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BMJ INVESTIGATION

Trusts are accused of using foreign doctors as “cheap labour” in fellowship schemes

Overseas doctors on an England-wide trainee scheme are being paid less than trainees employed by trusts and face reduced benefits, finds **Madlen Davies**

Madlen Davies *investigations editor*

English hospital trusts have been accused of using doctors from overseas as “cheap labour” as part of fellowship schemes in which they can be paid less than doctors employed by trusts and sent home if they become pregnant, *The BMJ* has found.

Foreign doctors come to English hospital trusts as “fellows” as part of the Academy of Medical Royal Colleges’ medical training initiative (MTI) scheme.¹ They work for two years in the NHS to gain experience that they will take back to their home countries afterwards. A proportion of fellows are sponsored, for example by their home country, and others are employed directly by an NHS trust.

In some NHS trusts fellows receive the same pay and benefits as employed doctors, but University Hospitals Birmingham NHS Foundation Trust, Dudley Group NHS Foundation Trust, and Walsall Healthcare NHS Trust have a specific agreement with the College of Physicians and Surgeons Pakistan (CPSP), which means that, *The BMJ* has found, fellows can be paid less than trainees employed by the trusts and have fewer benefits. An employment lawyer, doctors, and the fellows themselves have voiced concerns about the pay and other conditions under this scheme, which they say can be exploitative.

The CPSP has said that it will review and rewrite some of its guidelines after *The BMJ* contacted it about the arrangement, but says that the scheme, which has seen more than 1000 Pakistani fellows being trained in the UK, has improved healthcare in Pakistan. “Since the scheme, the mortality rates for pregnant women in Pakistan have decreased, and there’s been an improvement in medical oncology care and paediatric care, which are demonstrable in the data,” said Asad Rahim, a consultant endocrinologist at Birmingham Heartlands Hospital and regional director of the CPSP’s centre in Birmingham responsible for trainees in the UK. He added that lack of maternity pay needed to be balanced against the greater good the scheme was having in terms of improving healthcare in Pakistan.

University Hospitals Birmingham NHS Foundation Trust said: “Undoubtedly the programme benefits the NHS system, but in return it benefits the overseas healthcare structure. Programmes which encourage the upskilling of medical practitioners from countries with less developed healthcare systems have been described by the [World Health Organization] as a ‘brain gain and not a brain drain.’”

Fellows save the trust money

A document describing the scheme, obtained by *The BMJ*, that is sent to departments hosting fellows at University Hospitals Birmingham NHS Foundation Trust, says that trainees “will not be employees of the trust” and instead remain employed by their overseas employer. The document openly states that fellows save the trust money. “The charging rate will be less than the standard budget for a junior doctor post, thus representing a saving for the trust,” it says.

Senior fellows, who can be senior registrars or junior consultants in Pakistan, work as specialty trainee year 3 (ST3) registrars or above when they come to England and are paid a stipend ranging from £2700 to £3600 a month by the CPSP, the equivalent of £32400 to £43200 a year. Rahim told *The BMJ* that fellows do not pay income tax or national insurance on their stipend, but HM Revenue and Customs said that they should be taxed in accordance with UK law because it does “not regard doctors coming to the UK under the MTI scheme as solely coming to the UK as a student.” Fellows also receive an extra £600 to £900 a year to spend on educational materials or conferences. They can also do locum work at their own trust to supplement their income but cannot work for other hospital trusts. The equivalent ST3 doctors employed by the trust were paid £51017 in 2022-23 and £55328 a year in 2023-24 as a basic gross salary, according to NHS pay scales. This doesn’t include additional or enhanced hours or on-call work. The University Hospitals Birmingham NHS Foundation Trust would not confirm the exact equivalent salary details of its ST3 doctors after adding additional hours, on-call shifts, and weekend work to their basic salary.

