

Guide for doctors new to the UK

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Contents

1. Introduction	2
2. How things work in the UK.....	4
2.1 The NHS.....	4
2.2 Career structure and training.....	6
3. How to get started	13
3.1 Immigration regulations for overseas doctors coming to the UK.....	13
3.2 Registration.....	17
3.3 Access to postgraduate training for non-UK doctors.....	28
3.4 Finding a post/establishing a practice	29
3.5 Contracts and working conditions.....	33
3.6 Medical defence (indemnity insurance).....	34
3.7 Personal health	35
4. Useful addresses	37
Glossary of terms and abbreviations used in this guide	46

1. Introduction

This information booklet provides a basic introduction to working as a doctor in the UK. It is intended for all doctors who are new to the UK, no matter where they come from or which type of medicine they practise. It contains background information about how healthcare, postgraduate medical training and career structures work in the UK and practical information about how to register as a doctor and prepare for work.

We cannot answer all the questions you may have, for example about training in individual specialties or about contracts and working conditions in different posts, but we have included a list of useful addresses and sources of more detailed information at the back of the booklet, as well as a glossary of terms. More information and help with some aspects will also be available if you become a member of the British Medical Association (BMA).

This guide was accurate at the time of writing, however, there are several major changes under way at the moment, which you should take into account when making any decisions.

What is the BMA?

The British Medical Association is the leading trade union and professional association for doctors in the UK. It represents doctors from all branches of medicine all over the UK. It is a voluntary association with about 80 per cent of practising doctors in membership. The 130,000 membership includes nearly 14,000 medical students and 3,000 members overseas. We provide a wide range of advice and services to help doctors with problems on a day-to-day basis and have a central contact for all employment advice – *askBMA* – which links you to our network of offices around the country. Members also receive the *BMJ* each week. If you are eligible for immediate registration with the General Medical Council (GMC), you can join the BMA.

Important warnings

To make life as easy as possible for yourself, please note the following:

- passing the PLAB (Professional and Linguistic Assessment Board) test does not guarantee you a job in the UK
- there is high demand for clinical attachments and many overseas doctors are finding it difficult to acquire them. Some trusts also expect doctors to pay for them
- while there are shortages of consultants and GPs in the UK, there are not always comparable shortages in the training grades and competition can be very high
- if you are subject to immigration rules, bear in mind that the various processes can take time and you should factor this in when you apply for jobs.

We advise you to:

- plan well in advance and gather as much information as you can before you come to the UK
- write to the responsible organisations, asking specific questions
- make sure that you have everything in writing. Do not rely on telephone advice alone
- keep copies of all correspondence and documents you have submitted in a file, just in case you have problems later.

2 How things work in the UK

2.1 The National Health Service (NHS)

The NHS was founded in 1948 to provide healthcare free at the point of use to the entire UK population. Although there have since been significant changes in the structure and funding of NHS healthcare, especially in the 1990s, it still covers the whole of the UK population and is still mostly free at the point of delivery. Exceptions include outpatient dental treatment, some health appliances and hearing and sight testing, for which patients are expected to pay in part, or fully, themselves. Patients also pay a fixed amount for drugs prescribed in primary care, although there are exemptions or reductions for certain groups, such as children, the elderly, the unemployed, those on low incomes and some patients with chronic conditions. There are no charges for seeing a doctor or for treatment in hospital.

The private medical sector is small. Nearly 11 per cent of the population have some private healthcare insurance, but the cover provided can be limited and the private sector relies heavily on the support provided by the NHS. Most doctors in the UK practise in the NHS, even if they do some private work as well.

2.1.1 Healthcare structure in the UK

The NHS is funded mainly through general taxation, and through national insurance contributions, which all employed people and employers are required to pay. Health service provision has been devolved, resulting in different systems within the four nations comprising the UK – England, Northern Ireland, Scotland and Wales. Contact details for the four providers are at the back of the booklet.

England

The Department of Health for England is the government department responsible for the management of health and social care services to the people of England. The responsibility for developing strategies for local health services and ensuring high quality performance rests with the 28 strategic health authorities. They also manage the NHS at the local level. Responsibility for the planning and securing of health services and improving the health of the local population in England lies with primary care trusts (PCTs). These trusts are at the centre of the NHS and receive 75 per cent of the total NHS budget and are entrusted with planning and commissioning health services for their local communities. For example, they must make sure there are enough general practitioners (GPs) for their population and ensure the provision of other health services such as hospitals and opticians. For further information see www.nhs.uk/england/

Northern Ireland

The administration of the Northern Ireland NHS lies with the Department of Health, Social Services and Public Safety (DHSSPS). Health and personal services are provided as an integrated service by four health and social services boards (Eastern, Northern, Southern and Western). The boards

commission and purchase services for their areas. NHS trusts provide health and social services within commissioning arrangements agreed with the health and social services boards. Local health and social care groups based around GP practices enable primary care professionals to become involved in planning, commissioning and delivering the services for the communities they serve. For further information see www.n-i.nhs.uk

Scotland

Health, with the exception of the regulation of the professions and legislation on abortion, is a devolved matter and decisions on legislation are taken by the Scottish Parliament in Edinburgh. The Scottish Executive Health Department is responsible for the leadership of the NHS and implementing health and community care policies.

There are 15 area NHS boards in Scotland responsible for planning and delivery of health services. Hospital divisions are responsible for the delivery of secondary care and Community Health Partnerships, which encourage closer working between primary care and social services, are responsible for providing services in the community.

More information is available at: www.show.scot.nhs.uk

Wales

The National Assembly for Wales has strategic responsibility for the NHS in Wales. Local health boards are statutory bodies responsible for commissioning, securing and delivering local healthcare. Specialist services are provided by Health Commission Wales. Each local health board reports to one of three regional offices – Mid, North and South-East Wales – which monitor the development of local health, social care and well-being strategies. NHS trusts are accountable to these regional offices for patient care, efficiency and finance. The Health of Wales information service can be accessed at www.wales.nhs.uk

2.1.2 Accessing healthcare

In the UK, the first point of access to healthcare is the GP, except when there is an emergency, in which case the patient can be admitted directly to hospital. Most citizens are on the list of one GP, who holds their medical records. When specialist consultation is appropriate, the GP refers the patient to a consultant, usually based in a hospital.

Since 1990, hospitals, community health and ambulance services have become NHS trusts with their own boards of directors. They are independent and directly accountable to their respective health departments. A new type of hospital trust was introduced in 2004 – Foundation Trusts. These are run by local managers, staff and members of the public and are tailored to the needs of the local population. They also have more financial and operational freedom than other NHS Trusts. Twenty Foundation Trusts were established in April and July 2004, with more set to be authorised by the Health Secretary.

Staff working in NHS trusts are employed by the trusts. Most doctors are employed under the terms and conditions of service negotiated nationally by the BMA for NHS employed medical staff, but trusts are not obliged to apply them, (see section 6).

2.2 Career structure and training

Most doctors work for the NHS in some capacity, in hospital services, general practice or in public health medicine and community health. Some will also be employed by universities, teaching medical students or carrying out research. There is a close partnership between universities and the NHS; clinical academic staff treat patients, and their career paths are similar to those of NHS doctors. Other options include occupational medicine, forensic medicine, community health, work in the prison service or in the armed forces medical service. Some doctors work exclusively in private practice, but this is unusual.

Medical training in the UK is designed to meet the needs of the NHS, and its length and structure may differ from those in countries with different healthcare systems. The UK training system is currently undergoing major changes.

2.2.1 Pre-registration house officer (PRHO) posts (until August 2005)

At the time of writing, all medical graduates have to work under supervision in approved posts for one year before they are entitled to full registration as doctors. They are known as PRHOs, or junior house officers (JHOs). The PRHO/JHO year is similar to the internship year undertaken by medical graduates in other countries. They receive a salary and are allowed to use the courtesy title 'Dr'. The year is usually divided into two periods of six months, although three periods of four months are permitted. In practice, almost all house officers work in hospitals; most spend six months working in general surgery and six months in general medicine, but it is possible to be more flexible – for example, a few have opted to spend four months working in general practice. The **GMC** has statutory responsibility for the pre-registration year and issues guidelines about what experience it must provide. All house officer posts must be approved by the appropriate university. The posts are reserved for UK graduates in the first instance, but unfilled posts are advertised in the medical press. PRHO posts match the number of UK graduates, which means there is only a limited number available to overseas graduates. We strongly recommend that you do your pre-registration year in your country of qualification.

The pre-registration year does not count towards postgraduate training programmes. Doctors must be fully registered with the GMC before they can start to train as specialists or general practitioners.

2.2.2 Modernising Medical Careers

In February 2003 the UK's Chief Medical Officers published a document entitled *Modernising Medical Careers*, which proposed radical changes to the UK medical training system. It created a new two year foundation programme for all medical graduates, starting nationwide from **August 2005**, which will focus on developing key competencies. This means that from August 2005 all

PRHO posts will cease to exist and medical graduates will take up F1 posts (foundation programme year 1). It has yet to be determined at which stage overseas doctors should join the foundation programme. However, it is likely to be at F2 level (foundation programme year 2). Pre-registration overseas doctors will still be able to apply for F1 posts if they wish to do so.

A number of pilot foundation programmes have been running since August 2003 and some overseas qualified doctors have been able to participate in them. Foundation programmes have the scope to meet individual training needs through programmes that are tailored for a particular doctor. They 'will provide a solid grounding in practical medicine and in particular develop the core clinical skills required to identify and care for the acutely ill patient. Doctors will also be required to enhance their communication, teamworking and IT skills.' (MMC website)

Further information about *Modernising Medical Careers* can be found at www.mmc.nhs.uk

2.2.3 Specialist training

The **medical royal colleges and their faculties (royal colleges)** are responsible for specialist training. They draw up criteria for training programmes and approve training posts. A network of **regional postgraduate deans** administers and monitors the system. The GMC keeps a register of specialists.

2.2.3.1 The current specialist training system

Specialist training is divided into two parts – general professional training or basic specialist training (which might be known as the common trunk in some other countries) and higher specialist training. Doctors work in salaried posts for the NHS while they are training.

Once fully registered, doctors become **senior house officers (SHOs)**. They usually stay in this grade for two or three years, and this is their general professional training. During this time, they will study for examinations set by the royal colleges, which are usually a requirement for entry to higher specialist training.

