

Use of [Lifelong Learning Platform](#) (LLP) is advisable to document the progress. The selected modules to be completed by the trainee can be signed off as a Completion of Unit in Training (CUT) when adequate case numbers and Workplace Based Assessments (WPBA) are completed. Due to their training time being limited to two years, it may not be possible for them to complete all intermediate or higher modules and this is completely acceptable. The selection of units is completely based on their individual needs to gain skills, knowledge and competencies of their choice to enhance the experience that they can take back to their own country at the end of their MTI period. They can also take up an Advance Training Module (ATM) in sub specialities and should be equivalent to UK trainees. This can vary from 6 months to a year. There are informative [YouTube guidance videos](#) available on using LLP.

MTI doctors in intensive care medicine can request to have access to the [FICM E-Portfolio](#).

It is recommended that trainees complete one Quality Improvement Project (QIP) per year. For Continuous Professional Development (CPD), an external and Internal score distribution of 25 each is required and can be averaged over two years. The Individual Trust requirements may vary for the number of points required.

## Progress Reports and appraisals

It is mandatory to submit [6 monthly progress reports](#) to RCOA using the form available on RCOA website. In addition, they may require a separate progress report to their country of

origin, e.g. Sri Lankan post graduate trainees require a 3 monthly report to be submitted to Post Graduate Institute of Sri Lanka in addition to the RCOA progress report.

MTI trainees should also have an ARCP-like assessment annually and most of the Trusts complete this in the form of Appraisal. Some regions accommodate them in the regional deanery ARCP. They should not be requested to do both. The trainee should complete minimum of 10 months of MTI post prior to their first appraisal.

### **FRCA/FFICM Examinations**

Depending on the country of origin, some trainees will be exempted from Primary and can sit for the finals. Further details of eligibility for sitting the FRCA exams are found on the [RCOA website](#). Information on the FFICM examinations can be found [here](#)

All Trainees should be encouraged and supported to take the exam according to their individual requirements.

### **Critical Incidents/Significant Events**

There should be support provided to the trainees for writing statements in such events and scrutinised by ES/Consultant before submitting or uploading a detailed reflection.

### **Study leave and budget**

MTI trainees are entitled to study leave that can range from 10 – 30 days. Mandatory minimum requirement is 10 and extra days are at the discretion of individual Trusts as MTI doctors are employed by the Trust. They are entitled to a study budget of 500/- - 1000/- at the discretion of the employing Trust.