ST3 doctors in the emergency department at University Hospitals Coventry and Warwickshire NHS Trust, including those on an MTI scheme, were paid a gross salary of at least £64319 after being paid for weekend and on-call work in 2022-23, leaving them with £46358 after tax and national insurance, more than the take home pay of the highest paid MTI fellow under the CPSP’s agreement (though this calculation does not take into account pension deductions). The fellows at this trust are also entitled to all the same rights as staff members. Great Ormond Street Hospital for Children NHS Foundation Trust told *The BMJ* that its fellows (who mostly come from the Middle East and are funded by their home nations) are not required to work on-call shifts, allowing them to

“maximise the educational opportunities made available to them.” The trust would not share the specific amount its fellows are paid but said, “All fellows are on a skilled worker visa so are paid in line with other medics at fellow level.”

Leeds Teaching Hospitals NHS Trust has fellows on the MTI scheme, including those from the CPSP, but Magnus Harrison, the trust’s chief medical officer told *The BMJ* that most fellows are employed on contracts “mirroring the terms, benefits, and pay scales offered to UK trainees.” He added: “A small number of trainees are engaged under honorary contracts as they are paid by their home countries; however, there are internal and external processes in place to ensure such trainees receive the same salary and work the same hours/shifts as our UK trainees.”

Fraz Mir, associate dean of the East of England deanery, says that MTI trainees in his area are expected to be paid “exactly the same” and afforded the same training opportunities as any UK based trainees. The agreement with the CPSP is “not how the majority of the MTI scheme works,” he said. “I would say the vast majority of people in the MTI scheme nationally actually come into training post jobs or rota jobs into trusts where they are paid the same as UK people.”

No maternity pay

Under the agreement between the CPSP and University Hospitals Birmingham NHS Foundation Trust fellows do not receive paid parental leave. “Fellows will not be allowed (paid) maternity or paternity as they are not employees of the trust,” the trust’s document says. “Any fellow who becomes pregnant during their programme is likely to have their fellowship terminated early and will naturally return home at that point. This is an agreed position with the trainees’ home employer and sponsors, who remain responsible for their contractual terms and conditions.”

This follows an incident in 2017 in which the Birmingham trust terminated the contract of a fellow who became pregnant. The fellow, who wanted to remain anonymous, told *The BMJ* that the experience was “traumatic” (box 1). More recently Hassan Bin Ajmal, a fellow at University Hospitals Birmingham NHS Foundation Trust, told *The BMJ* that he had to use two weeks of annual leave when his daughter was born because paid parental leave was not available. Michael Newman, an employment lawyer at law firm Leigh Day, told *The BMJ* that by law every worker is entitled to maternity leave after they begin employment, and they are entitled to statutory maternity pay after 26 weeks of employment.

Box 1: My fellowship was terminated when I got pregnant, and it was traumatic

“I applied for the CPSP fellowship to the UK in 2016. At the time of interview I told them that the main thing I wanted was more exposure to particular surgeries, and I was told by a programme director at University Hospitals Birmingham NHS Foundation Trust, who flew out to interview us, that it would be taken care of. After I got selected, there was no mention of what would happen if someone became pregnant.

In 2017 I came to Queen Elizabeth Hospital, Birmingham, and after settling down and understanding the system I started talking about what I wanted to get exposure to. I was told very bluntly that I was not the priority—the trust’s trainees and trust grade doctors were. I was told to just cover the clinics and on-call work, and so on, and that’s what I did for the whole first year. It was very evident that we were there to be of service to the trust rather than to meet any of our learning needs. And we were only paid £3000 a month without being paid extra for on-call shifts or working at weekends. I was lucky that, in my department, my clinical lead and education supervisor were very supportive in trying to ensure that I got at least minimal exposure to what I wanted to.

I informed my department about my pregnancy at around 20 to 24 weeks. I had saved the four weeks of annual leave that we were given to use as my maternity leave. Both the clinical lead and my educational supervisor promised me that they would support me to whatever extent they could. And the clinical lead agreed that, even if I had to take a week of sick leave, they would still support me. They asked me to tell the international team so that, if there was a maternity package, I could get one. I discussed it with another consultant, and she assured me that pregnant woman had rights, that UK law applies.