The higher specialist training grade is the **specialist registrar (SpR)** grade. Training programmes for this grade vary from specialty to specialty, but are likely to last from four to six years. Doctors compete on merit for places in the grade. Those who gain places will be given a national training number (NTN), which they will keep throughout their training. Overseas doctors without the right to indefinite residency in the UK will be granted a visiting training number (VTN). The end-point of the training is the CCST (certificate of completion of specialist training). These are known as type 1 posts. Overseas doctors can also work as type 2 specialist registrars on fixed term training appointments (FTTA). Type 2 training programmes are specifically designed to meet the needs of the individual overseas doctor, but **do not lead to a CCST**.

All doctors are encouraged to undertake **research** and to develop an understanding of research methodology during their specialist training. Many doctors choose to complete a research diploma or degree, for example the MD, but this is not a requirement for entry to a specialist registrar training programme or for consultant posts. It is up to royal colleges and faculties to decide whether time spent on research can count towards specialist training.

2.2.3.2 Specialist training under *Modernising Medical Careers*

Under *Modernising Medical Careers* a new training system is being developed. It will mean that when an individual completes the foundation programme, they will move into certificate of completion of training (CCT) programmes, either for specialist or general practice training. The two tier basic and higher specialist training system described above (section 2.2.3.1) will no longer exist.

Doctors will apply for either specialist or general practice programmes, and basic and higher specialist competencies will be acquired progressively. General practice training will be developed in line with the new format. Entry to these programmes will be competitive, but there are no plans for further competition during the training programme.

There will be an equivalence route of entry for doctors without any, or with partial UK primary, specialist or general practice training. To benefit from this route of entry doctors will need to demonstrate that they have acquired competencies required of doctors completing the foundation programme.

Doctors who achieve all the required competencies will be eligible for the award of a CCT and entry on to the specialist or GP register. Trainees who are not eligible to receive a CCT because they have not completed all their training in the UK may still be eligible to enter the specialist or GP register by virtue of their non-UK training or a combination of their UK and overseas training. They will not, however, be granted a CCT.

2.2.3.3 The Specialist Training Authority of the Medical Royal Colleges (STA)

The STA (along with the Joint Committee on Postgraduate Training for General Practice, JCPTGP, see section 2.2.6 for more information) currently approves curricula for specialist training and judges whether individual doctors have reached the standard set for them by satisfactory completion of training. One of the STA's roles is to approve or reject applications for specialist registration from doctors with overseas qualifications. The STA has strong links with the medical royal colleges. The royal colleges publish syllabuses for their specialties, but the STA has overall responsibility for ensuring that these comply with legislation.

For overseas doctors, the medical royal colleges act as agents of the STA and undertake an initial assessment of an application, seek references and further documentary evidence, and submit a recommendation to the STA. Once the STA receives the recommendation with the applicant's

details from the relevant college or faculty, it will make a decision on each application on whether to award a CCST.

The Postgraduate Medical Education and Training Board (PMETB) (see section 2.2.3.4) is due to take over the functions of the STA and the JCPTGP. A start date for PMETB has yet to be announced, but it should go live during 2005. While the proposed new arrangements for the assessment of applicants to the specialist register were not available at the time of writing, there is some preparatory information on the STA website at <http://www.sta-mrc.org.uk/news.html#1>

2.2.3.4 Postgraduate Medical Education Training Board (PMETB)

The PMETB was established in 2003 as an independent body to supervise postgraduate medical education and training in the UK. When it has assumed its full statutory responsibilities, it will take over from the STA and JCPTGP in assessing training qualifications and experience for the purposes of gaining entry to the specialist register or getting a JCPTGP certificate to work in general practice. For the first time, an individual's clinical experience, both overseas and in the UK, will count towards entry to the specialist register. In future, doctors will require a CCT in general practice and each of the various specialties in order to gain entry to the specialist register and practise as a GP or consultant. Further information can be found at www.pmetb.org.uk which, while under construction, takes you to information on the Department of Health website.

2.2.4 Non-training posts

2.2.4.1 Consultants

Non-training grades are known as career grades. The most senior grade in a hospital is a **consultant**. Consultants have ultimate clinical responsibility for their patients and are responsible for training and supervising the junior doctors in their teams. It is a legal requirement for doctors to be on the GMC specialist register before they can take up substantive consultant appointments.

2.2.4.2 Staff and associate specialist group (SASG)

There are options for doctors who do not wish to become consultants, or who are unable to do so. The umbrella term for these doctors is SASG and they are not required to be on the specialist register. The group comprises associate specialists, staff grade doctors, clinical assistants, hospital practitioners, community health doctors and a number of other local non-standard 'trust' grades. Under current arrangements, opportunities for career progression are very limited, but it should be made easier when the PMETB becomes operational, because previous clinical experience will count towards specialist registration.

The **staff grade** is a permanent career grade in hospital medicine, which doctors can enter from the SHO grade, ie instead of moving to higher specialist training. **Associate specialists** are senior post-holders who have, for one reason or another, chosen not to complete higher medical training or, having completed higher specialist training, have not taken up a consultant appointment. They must have completed 10 years medical work since registration and are still responsible to named consultants. The posts are personal appointments and they are not usually advertised. They are set up in response to applications from doctors who for personal reasons are unable to become consultants. They can only be created if there is a pressing need which does not require the creation of a new consultant post.

Trust grade posts are created by trusts to fill service gaps and have non-standard contracts. They are not protected by national terms and conditions of service. Trust grade posts should be clearly labelled in job advertisements and doctors should be cautious when applying for them because they are not recognised training posts. Members of the BMA can contact askBMA for advice on trust grade post contracts.

2.2.5 Career structure in academic medicine

There is a close relationship between the NHS and the UK medical academic sector. The NHS benefits from the research and teaching carried out by university staff, while universities benefit from the clinical training which NHS staff provide for students. Medically qualified staff may be employed by universities to carry out non-clinical teaching and research and are treated in the same way as non-medically qualified university teachers. **Clinical academic staff** teach medical students, provide clinical services to patients and are engaged in research and administration. They are employed by universities but given honorary NHS appointments. Lecturers are usually given honorary registrar posts, and senior lecturers, readers and professors have honorary consultant posts. Some staff may also be employed jointly by a university and the NHS.

The main posts in academic medicine are those of clinical lecturer, senior lecturer, reader and professor. Most posts are for fixed terms, although some may have security of tenure.

There are also several other, usually non-clinical, positions available within universities. The post of demonstrator is normally a short fixed-term position offered for full-time or part-time teaching. Research staff can be employed as research fellows, either in a clinical or non-clinical capacity. These posts are normally for a fixed term, usually one or two years.

Research funding in the universities often comes from the Medical Research Council (MRC) in the form of project grants. The MRC also administers its own institutions and units and employs medical graduates within these units, either as clinical or non-clinical staff. Other sources of research funding include medical charities, industry, pharmaceutical companies or European Union under various programmes.

Most teaching in academic medicine is to undergraduate medical students, but it may include postgraduate training and teaching of other healthcare groups. Specialist postgraduate teaching may take place within the undergraduate medical school or in special postgraduate institutions, often attached to NHS hospitals.

2.2.6 Training for general practice

As described previously, GPs are the first point of contact for patients in the UK and act as gatekeepers to specialist services. There is a well-established postgraduate training programme, the vocational training scheme (VTS), which lasts for a minimum of three years and is compulsory for all doctors wishing to work in general practice. The responsible authority, at present, is the JCPTGP and doctors receive a certificate of prescribed experience when they have completed their training. The **JCPTGP** will sometimes issue a certificate of equivalent experience to doctors who do not meet the criteria for this certificate, but whose experience it considers to be equivalent.

Note: The PMETB is due to take over the functions of the JCPTGP, (see section 2.2.3.4).

Training programmes are organised by universities with the guidance of **regional advisers in general practice**, who are based at the regional postgraduate deaneries, or sometimes doctors can arrange their own training. Posts must, however, have been approved for the purpose of general practice training; there is no central register of approved posts, but **regional advisers in general practice** will have the information. Trainees normally spend two years in SHO posts in hospitals. These posts must cover at least two specialties relevant to general practice such as paediatrics, general medicine, geriatrics, obstetrics, psychiatry or accident and emergency.

One year is spent working as a **GP registrar** in the practice of a GP, who must be recognised as a GP trainer.

Although it is not compulsory, many doctors choose to take the examination for membership of the **Royal College of General Practitioners** in addition to their vocational training.

2.2.7 Part-time training and work

Part-time, or flexible, training is possible in the UK for doctors who have well-founded individual reasons. This may mean that domestic commitments, disability or ill-health prevent them from working full time. Trainees usually work for 50 per cent of the full-time working week. It is sometimes also possible for two trainees to share one full-time post (often described as job-sharing).

Postgraduate deans are responsible for assessing applications for flexible training. The main problem is that there will not always be enough flexible or shared posts for all those who want them, and some trainees may have to wait for a suitable post.

Part-time and shared posts are available in career grades and general practice, although once again there is no guarantee that there will be enough for all those who want them. There is also a special retainer scheme for doctors who are under 55 and who work for one day per week or less. The scheme is designed to help doctors stay in touch with medicine so that they can return

to work in the NHS when their circumstances permit. They are offered the opportunity of doing a small amount of paid work and attending postgraduate medical education sessions.

2.2.8 Continuing professional development (CPD)/Continuing medical education (CME)

CPD is the process by which doctors keep up-to-date with developments in their own area of practice between the time when they gain a career grade post and their retirement. It may also include elements of more general professional development. Until recently there was no formal requirement for doctors to participate in CPD, although keeping up-to-date has always been seen as an ethical requirement. The royal colleges are now increasingly developing formal schemes, which require their members to gain a certain number of credit points over a set time. Credits may be awarded for activities such as attending approved courses, publishing scientific papers, presenting research at meetings, certain teaching duties and participation in audit (quality assurance) exercises. Schemes are still very new, and details vary from college to college. CPD will also play a significant role in the new revalidation system (see section 3.2.2 for further information).

3 How to get started:

3.1 Immigration regulations for overseas doctors coming to the UK

The UK has a long tradition of welcoming doctors from other countries, and they make a valuable contribution to the NHS. Many come for postgraduate training and then return home, while others remain permanently. The UK may be a popular choice for many reasons, including cultural and historical links with certain countries and having English as our main language.

Overseas doctors coming to the UK must satisfy UK immigration requirements. These are handled entirely separately from registration matters, and the granting of a particular type of registration has no influence on a doctor's immigration status. Immigration law is very complex and doctors should seek detailed advice from the **Home Office www.ind.homeoffice.gov.uk** or from an immigration lawyer. Doctors who are still overseas can seek advice from the British High Commission, Embassy or Consulate, contact details for which are at **www.fco.gov.uk** under 'embassies overseas'. The following information is intended as a general guide only, and should not be used as the sole source of information.

3.1.1 European Economic Area (EEA) and Swiss nationals

Doctors who are citizens of the EEA and Switzerland can enter the UK freely and work here without any restrictions.

3.1.2 Doctors with specific entry rights

Doctors from beyond the EEA may have rights to live and work in the UK, eg as the spouse of an EEA national, because they have commonwealth ancestry rights, as the spouse of a work permit holder etc. Doctors who think that they may have such rights should seek advice from the Home Office or the British representative overseas.

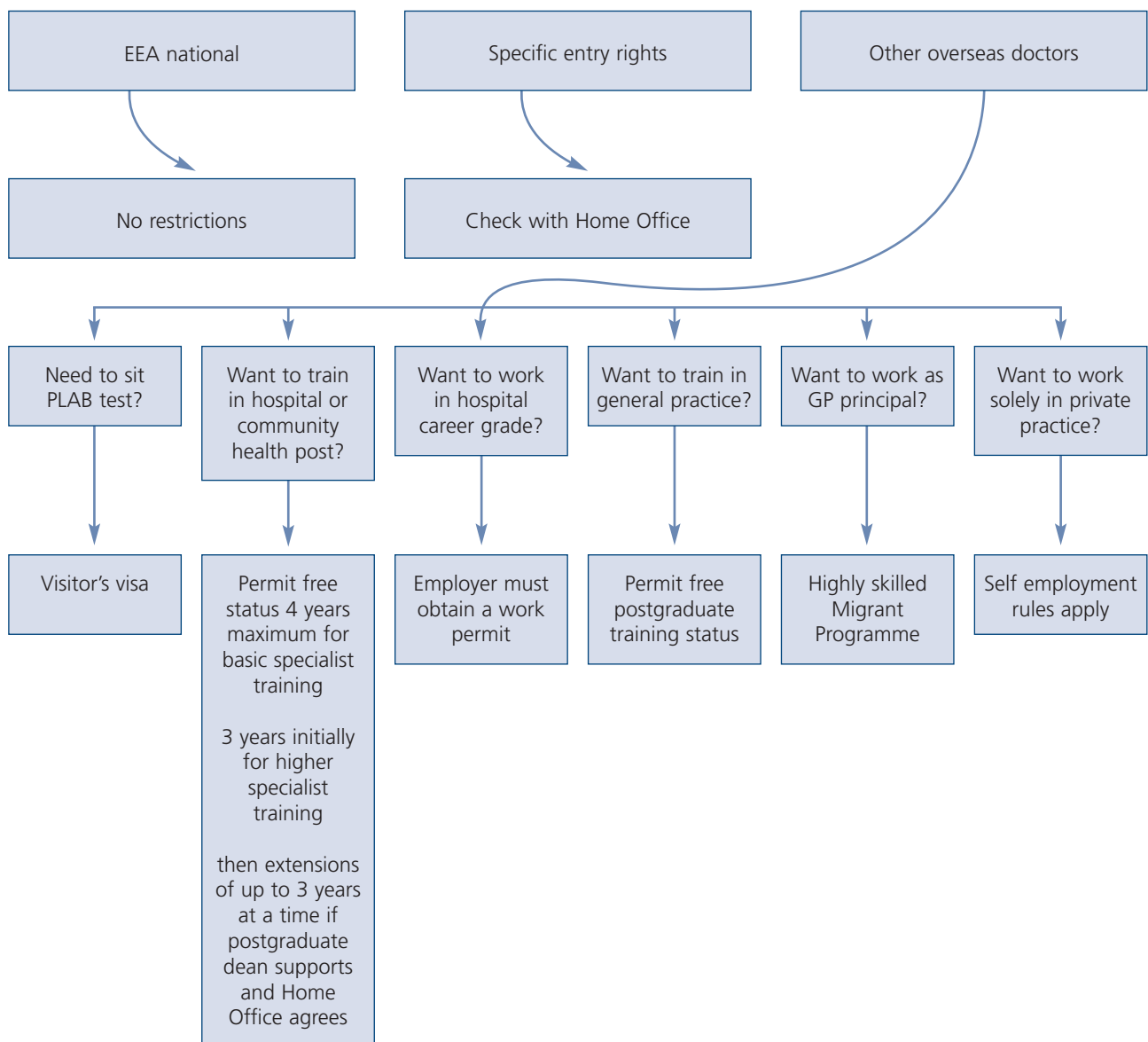
3.1.3 Non-EEA doctors

Doctors who do not have any rights to live and work in the UK must satisfy immigration requirements appropriate to their reasons for coming to the UK. Please note that the various immigration processes can take time and doctors must factor this in when they are applying for posts.

3.1.3.1 Non-EEA doctors who are graduates of UK medical schools

Overseas doctors who are graduates of UK medical schools must satisfy immigration requirements if they wish to continue training in the UK. They are allowed to complete their pre-registration year without reducing their entitlements to further training.

Figure 1 Immigration requirements for overseas doctors



3.1.3.2 Doctors taking the PLAB test

Doctors entering Britain to sit the PLAB test (see section 3.2.4.2) may do so on a visitor's visa. **This does not entitle them to work here.**

Overseas nationals (ie non-EEA) may be admitted as visitors to the UK for a period of six months to take the PLAB test, and extensions may be granted by the Home Office to resit. On passing the PLAB test, doctors may apply to the Home Office for permission to switch to permit-free postgraduate training status for the purpose of undertaking hospital-based or community health service postgraduate training or to a work permit/the Highly Skilled Migrant Programme for non-training posts.

3.1.3.3 Postgraduate doctors and trainee general practitioners

Doctors wishing to do educationally approved postgraduate training as a doctor or trainee GP in a UK hospital or community health service must have permit-free postgraduate training status, which means that they are allowed to work without a work permit. In order to qualify for this, the doctor must show that he/she has GMC registration and intends to work in a training post within the NHS. Doctors may have a maximum of four years permit free entitlement for their basic specialist training with their postgraduate dean's support. Permit free periods are granted in blocks of up to three years for higher specialist training, with the possibility of extensions in blocks of up to three years as required, so long as the postgraduate dean is supportive. Individuals applying to extend their permit-free postgraduate training status are now subject to immigration charges. At the time of writing these were £155 for postal applications and £250 for applications in person. Charges will be increased on 1 April 2005. Full details can be found on the Home Office website www.ind.homeoffice.gov.uk

3.1.3.4 Working as a staff grade, associate specialist or consultant

Doctors wishing to take up non-training (career) posts in UK hospitals will need a work permit. Employers must apply for the permit from Work Permits UK. A usual requirement is that no suitably qualified EEA national is available to do the job, although the process is simplified if the post is considered a shortage occupation. A work permit is specific to a particular post, and if a doctor moves to another job before the work permit expires, he or she will need a new permit. After four years on a work permit a doctor can apply for indefinite leave to remain (permanent residency) in the UK. Further information is available at:

www.workingintheuk.gov.uk/working_in_the_uk/en/homepage/work_permits.html

Since April 2004, the work permit application process has gained an additional stage. After the employer has successfully applied for a work permit, the doctor must submit an application for limited leave to remain. This is the permission an individual needs to stay in the UK and is granted in line with their Immigration Employment Document (IED) – in this case, a work permit. An application for this limited leave to remain costs £121 at the time of writing, and may increase on 1 April 2005. For further information about limited leave to remain applications, go to:

www.workingintheuk.gov.uk/working_in_the_uk/en/homepage/work_permits/mited_Leave_to_Remain.html?

3.1.3.5 Working as a GP principal

Doctors who have completed GP training in the UK, or overseas qualified GPs whose qualifications have been assessed by the JCPTGP and who have been granted a certificate of completion of equivalent experience are allowed to work as GP principals.

As part of the government recruitment drive, overseas doctors are able to apply for the Highly Skilled Migrant programme. The Highly Skilled Migrant programme is a points-based assessment of skills and achievements, and successful applicants are initially given 12 months permission to work in the appropriate field, without being tied to a particular employer. At the end of 12 months, the applicant can seek a further three years under the programme, and then apply for indefinite leave to remain (permanent residency). At the current time, GPs who have full registration with the GMC, and a vocational training certificate issued by the UK or another EEA member state, or a certificate of acquired rights issued by the UK or another EEA member state: or a certificate of equivalent experience issued by the JCPTGP are considered priority applications and given an additional 50 points. Full details of the programme are on the Work Permits UK website: **www.workingintheuk.gov.uk/working_in_the_uk/en/homepage/schemes_and_programmes/hsmp.html**

3.1.3.6 Working as a salaried/locum GP

Salaried and locum GP posts require work permits. Please note that, as work permits are specific to one job and one employer, every locum position will require a new permit. We have been told that most locum agencies will not accept overseas doctors subject to the immigration rules because of these difficulties.

3.1.3.7 Settled status

Overseas doctors who have lived in the UK for some time may be eligible to apply for settled status. For example, 10 years of continuous residence or four years of working on a work permit may be accepted as grounds for granting settled status. Detailed information can be obtained from the Home Office.

3.1.3.8 Obtaining immigration advice

Under the Immigration and Asylum Act 1999, all organisations and individuals giving immigration advice must be authorised by the Office of the Immigration Services Commissioner (OISC). Lists of advisers can be found on the OISC website

http://www.oisc.org.uk/adviser_finder/adviser_finder.stm.

The BMA International Department is authorised to provide basic immigration advice to BMA members in matters relating to their employment in the UK (Ref: N200100094). It is not authorised to provide advice on cases involving asylum, refusal of leave to enter or remain, deportation, illegal entry, or nationality. It is allowed to provide advice on applications for leave to enter or remain in

the UK at Level One (initial advice) of the advice activity levels drawn up by the Immigration Services Commissioner. This level includes:

- diagnosis of the member's need for specific immigration advice
- provision of one-off advice
- basic administrative support.