The moment I involved the international team, doctors at the trust who ran the scheme arranged for a meeting. I have tried to forget the way it was all dealt with, but I still get flashes of how rude and inconsiderate they were and the remarks they made. One lady from the international team seemed angry, saying “We don’t expect you guys to get pregnant while you’re here” and that my fellowship would be terminated. It was a shock to me how she spoke. I could imagine someone saying this to me in Pakistan, but not in a country like England.

The clinical lead and educational supervisor had a lot of meetings with the director of the international team and were told that there was nothing the hospital could do because the CPSP said that people could not get pregnant during the fellowship. The international team told me that they would terminate my fellowship and my contract would end on 30 June. My baby was born on 27 of June, only eight weeks before the end of the fellowship.

Some people asked me to involve the media. A lot of people advised me to seek legal help. My father is a lawyer, and my husband had a brief discussion with a lawyer at his company. They said that it was a grey area if I wasn’t an employee of the trust, so I didn’t seek formal legal advice.

And honestly speaking, I belong to Pakistan; it’s my home. The CPSP is where I got my training. I didn’t want to defame my college or where I come from. And I was about to give birth. The mental stress had an effect on my physical health. So after my baby was born I just let it go. My husband got a job in the UK and could sponsor us on his visa. The whole thing was a traumatic experience, and it shook my trust on so many levels.”

In a statement, University Hospitals Birmingham NHS Foundation Trust told *The BMJ* that the two year training programme is limited by the conditions of the visa, which cannot be extended beyond two years. “So any long term absence or leave, including maternity leave, reduces the time available for training, impacts on their training programme, and prevents the achievement of curriculum requirements and the fulfilment of learning needs. Resultantly, where trainees have needed extended leave (such as long term sickness, maternity, another compassionate reason), trainees are advised to pause their training, return home to a secure their family supported environment, or recover, and then return to the training programme at a later date.”

Newman described the conditions of the scheme as exploitative and said that it was likely that a UK employment tribunal would view that it had jurisdiction, should fellows want to launch discrimination or unfair dismissal claims there (though claims can only be made three months after the employment ended or the problem happened). “It’s a great deal for the trust, right?” he told *The BMJ*. “Cheap doctors at a time when we need them. If the trust wanted to make sure they’re subject to UK employment law, they could do that in a heartbeat. They clearly just want to take advantage of them. It’s exploitation. These people are willing to come in and do their training, and no doubt it looks good on their CV to work in the UK for two years and, and [the trusts are] taking advantage of that. It is difficult to see an alternative explanation for it.”

He added that a trust terminating someone’s fellowship because they became pregnant and refusing to pay for maternity leave was “outrageous.” “The fact that the trusts feel they can just do it nakedly is appalling. They clearly feel that this structure allows them to do so,” he says.

Fellows might not want to complain or take complaints to a tribunal for a variety of reasons, he adds. “People may not want to bring these claims because they have concerns about their wider training, or they don’t want to rock the boat. They probably don’t want to be sent back home, which they realise will be a consequence of them raising an issue.”

CPSP promises to rewrite guidelines

Rahim, who represents the CPSP, told *The BMJ* that the guidelines in the document obtained by *The BMJ* were “harsh” and written before he came into post. “I’ve asked for those guidelines now to be withdrawn . . . and I will be writing those guidelines in a more appropriate manner,” he told *The BMJ*.

He said that fellows were given 25 days of annual leave and a discretionary 10 days of extra leave for emergencies, including family illnesses. Any extra leave might mean they cannot fulfil their two years of training, so after they’ve used their leave they are encouraged to return to Pakistan, stop the clock on their training, and return to the UK when they can complete it. On a case by case basis the CPSP might agree to continue to pay fellows their stipend while on leave, including a recent case where a fellow was paid his stipend for four months while he was caring for his ill father in Pakistan.