3.1.3.9 Refugee doctors

The BMA is one of a number of organisations which is committed to helping refugee doctors re-establish their medical careers in the UK. The refugee doctors' database is a project jointly organised by the BMA and the Refugee Council and the database is held and maintained by the BMA. The database collects details on the numbers of refugee doctors in the UK, their location and stage of their career and registration process. These data help to ensure that the right organisations are offering the right kind of help in the right areas. For more information and a copy of a *Guide for refugee doctors* please contact the BMA International Department – internationalinfo@bma.org.uk There is a section for refugee doctors on the BMA website at www.bma.org.uk/international

3.2 Registration

Before you can do any clinical work in the UK, or write prescriptions for drugs, you must be on the UK medical register. The medical register is held by the GMC, which is the regulatory and disciplinary body of the medical profession. It publishes ethical guidance (*Duties of a doctor/Good medical practice*) and investigates complaints against doctors. The GMC also keeps the UK specialist register.

Arrangements for registration are not the same for all doctors trained outside the UK; they are relatively simple for doctors from the EEA, and much more complex for doctors from some other countries overseas. If you want to work in the UK, contact the GMC well in advance to find out what you need to do. Allow plenty of time to complete all the formalities. **Do not expect to go to the GMC and register on the spot or in a few days just before you start work.**

There are four different types of registration with the GMC: provisional, limited, full and specialist. The GMC is currently undertaking a comprehensive registration review. The draft new rules and regulations are due to be published in the latter part of 2004. You should check the GMC website for the latest information www.gmc-uk.org

Provisional registration allows doctors who have qualified in the UK or EEA (who are also EEA nationals) to work in PRHO posts.

Limited registration allows overseas doctors who hold an acceptable qualification to practise in supervised NHS training posts (PRHO, SHO, GP registrar (England only), specialist registrar) which are educationally approved. It is also granted for locum posts at these grades.

Note: As part of its registration review the GMC has announced that limited registration will be abolished. The new registration arrangements require an amendment to *The Medical Act 1983* which should happen in summer 2005 and the new provisions will be in place shortly after that. Overseas doctors will then be granted either full or provisional registration straight away.

Full registration allows doctors to practise in unsupervised medical practice in any post in the NHS and private practice. You must have full registration to practise as a GP.

Specialist registration allows doctors to take up a substantive or honorary consultant post in the NHS. You must also be on the specialist register to take up these posts.

3.2.1 GMC licence to practise

The GMC is changing the registration system for doctors. At present, any doctor eligible to practise medicine in the UK is included in the medical register. This system is being enhanced, and by the end of 2004 every doctor who is on the medical register will be granted a licence to practise. Any doctor joining the medical register after this date will automatically receive a licence to practise when they are granted registration. As of 1 January 2005, it will be a legal requirement that any doctor wishing to practise medicine in the UK must hold a licence to practise. As yet, the GMC has not confirmed the form that this licence will take, however, it anticipates that it will be held with a doctor's registration information on the internet. The licence will be of a general nature only and not related to a doctor's speciality. In addition, there will be no conditions or restrictions added to it. Any such conditions or restrictions will be entered in the medical register as with current practice.

3.2.2 Revalidation

In order to maintain their licence to practise, doctors will be subjected to revalidation at regular intervals, normally every five years. The revalidation process will begin in spring 2005 and the GMC will be selecting doctors on a random basis. Doctors will be required to demonstrate that they have been practising medicine in line with the standards contained within *Good medical practice* which are relevant to the doctors' speciality and practice. *Good medical practice* is published by the GMC and lists the duties and responsibilities of doctors who are registered in the UK. Legally, the GMC is unable to state what information you should collect, although it should include evidence relating to the following seven areas listed in *Good medical practice*: good clinical care, maintaining good medical practice, teaching and training, relationships with patients, working with colleagues, probity (integrity) and your health. The latest information about the evidence required for validation can be viewed at: www.gmc-uk.org/revalidation/

There are two ways in which a doctor can choose to demonstrate compliance with these standards – the appraisal route or the independent route.

Appraisal route

Doctors choosing this route must demonstrate that they have worked in a managed environment, participated in an annual appraisal mechanism and have documentation to support this process. Many doctors already work within managed systems that have appraisals. For those that do not, appraisal is expected to be implemented within the NHS throughout the UK before revalidation starts.

Independent route

Doctors following this route must show they have adopted the principles of Good medical practice and that they have undertaken appropriate continuing medical education or professional development. If you follow this route you should start collecting information as soon as possible.

The first revalidation will cover the period from April 2003 (or whenever you started practising medicine in the UK if it is after this date) and the date that you are invited by the GMC to take part in the process. Doctors will be given a 'reasonable' period of notice from the GMC of what information is required and how and when it should be submitted.

For the most up to date information about revalidation see the joint GMC and Department of Health website – www.revalidationuk.info

3.2.3 Registration for doctors from the EEA and Switzerland

The EEA is made up of the 25 countries of the European Union (EU) – Austria, Belgium, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and the United Kingdom – plus Norway, Iceland and Liechtenstein.

European law means that the registration process for doctors from the EEA and Switzerland (since 1 June 2002) is quite straightforward. You should be entitled to full registration if you meet both of the following criteria:

- you are a citizen of an EEA member state or Switzerland;
- and**
- you have completed your basic medical training in an EEA member state or Switzerland and hold a recognised qualification. Completing your training means that you have finished any periods of pre-registration experience and are entitled to full registration in the country where you trained.

If you are an EEA citizen with a third country qualification, and you have been registered and worked as a doctor in another EEA country, the GMC should take this into account, but there is no guarantee that you will be given full registration. Draft legislation currently before the European Parliament proposes that doctors who fulfil certain criteria should be entitled to have their basic primary medical qualification treated as equal to an EEA qualification. The criteria are that:

- the primary medical qualification is recognised by the competent authorities in an EEA member state
- the doctor has practised for three years in that member state and that period is documented by the competent authorities
- the doctor is a citizen of an EU/EEA member state.

The GMC will tell you exactly which documents you need to produce for registration. Country specific information can be viewed at www.gmc-uk.org/register/EEA/EEA_factsheet.htm There are some variations, depending on which country you come from. You will certainly need the following, however:

- a completed application form, which you must obtain from the GMC
- a valid passport or identity card, as evidence of your nationality
- the original of your medical diploma, with the stamp or insignia of the university or other body which issued it
- an original certificate issued by the medical authorities of the country in which you are currently working, or last worked, stating that you are legally entitled to practise and have not been suspended or disqualified or forbidden to practise as a doctor. This certificate must have been issued within three months of the date on which you present it to the **GMC**.

If your documents are not in English, you will have to provide translations which are certified as correct by a government authority or official translator. You will have to pay a fee for registration and an annual fee for staying on the register. You can look on the **GMC's** website at: www.gmc-uk.org/register/default.htm for information on fees.

You will not have to take any examination or language test before being registered.

3.2.3.1 Registration for doctors from the newly acceded European member states

Doctors from the 10 new European Union member states will only be able to use mutual recognition legislation to get automatic registration in the UK if their country's training regimes satisfy the requirements within Directive 93/16/EC. The European Commission had originally decided that only doctors who had begun their training on or after 1 May 2004 would be covered by Directive 93/16. Some countries have now managed to negotiate a re-assessment that means training begun on an earlier date will now meet the requirements of Directive 93/16/EC. See the GMC website for more detailed information.

Doctors who are not able to use mutual recognition legislation will have to use acquired rights or treaty rights on a case by case basis.

Acquired rights are negotiated separately in each country. They would mean that doctors coming from the new member states have to have been registered and practising in their home countries for three consecutive years out of the last five.

Treaty rights are more general. They would include rights to freedom of movement, freedom of establishment and the freedom to provide services accorded to all European Union citizens by the Treaty of Amsterdam. These would enable doctors who are not covered by either Directive 93/16/EC or who do not have acquired rights to make the case for their qualifications to be recognised through the general system of recognition. Contact the GMC for further details.

Where doctors' qualifications are from third countries – for example in the case of doctors from the Baltic states with qualifications issued in the former Soviet Union – accession states have been asked to make declarations about the equivalence of such qualifications. They will have to attest that these doctors have been recently engaged in practising medicine.

This information was correct at the time of writing, but due to the fluid nature of this we strongly advise individual doctors check their position with the GMC. Information can be found on the GMC website at: www.gmc-uk.org/register/eu_accession_member_states.htm

3.2.3.2 Registration of general practice qualifications

If you meet the two criteria set out at the beginning of section 3.2.1, and have also completed a recognised programme of specific training for general practice in an EEA country, you should be able to have this recognised in the medical register (by the initials TGP). The GMC will check your general practice qualification with the **JCPTGP**, (see section 2.2.3.2).

You cannot work as a GP in the UK (except as a trainee) unless you have completed specific training or have a certificate to prove that you have acquired rights – ie that you were already entitled to work as a GP in another EEA country on 31 December 1994.

The GMC has not yet published information for individuals who hold general practice qualifications from the newly acceded states. Until it does, GPs from the new member states will be treated as non-EEA doctors by the JCPTGP.

3.2.3.3 Registration of specialist qualifications

If you hold a specialist qualification from another EEA country, you may wish to be included in the specialist register. The GMC cannot include you in the specialist register until you have been accepted onto the main medical register, but you can apply for both at the same time. You must be on the specialist register if you wish to work as an NHS consultant.

If you hold a recognised qualification in a specialty which is listed in the relevant European legislation (directive 93/16/EC), the process should be quite straightforward. If your qualification is in a specialty which is not included in the legislation, the GMC may ask you to contact the **STA**, which will assess your qualification on an individual basis. The GMC should be able to tell you which category you fall into when you first contact its staff about registration.

The GMC has published a fact sheet for doctors from the newly acceded EU member states who wish to obtain specialist registration. This can be viewed at http://www.gmc-uk.org/register/accession_specialist.htm

3.2.3.4 Special arrangements for PRHO Posts

Not all EEA countries have the equivalent of the PRHO year, and it is not covered by mutual recognition legislation because it precedes full registration. There is, however, a 1975 European Community recommendation which encourages countries which have this arrangement to allow each other's graduates to train in their countries. The **GMC** will give doctors from certain countries a special form of registration – called pre-registration limited registration – which allows them to work in PRHO posts. Be warned that this form of registration is more expensive than full registration as an EEA doctor.

Doctors from the newly acceded states are able to carry out their internship year in the UK if they have been awarded a medical degree which complies with directive 93/16/EEC. You should verify with the GMC whether or not your degree is compliant.

You should also make sure before you come to the UK that the posts you hold here will be approved by your own medical school or training authority. You must complete your training on the terms of the country which will give you your final diploma. This means that you will need to hold house officer posts for 18 months if you come from a country with an 18-month requirement, even though the UK requirement is only for 12 months.

There are a few countries – France and Austria, for example – where doctors are not given full registration until they have completed their postgraduate training. They are classified as interns (or similar) for several years. This can pose problems if they want to work in the UK, as they are not legally entitled to full registration – which they will need to hold SHO posts upwards – but may be too experienced for PRHO posts. In practice, opportunities may be very limited. If you think that you will be in this position, make sure that you contact the GMC before you make any firm plans.

3.2.4 Registration for doctors from non-EEA countries

Doctors whose qualifications are on a list of recognised medical schools published by the **World Health Organisation (WHO)**, which can be found at www.who.int are eligible to apply for registration with the GMC. Doctors from overseas may qualify for full registration with the GMC, or be eligible for limited registration. These doctors will need to show the GMC objective evidence that they have the knowledge and skills needed for working as doctors in the UK.

Conditions that allow the GMC to grant limited registration to overseas doctors are governed by law – *The Medical Act 1983*. Doctors must have an acceptable primary medical qualification, and will normally be expected to have completed (overseas) appropriate experience or internship of not less than 12 months. In addition they normally have to pass two examinations: the International English Language Testing System (IELTS) and the Professional and Linguistic Assessment Board (PLAB).

Doctors are usually granted limited registration for 12–18 months in the first instance, after which they can apply for renewal. The cumulative maximum duration of limited registration is five years, but doctors can apply during that time for transfer from limited to full registration. The **GMC** provides guidance on acceptable experience and qualifications for transferring. To progress to full registration you normally need at least 12 months experience at SHO or specialist registrar level with limited registration. The GMC website has a fact sheet detailing all the criteria for full registration at www.gmc-uk.org/register//fr.htm

There is an initial fee for registration and an annual fee for staying on the register. You will need to contact the **GMC** to find out which category of registration you can apply for and how much it will cost.

3.2.4.1 International English Language Testing System (IELTS)

All doctors who qualified outside the EEA, and who are not citizens of an EEA member state, are required to demonstrate an adequate standard of English, regardless of the type of registration they are applying for and the language of instruction for their medical qualification. This minimum standard is shown by obtaining a satisfactory score in the **IELTS** test. The IELTS test is administered by the British Council and can be taken in many countries. The IELTS test consists of four sections (speaking, listening, writing and reading) and is scored on a nine band scale with one being the lowest (non-user of English) and nine the highest (expert user).

Candidates for the **PLAB** test must obtain an overall score of 7.0 with minimum scores of 7.0 in speaking and 6.0 in listening, writing and reading. Doctors must achieve the required IELTS score before they can sit the PLAB tests. Doctors who are exempt from taking the PLAB test must achieve a minimum score of 7.0 in each section of the IELTS test. IELTS test scores remain valid for two years. However, the GMC has decided that if doctors can prove that they have actively maintained or tried to improve their language skills since passing IELTS, they will not have to resit the exam. This list is not exhaustive and the GMC will consider each request on a case by case basis. Further information is available at www.gmc-uk.org There is no limit to the number of times candidates can sit the IELTS exam, but they are not allowed to resit the IELTS within three months of any previous attempt.

The IELTS test can be taken in many countries and you can obtain further information and the location of your nearest test centre from **British Council** offices overseas or in the UK or from the IELTS website www.ielts.org

3.2.4.2 Professional and Linguistic Assessment Board (PLAB)

Please note that passing the PLAB test does not guarantee that you will find a job in the UK.

Doctors holding a qualification from outside the EEA must first pass, or be exempt from, the GMC's PLAB test. This tests their basic medical competence and their ability to communicate in English for suitability to work at SHO level, although doctors at PRHO level can take it. Part 1 of the PLAB test consists of a three hour extended matching question examination. The emphasis of the examination is on clinical management and includes science as applied to clinical problems. Part 2 is the Objective Structured Clinical Examination (OSCE), which tests the candidate's clinical and communication skills in a number of controlled situations.

Part 1 of the PLAB test can be taken in the UK or at selected centres in Australia, Bulgaria, Dubai, Egypt, India, New Zealand, Nigeria, Pakistan, Russia, South Africa, Sri Lanka, the United Arab Emirates and the West Indies. Part 2 can only be taken in the UK. You should contact the GMC for more information about the PLAB test and to find out whether or not you can be exempted from it. The GMC website, www.gmc-uk.org/register/plab.htm includes details of PLAB test dates and example questions.

3.2.4.3 Alternative routes to registration

Doctors may gain GMC registration without taking the PLAB test through one of the four circumstances listed below. The BMA cannot influence this process, nor can it provide any further guidance on individual eligibility under any of these criteria. The decisions of GMC committees regarding PLAB-exemption are not open to appeal through the BMA. Please contact the GMC for further advice on any of these routes to registration or see www.gmc-uk.org/register/employers.htm

(i) sponsorship under quality assured arrangements previously agreed by the GMC

This applies to doctors who have been selected for postgraduate training by a UK medical royal college/faculty or by a small number of postgraduate institutions, or by the head of a university department whom the GMC has approved for this purpose. Doctors who have failed the PLAB test are not usually considered suitable candidates for sponsorship. Doctors applying through this route are restricted to supervised employment in a particular specialty, location and grade of post. Their period of registration is generally restricted to their period of employment. The Overseas Doctors Training Scheme (ODTS) organiser or head of department concerned will know if their arrangements have been approved by the GMC. The British Council also sponsors some overseas doctors for PLAB exemption.

(ii) Completion of basic specialist training

Doctors can be exempted from the PLAB test if they can show that they have completed basic specialist training to the satisfaction of the appropriate UK postgraduate training body, eg passed parts I and II of the MRCP examinations. In these circumstances, the GMC will only grant limited registration to cover supervised appointments in the specialty or group of specialties in which basic training has been completed. Doctors will also have to provide evidence of their primary overseas medical qualification and twelve months' postgraduate internship.

(iii) Appointment to a Type I specialist registrar post

The GMC will grant limited registration to cover employment in a type I specialist registrar post on receipt of evidence of appointment. Registration will be restricted to the specialty concerned. Type I posts are educationally-approved posts which lead to the award of a CCST and entry to the specialist register held by the GMC. Doctors will need to give the GMC a letter from the employing hospital confirming their appointment.

(iv) Doctors eligible for specialist registration

Doctors who have been recommended by the STA for entry to the specialist register on the basis of overseas training or have been awarded a certificate of equivalent experience by the JCPTGP are eligible to apply for full registration.

Figure 2 Registration arrangements – EEA nationals

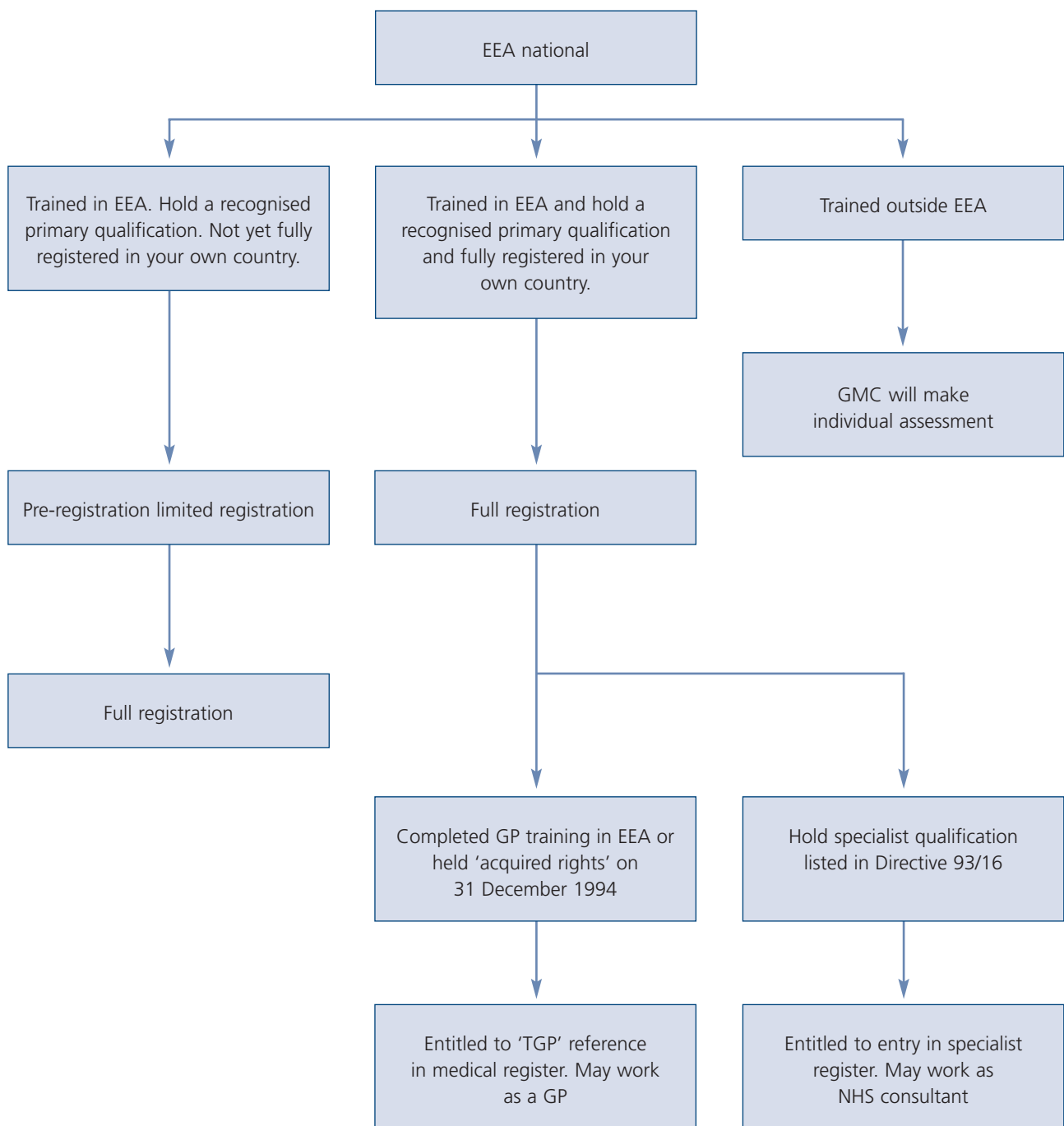
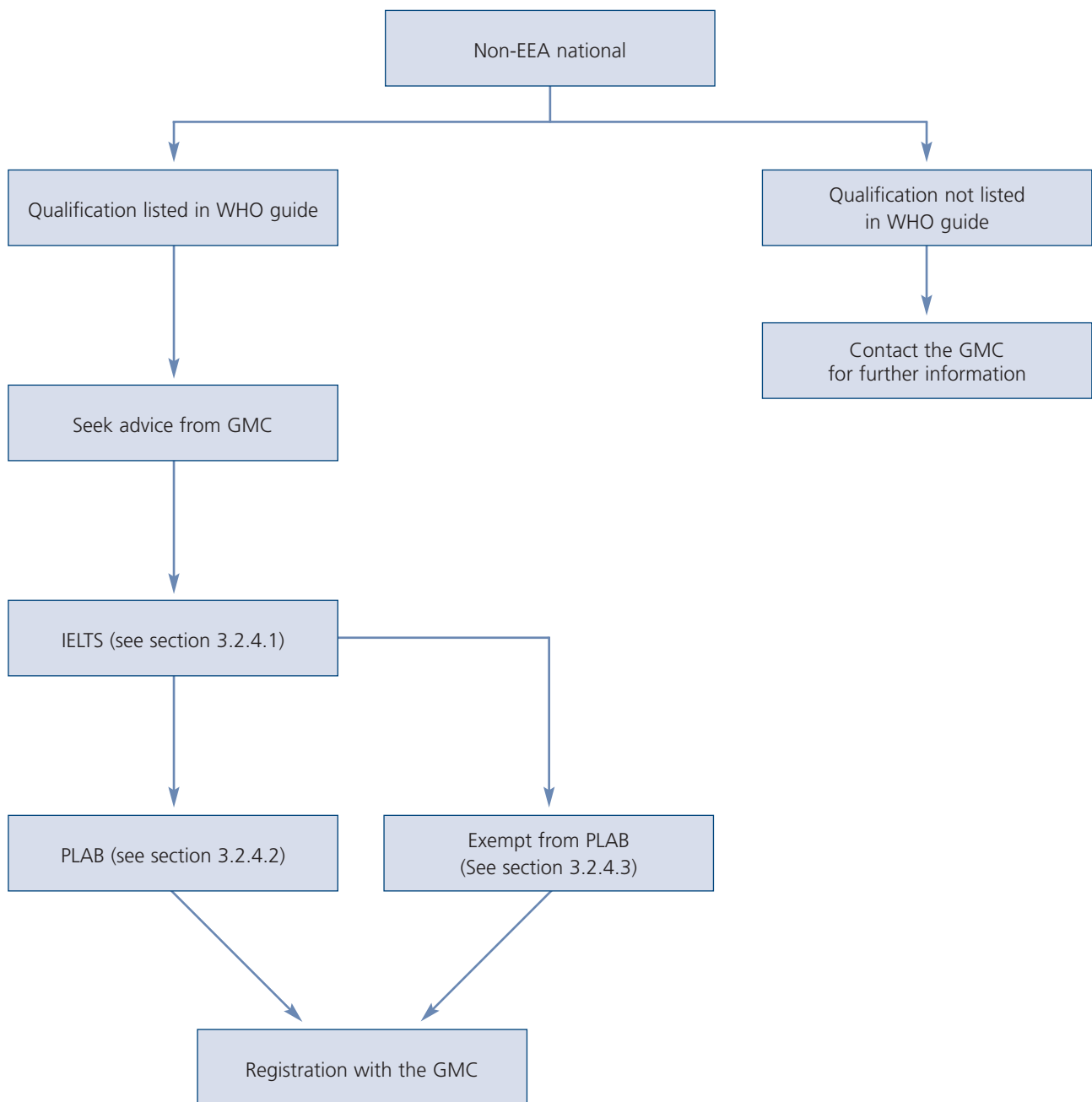