One consultant at University Hospitals Birmingham NHS Foundation Trust, who agreed to talk to *The BMJ* on the condition of anonymity for fear of repercussions from the trust, said that the trust was using fellows as “cheap labour.” “These are good doctors. Their work ethic is extraordinary,” they said. A former consultant at the same trust praised the scheme in terms of the training opportunities but lambasted the lack of equal pay and rights, saying that the trust had “managed to get so called cheap labour on the context that we are educating them, which is very true because we are, and they have benefited from that. The returning countries have benefited as well.”

Fellows have gone back to their home countries and performed complex operations that were not previously widespread, the former consultant continues. “In Pakistan, over the past decade, they were not doing certain complex operations like laparoscopic kidney operations for cancers, prostatectomies for prostate cancers, and cystectomy for bladder cancers. Because we have trained these guys over the years, and now they’re running with it and they really shifted things around,” they say.

“So I’m actually a good supporter of the scheme, but what I cannot support is this idea of two laws. We are in one land and there should be only one law. We should look after them like how we look after ourselves. These guys just don’t moan about it because they learn so much, they get so much experience, they just put up with it. And then they’re gone. And then it really helps with their career progression when they go back home,” the former consultant says. Mir also praised the scheme but said that it needed “standardisation and uniformity” in light of the CPSP agreement.

The Ceylon College of Physicians told *The BMJ* that some trusts used to work with Sri Lankan trainees as honorary fellows, and the Sri Lankan ministry of health paid them a stipend of £2000 a month, but this was stopped when the economic downturn in Sri Lanka meant that the government could no longer afford to pay. Trainees that were already in the UK would continue to be paid, but no new fellows would be funded. Mir said that Sri Lankan trainees in the east of England are now paid by the trust. He said that, in the period when they were paid by the Sri Lankan government, they received

extra payments for on-call and weekend work by the trust on top of their stipend.

The British Association of Physicians of Indian Origin also told *The BMJ* that it set up its own training scheme because the MTI scheme was “being abused” with fellows being used to plug rota gaps and that in some trusts it lacked a training component. “I think what we really wanted to create is a system whereby all these international medical graduates are treated as trainees rather than as pairs of hands,” said Parag Singhal, executive director of BAPIO Training Academy, an organisation in the UK that recruits Indian doctors on behalf of trusts and manages their training. As part of this scheme, BAPIO charges trusts and charges the trainees themselves.

Thousands of trainees since 2009

The Academy of Medical Royal Colleges says that there have been 6986 trainees through the MTI scheme since it began in 2009, with 759 from September 2021 to September 2022.² In that year the top six countries of origin of trainees were Pakistan, Sri Lanka, India, Egypt, Nigeria, and Saudi Arabia.

One advantage for MTI trainees, compared with those from abroad applying to trusts for jobs directly, is that MTI trainees must complete an English language test but do not have to complete the General Medical Council’s professional and linguistic assessments board test; the royal colleges facilitate GMC registration on their behalf. They come to the UK on a tier 5 visa, which is limited to two years, but allows them to bring their families to the UK for that period.

A spokesperson for the Academy of Medical Royal Colleges said: “The issues *The BMJ* is raising here are very concerning. All doctors should be paid the correct rate for their work, regardless of whether they are on the MTI scheme or not. But this is a matter between the doctor and the NHS organisation that employs them.”

Diane Wake, chief executive of the Dudley Group NHS Foundation Trust, told *The BMJ*: “As we do not directly employ staff who are a part of the medical trainee scheme, we are therefore not responsible for their remuneration. Our trust has not received any concerns from our MTI colleagues; however, should they have any that they would like to raise with us directly, we would be more than happy to look into them.” She added that any overtime would be paid at the bank rates used for all trust medical staff and that fellows all receive 28 days’ free accommodation on arrival.

Walsall Healthcare NHS Trust said that it had recruited three MTI fellows under the CPSP scheme, due to start in November, but doesn’t have any in post at present. “The job description, person specification, and rota patterns have been reviewed and approved by the dean,” a spokesman told *The BMJ*.

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- 1 Academy of Royal Colleges. Medical training initiative. <https://www.aomrc.org.uk/medical-training-initiative/>
- 2 Academy of Royal Colleges. Annual review 2022. <https://ar22.aomrc.org.uk/>