Figure 3 Registration arrangements – Non-EEA nationals



3.3 Access to postgraduate training for non-UK doctors

Please also refer to section two of *How things work in the UK: career structure and training*.

3.3.1 EEA doctors

Doctors from the EEA may enter specialist training programmes in the UK on the same basis as UK doctors. EEA doctors who want to enter the specialist registrar grade must satisfy the entry requirements, and it is important to check with the appropriate royal college whether any recognition can be given for training already undertaken abroad. On completion of specialist training in the UK, EEA doctors are granted a CCST and are eligible for entry to the UK specialist register. The CCST will also entitle them to recognition as specialists in all other member states of the EEA. Under *Modernising Medical Careers* the CCST will become the CCT, (see section 2.2.3.2).

EEA doctors are free to train as GPs on the same basis as UK doctors, and their qualifications will be recognised in other EEA countries. There are, however, a few countries which have a two-tier system of general practice – a basic tier, the training for which meets the minimum requirements set out in European legislation, and a specialist tier, the training for which lasts longer. Although UK training lasts for the three year minimum set out in legislation, it may only be recognised for the basic tier in some other countries, and if you move elsewhere you may need to be assessed on an individual basis for admission to the specialist tier. This has been a problem for a few doctors returning to Germany, for example. If you think that it may apply to you, please check with the authorities in your own country before beginning your training in the UK.

3.3.2 Doctors from non-EEA countries

Doctors from outside the EEA should check very carefully with their regional postgraduate deans about their eligibility for specialist training. Not all of the programmes available to such doctors lead to the award of a CCST.

3.3.2.1 The overseas doctors training scheme (ODTS)

The ODTS is a double-sponsorship scheme administered by the medical royal colleges in the UK. It was launched to provide highly-skilled overseas-qualified doctors with structured and supervised specialist training in postgraduate training posts in the UK. Doctors who qualified in, or are resident in, the EEA are not eligible. ODTS graduates are expected to return to their own country on completion of the agreed period of training.

To be considered for one of the royal colleges ODTS schemes, you will need to have been recommended to the relevant royal college in the UK by a sponsoring organisation in your own country. With the exception of the royal college of Obstetricians and Gynaecologists' Overseas Training Fellowship Scheme, the royal colleges will not accept applications directly from ODTS candidates if they are not supported by a local sponsor. The sponsors overseas must satisfy the royal college that they can personally vouch for you with regard to your professional expertise and competence in English. In addition, the sponsor must satisfy the royal college that suitable employment will be arranged for you on your return.

Each college has its own criteria for selection of candidates for sponsorship under the ODTS, but some general rules apply. You must possess a qualification which is acceptable for limited registration in the UK. If accepted on an ODTS scheme, you will not be required to sit the PLAB test in order to gain limited registration, but proof of a high standard in English is a prerequisite, ie a score of at least seven in each component of the IELTS exam. In addition, you will normally be required to have obtained a postgraduate medical qualification in the specialty in which you wish to train in Britain and have at least two years' clinical experience in medicine or surgery gained at postgraduate level. However, for details of requirements specific to your specialty you should contact the relevant royal college.

Please note that competition for places on the ODTS is very high and some colleges are moving away from these schemes. You will need to check the current situation with the individual royal college.

3.4 How to get started: Finding a post/establishing a practice

There is no national organisation to help doctors find posts in the UK, although there are commercial agencies which place doctors as locums – covering doctors who are absent from work on a temporary basis. You will need to find a post yourself and apply for it directly, but if you are looking for a training post, make sure that you have taken advice from the relevant training body and have a clear idea of your plans before you apply.

3.4.1 Where posts are advertised

Most jobs are advertised in the careers section of the *BMJ* or in the *Lancet*. It is also worth looking in specialist journals, depending on where your interests lie, and in national broadsheet newspapers, where research and academic posts may be advertised, as well as posts outside medicine for which a medical background might be useful. All members of the BMA receive the *BMJ* as a benefit of membership. If you join while you are living abroad, however, *BMJ Careers* will not be sent to you, but you can arrange with the *BMJ* staff to have details of certain posts sent to you. If you have access to the internet, you can access *BMJ Careers* at www.bmjcareers.com The BMA Library has produced a fact sheet containing information about careers and job vacancies. It can be viewed at www.bma.org.uk/ap.nsf/Content/LIBJobVacancies

3.4.2 How to apply

Employers will ask for a curriculum vitae (CV), and some will also have their own application forms. There are no firm rules about how to set out a CV, but it should be well-presented, starting with basic information about yourself and including full details of your education and academic qualifications, previous employment, publications and references. A well-written covering letter will help to make a good impression. If English is not your first language, it is probably worth asking a native speaker to check whatever you are submitting. There are also commercial companies which will help you to draw up a CV. Employers will then form a shortlist and invite a small number of applicants for interview.

3.4.3 Competition for posts

Although there is a well-publicised overall shortage of doctors in the UK, competition for posts varies from specialty to specialty and from grade to grade. Generally speaking, there are more opportunities for fully trained specialists and for GPs, and for jobs in non-training grades. When applying for posts in open competition you will be assessed on merit. If you believe that you have been discriminated against unfairly for any reason (for example, on the grounds of your ethnic origin, gender or sexual orientation) you can contact *askBMA* for advice if you are a member. If you have not joined the BMA, you will need to seek your own legal advice.

3.4.4 Which comes first, GMC registration or a job?

To get limited registration with the GMC a doctor is required to have secured a job already. Some doctors experience problems securing their first post because they do not have registration. A pass in the PLAB test should be sufficient evidence to satisfy a prospective employer that you are entitled to registration when you have received a job offer.

3.4.5 Clinical (observer) attachments

A lot of overseas doctors choose to undertake a clinical (observer) attachment to gain familiarity with the NHS. Clinical attachments are work placements carried out in a hospital or general practice surgery, where a doctor shadows another doctor to find out about the work that they do and how the NHS works. They might also help you overcome cultural differences that you may face in the UK and will familiarise you with local accents. You may also encounter medical conditions that are common in the UK and with which you may not be familiar.

They are not paid placements, and indeed some hospitals require payment for individuals to undertake clinical attachments. Normally, you will be allocated a named supervisor who is responsible for you. Attachments usually last between two and four months. It is advisable to do a clinical attachment shortly before taking part 2 of the PLAB test (see section 3.2.4.2) or after you have successfully passed it. This ensures that you will get the most out of it, including a good reference if it all goes well.

As doctors on clinical attachments are only observing, and not engaging in clinical practice, they do not need GMC registration. There is no central body that arranges clinical attachments so doctors must arrange their own by contacting hospital medical staffing departments directly, enclosing a copy of their curriculum vitae. Contact details for hospitals can be found on the NHS website at www.nhs.uk and some postgraduate deaneries may also be able to assist.

The BMA has produced a booklet entitled *Guidelines for clinical attachments for overseas qualified doctors* which is available from the International Department and on the BMA website:

<http://www.bma.org.uk/ap.nsf/Content/ClinicalAttachmentGuidelinesIntro>

Please be aware that demand for clinical attachments is very high and it can take time before you secure one.

3.4.6 PRHO posts

PRHO posts are advertised in the national medical journals, but overseas doctors are strongly advised to complete their pre-registration year in their own country. This is because posts are designed to complement UK undergraduate medical training and the number of posts is linked to the number of UK graduates, which means that opportunities are limited. In addition, most overseas doctors will need to complete the IELTS and PLAB tests successfully before being granted limited registration by the GMC. Please note that the PLAB test assesses basic medical competence and an ability to communicate in English for suitability to work at SHO level.

The PRHO posts are being reformed under *Modernising Medical Careers*, and will cease to exist after August 2005. See Section 2.2.2 for more information.

3.4.7 Induction courses

Regional postgraduate deaneries run induction courses for overseas and EEA doctors who are looking for, or are about to start, their first job in the NHS. Induction courses are free and held regularly throughout the UK, lasting from two to five days. For further information doctors should contact NHS Professionals. Contact details are found at the end of this guide.

3.4.8 General practice

If you wish to work in an existing practice, vacancies are advertised in the same way as other posts. However, if you wish to set up your own practice as a GP principal, you should contact your local primary care trust for further information.

3.4.9 Department of Health – England recruitment campaign

The Department of Health is actively recruiting fully trained GPs and consultants from some other countries. Further information is available at:

<http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/MoreStaff/InternationalRecruitmentForeignProfessionals/fs/en>

In 2001 the Department of Health published a code of practice for NHS employers who were involved in the international recruitment of healthcare professionals. The aim of the document was to protect developing countries who are experiencing healthcare staff shortages from being

targeted and thus exacerbating their problems. While the code of practice is not binding, employers are encouraged to follow it. A second edition of the code is currently being drafted. Further information is available at: <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/MoreStaff/InternationalRecruitmentNHSEmployers/fs/en>

3.4.10 Private practice

Any doctor fully registered with the GMC and, if necessary, with self-employment status under the immigration rules is entitled to set up in private practice. Although you do not need to inform the GMC, or seek its permission to work in private practice, you are required to follow the guidance set out in its booklet *Good medical practice* (www.gmc-uk.org/standards) This booklet sets out clearly the responsibilities of doctors and constraints on them, particularly with regard to the 'advertising' of their services. It is necessary for certain doctors engaged in private practice to register with the Healthcare Commission. In order to ascertain whether or not you will be required to register, please contact the Healthcare Commission, details at the back of the booklet.

It is essential that all private practitioners have an adequate level of indemnity cover from one of the medical defence bodies and you should therefore make arrangements with, for example, the Medical Defence Union, Medical Protection Society or Medical and Dental Defence Union of Scotland to ensure that you have appropriate cover.

One of the major issues you need to think about when creating a new practice is the location. Many private practitioners are based in the London area, particularly in the area around Harley Street. Practitioners generally rent consulting rooms in these areas on a fixed term basis. You may be able to identify suitable premises through either the *BMJ* or other journals. If you intend to employ staff, you will have a responsibility to ensure that you comply with standards of health and safety. In addition, by inviting patients or visitors on to the premises for consultations you could be held liable for any injury sustained as a result of inadequate premises or equipment. With regard to practice premises, local authorities will be able to advise you on any planning restrictions or Health and Safety regulations.

Many patients who are treated privately within the UK do so as a result of private health insurance schemes. Organisations such as BUPA, PPP and Norwich Union will generally only reimburse a specialist's fees if she or he has been accepted as a specialist by the health insurance organisation concerned. Most insurers generally accept specialists who have held a substantive senior hospital position for a certain time. You will need to contact provident associations and health insurers to ensure that your qualifications and experience are acceptable to them, otherwise you may be prohibited from treating their subscribers.

There are many administrative, financial and legal issues that you will need to consider before setting up a private practice. You should therefore take appropriate advice from both solicitors and accountants before you begin. We also recommend that you speak to colleagues who have had

experience in these fields. You may find it helpful to approach the Independent Doctors' Forum for advice and assistance.

Unfortunately, the BMA has been prevented by the Department of Trade and Industry from providing advice to doctors on suggested fees for private surgical procedures. You will therefore be responsible for deciding your own charges. Once again, you may find it helpful to talk to colleagues about this issue.

Information is available at: http://www.bma.org.uk/ap.nsf/Content/___Hub+independent+practice
BMA members may seek further advice from askBMA or from the private practice department at BMA head office.

If you are not an EEA citizen and you plan to be self-employed in private practice you will need to fulfil the requirements of the immigration rules for self-employed people. Full details can be found on the Home Office website at www.ind.homeoffice.gov.uk/

3.5 Contracts and working conditions

We cannot go into detail here about contractual arrangements in all the different sections of the medical profession in the UK, but the BMA produces handbooks and guidance notes and will give advice on any individual queries and help with any problems. We can only provide these services for our members, so it is a good idea to join as soon as possible – especially if you are unfamiliar with the system here.

To give a brief summary, junior doctors, consultants and other career grade doctors in hospitals and in public health and community settings are usually salaried employees. Working conditions will vary according to the post, but junior doctors in the UK have tended to work for long hours and carry a lot of responsibility at certain times. However, since the European Working Time Directive came into effect for junior doctors on 1 August 2004, they should be working no more than an average of 58 hours per week. It also defines rest requirements for junior doctors. Junior doctors' terms and conditions of service are agreed at national level, but there is some scope for flexibility locally.

There are national agreements on terms and conditions of service for consultants, but NHS trusts are free to determine their own contracts and conditions, so there may be variations. Many consultants have contracts which allow them to spend a certain percentage of their time on private work. It is unusual to be in exclusive private practice.

Doctors who work in academic posts have parity with NHS hospital doctors, ie they are supposed to be paid comparable salaries. Terms and conditions of service may vary from one university to another. Up to date salary scales are published in BMJ careers www.bmjcareers.com

Most NHS GPs are independent contractors, which means that they are self-employed but have a contract to provide certain services on certain terms. They have lists of patients and receive fixed capitation and service payments, although the income of individual practices will vary. Some GPs work alone, but very many now practise in partnerships, sometimes with several other doctors. They usually employ several members of staff and need to be aware of their responsibilities as employers. A new contract for GPs has recently been negotiated. Further information is available from the BMA website at: http://www.bma.org.uk/ap.nsf/Content/_Hub+GPC+contract

GP principals sometimes employ other GPs to work as assistants or associates; their pay and conditions are a matter for negotiation between the individuals concerned. An increasing number of GPs are working under Personal Medical Services (PMS) contracts, working as salaried GPs and employed by the primary care trust.

Once you have joined the BMA, contact askBMA for information about the pay and terms and conditions of service for the area of medicine in which you plan to work. Employment advisers and industrial relations officers will be able to give advice about your contract and you should contact them if you are having problems at work.

3.6 Medical defence (indemnity insurance)

Since 1990, the NHS has assumed financial responsibility for negligence attributable to medical and dental staff employed in NHS hospitals and community health services. Most doctors employed by NHS trusts are **covered for the duties listed in their contract** by the Hospital and Community Health Services indemnity scheme (often called NHS or Crown Indemnity), and are not obliged by law to take out additional medical defence cover.

However, the BMA strongly recommends that you take out supplementary insurance with one of the medical defence bodies. The Department of Health and the GMC endorse this view. This is because the **NHS indemnity scheme covers ONLY medical negligence claims which arise from contracted NHS duties**. The following are examples of eventualities and activities which are not covered:

- defence at GMC disciplinary proceedings or inquiries into professional competence
- stopping at a roadside accident, and other good Samaritan acts not listed in your contract
- private practice
- work off the premises (ie outside the place of work named in your contract)
- work for any outside agency (eg the Prison Service)
- clinical trials not provided for in your contract
- general practice (including locums)

- work for voluntary or charitable bodies
- work overseas.

It is essential that you understand exactly what your NHS contracted duties are (if necessary, ask your employer for clarification). Then you should decide what separate indemnity cover you need for any work you may do that is not covered by the NHS scheme, and seek advice from one of the medical defence societies with regard to the type of liability insurance you will require.

GPs and GP locums are not covered by the NHS scheme, except for work that falls strictly within a contract with a primary care trust or acute trust, and should seek advice from the medical defence societies.

Similarly, doctors undertaking private work (**independent practice**) are responsible for arranging their own liability insurance with a medical defence body of their choice.

3.7 Personal health

NHS employers should protect the health of their staff from hazards arising from their work.

Occupational health services have mainly a preventive, rather than a curative, function. As a doctor you also have an obligation to protect your patients from any dangers that might arise from your own ill health.

Hepatitis B and C

All doctors carrying out exposure prone procedures must be immune to hepatitis B. (Exposure prone procedures are those in which there is a risk that injury to the doctor might lead to exposure of a patient's open tissues to the doctor's blood.) If doctors do not have natural immunity they will be offered vaccination with appropriate follow up to ensure that they become immune. Doctors who are infected with hepatitis B or C must seek advice about appropriate changes to their working practice. The BMA's Science and Education department has issued some frequently asked questions on hepatitis B available at www.bma.org.uk/ap.nsf/Content/hepB or by emailing science-&-education@bma.org.uk Your occupational health department will also be able to advise you.

HIV

Doctors in Britain are not routinely screened for HIV infection. All doctors who think that they may be at risk of HIV infection, through their professional or personal activities, must seek advice and testing. Doctors who are HIV positive must not carry out exposure prone procedures. Doctors who do not follow this guidance face disciplinary action by the GMC and their employers. NHS employers should make every effort to arrange suitable retraining and alternative work for infected doctors. The Medical Foundation for AIDS and Sexual Health (MedFASH) can provide detailed advice on all aspects of HIV and AIDS, and you do not have to reveal your name to the staff there if you do not wish to do so. Contact details are available at the back of the booklet.

Other illness

Doctors may risk harming their patients if they are ill for other reasons. Alcohol and drug abuse and some psychiatric illnesses are obvious examples of problems that could put patients at risk. If you have such problems you should seek professional help quickly to restore your own health and protect your patients. You can seek independent, confidential advice from the National Counselling Service for Sick Doctors (0870 241 0535). The service will also advise you if you feel that a colleague's ill health is endangering patients.

Doctors for Doctors (available to BMA members only)

The Doctors for Doctors unit aims to work with the individual doctor to gain insight into their problem, supporting them and helping them to move on in areas such as conflict resolution, anger management and other interpersonal skills. The unit also signposts them to appropriate help and maintains contact with the doctor as necessary. Many doctors feel more comfortable talking to another doctor in a 'neutral role': the doctor may feel they have shared experiences and there may also be medical issues to discuss. BMA members can access the Doctors for Doctors resource pack at www.bma.org.uk/doctorsfordoctors

BMA Counselling (available to BMA members only)

Doctors, their family members and medical students have access to a confidential counselling service for discussing personal, emotional and work-related problems. The service is available 24 hours a day, every day.

4. Useful addresses

British Medical Association

BMA House, Tavistock Square, London, WC1H 9JP.

Tel: 020 7387 4499 Fax: 020 7383 6644

Email: internationalinfo@bma.org.uk

www.bma.org.uk/international

British Council Headquarters

10 Spring Gardens, London, SW1A 2BN.

Tel: 020 7930 8466 Fax: 020 7839 6347

Email: general.enquiries@britishcouncil.org.uk

For general enquiries telephone 0161 957 7755

www.britishcouncil.org

British Medical Journal

BMJ Publishing Group, BMA House, Tavistock Square, London, WC1H 9JR.

Tel: 020 7387 4499 Fax: 020 7383 6418

Email: subscriptions@BMJgroup.com

www.bmj.com www.bmjcareers.com

Department of Health

Richmond House, 79 Whitehall, London, SW1A 2NS.

Tel: 020 7210 4850

Email: dhmail@doh.gsi.gov.uk

www.dh.gov.uk

Department of Health, Social Services and Public Safety

Castle Buildings, Stormont, Belfast, BT4 3SJ.

Tel: 028 90 520500 Fax: 028 90 520572

Email: webmaster@dhsspsni.gov.uk

www.dhsspsni.gov.uk

Faculty of Occupational Medicine of the Royal College of Physicians

6 St Andrew's Place, Regents Park, London, NW1 4LB.

Tel: 020 7317 5890 Fax: 020 7317 5899

Email: fom@facocmed.ac.uk

www.facocmed.ac.uk

Faculty of Pharmaceutical Medicine

1 St Andrew's Place, Regents Park, London, NW1 4LB.

Tel: 020 7224 0343 Fax: 020 7224 5381

Email: fpm@fpm.org.uk

www.fpm.org.uk

Faculty of Public Health Medicine of the Royal College of Physicians of the UK

4 St Andrew's Place, Regents Park, London, NW1 4LB.

Tel: 020 7935 0243 Fax: 020 7224 6973

Email: enquiries@fphm.org.uk

www.fphm.org.uk

Foreign and Commonwealth Office

www.fco.gov.uk

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN.

Tel: 0845 357 8001 Fax: 0845 357 9001

Email: gmc@gmc-uk.org or registrationhelp@gmc-uk.org

For enquiries relating to registration telephone 08453 573456

www.gmc-uk.org

Healthcare Commission

Tel: 020 7448 9200

www.chai.org.uk

Immigration and Nationality Directorate

Lunar House, Wellesley Road, Croydon, CR9 2BY.

Tel: 0870 606 7766

Email: indpublienquiries@ind.homeoffice.gsi.gov.uk

www.ind.homeoffice.gov.uk

Independent Doctors Forum

Email: fiona@tidylife.org

www.independentdoctorsforum.net

International English Language Testing System (IELTS)

www.ielts.org

International Medical Recruitment

Chancery House, Chancery Lane, London, WC2A 1QS.

Tel: 020 7649 6017

www.internationalrecruitment.nhs.uk

Joint Committee on Postgraduate Training for General Practice

1st floor, 19 Buckingham Street, London, WC2N 6EF.

Tel: 020 7930 7228 Fax: 020 7930 7224

Email: enquiry@jcptgp.org.uk

www.jcptgp.org.uk

Medical Defence Union Services Ltd

230 Blackfriars Road, London, SE1 8PJ.

Tel: 020 7202 1500

Email: mdu@the-mdu.com

www.the-mdu.com

Medical and Dental Defence Union of Scotland

Mackintosh House, 120 Blythswood Street, Glasgow, G2 4EA.

Tel: 0141 221 5858 Fax: 0141 228 1208

Email: info@mddus.com

www.mddus.com

Medical Foundation for AIDS and Sexual Health

BMA House, Tavistock Square, London, WC1H 9JP.

Tel: 020 7383 6345 Fax: 020 7388 2544

Email: enquiries.medfash@medfash.bma.org.uk

www.medfash.org.uk

Medical Protection Society

33 Cavendish Square, London, W1G 0PS.

Tel: 0845 605 4000 Fax: 0113 241 0500

Email: info@mps.org.uk

http://www.medicalprotection.org/medical/united_kingdom/default.aspx

Medical Research Council

20 Park Crescent, London, W1B 1AL.

Tel: 020 7636 5422 Fax: 020 7436 6179

Email: corporate@headoffice.mrc.ac.uk

www.mrc.ac.uk

National Advice Centre for Postgraduate Medical Education

British Council, Bridgewater House, 58 Whitworth Street, Manchester, M1 6BB.

Tel: 0161 957 7218 Fax: 0161 957 7029

Email: nacpme@britishcouncil.org

<http://www.britishcouncil.org/home/governance/governance-contact-us/governance-health-nacpme.htm>

National Counselling Service for Sick Doctors

Tel: 0870 241 0535

Email: contact@ncssd.org.uk

www.ncssd.org.uk

National Health Service

Tel: 020 7210 4850

www.nhs.uk

NHS Directorate Department of Social Policy and Local Government Affairs

National Assembly for Wales, Cardiff Bay, Cardiff, CF99 1NA.

Tel: 029 20 825111

Email: health.enquiries@wales.gsi.gov.uk

www.wales.gov.uk/subihealth/index.htm

NHS Professionals

Tel: 0114 223 1414 Fax: 0114 290 2623

Email: rebecca.bagnall@nhsprofessionals.nhs.uk

Office of the Immigration Services Commissioner

5th Floor, Counting House, 53 Tooley Street, London, SE1 2QN.

Tel: 020 7211 1500 Fax: 020 7211 1553

www.oisc.org.uk

Postgraduate Medical Deans:**England****Eastern Deanery**

Block 3, Ida Darwin Site, Fulbourn, Cambridge, CB1 5EE.

Tel: 01223 884848 Fax: 01223 884849

www.easterndeanery.org

Kent, Surrey and Sussex Postgraduate Deanery

7 Bermondsey Street, London, SE1 2DD.

Tel: 020 7415 3400 Fax: 020 8725 5519

www.kssdeanery.ac.uk

Leicestershire, Northamptonshire and Rutland Postgraduate Deanery

Lakeside House, 4 Smith Way, Grove Park, Enderby, Leicester, LE19 1SS.

Tel: 0116 295 7623 Fax: 0116 295 7640

www.lnrdeanery.nhs.uk

London Deanery of Postgraduate Medical and Dental Education

20 Guilford Street, London, WC1N 1DZ.

Tel: 020 7692 3232 Fax: 020 7692 3396

www.londondeanery.ac.uk

Mersey Postgraduate Medical and Dental Education

1st Floor Hamilton House, 24 Pall Mall, Liverpool, L3 6AL.

Tel: 0151 285 2000 Fax: 0151 236 5264

www.merseydeanery.ac.uk

North Western Deanery

Department of Postgraduate Medicine and Dentistry, University of Manchester, Gateway House, Piccadilly South, Manchester, M60 7LP.

Tel: 0161 237 2045 Fax: 0161 237 2613

www.pgmd.man.ac.uk

Northern Deanery

Postgraduate Institute for Medicine and Dentistry, University of Newcastle upon Tyne, 10-12 Framlington Place, Newcastle upon Tyne, NE2 4AB.

Tel: 0191 222 6772 Fax: 0191 221 1049 Email: PIMD@ncl.ac.uk

www.campus.ncl.ac.uk/pimd/

Oxford Deanery

The Department of Postgraduate Medical and Dental Education, The Triangle, Roosevelt Drive, Headington, Oxford, OX3 7XP.

Tel: 01865 740600 Fax: 01865 740699

www.oxford-pgmde.co.uk

South Yorkshire and South Humber Postgraduate Deans Office

Don Valley House, Saville Street East, Sheffield, S4 7UQ.

Tel: 0114 2264401 Fax: 0114 2264442

www.sypgme.nhs.uk

South Western Deanery

1st Floor, Academic Centre, Frenchay Hospital, Bristol, BS16 1LE.

Tel: 0117 970 1212 Fax: 0117 975 7060

<http://www.swndeanery.co.uk/index.htm>

Trent Postgraduate Deanery

University of Nottingham, Floor 15 Tower Building, University Park, Nottingham, NG7 2RD.
Tel: 0115 8467165 Fax: 0115 8467107 Email: midtrentdeanery@nottingham.ac.uk
www.nottingham.ac.uk/mid-trent-deanery/

Wessex Deanery

Highcroft, Romsey Road, Winchester, S022 5DH.
Tel: 01962 863511
www.wessex.org.uk/medical/index.htm

West Midlands Deanery

Postgraduate Medical and Dental Education, PO Box 9771, Birmingham Research Park,
97 Vincent Drive, Birmingham, B15 2XE.
Tel: 0121 414 6958 Fax: 0121 414 5155
www.wmdeanery.org

Yorkshire Deanery

The Department for Postgraduate Medical and Dental Education (Yorkshire), Willow Terrace Road,
University of Leeds, Leeds, LS2 9JT.
www.yorkshiredeanery.com

Scotland**East Region**

NHS Education for Scotland, Postgraduate Medical Office (Level 7),
Ninewells Hospital and Medical School, Dundee, DD1 9SY.
Tel: 01382 496516 Fax: 01382 623809
<http://www.nes.scot.nhs.uk/>

North Region

NHS Education For Scotland, Forest Grove House, Foresterhill Road, Aberdeen, AB25 2ZP.
Tel: 01224 554365 Fax: 01224 550670 Email: pgcentre@nes.scot.nhs.uk
<http://www.nes.scot.nhs.uk/>

South East Region

NHS Education for Scotland, Lister Postgraduate Institute, 11 Hill Square, Edinburgh, EH8 9DR.
Tel: 0131 650 2609 Fax: 0131 662 0580
<http://www.nes.scot.nhs.uk/>

West Region

3rd Floor, 2 Central Quay, 89 Hydepark Street, Glasgow, G3 8BW.
Tel: 0141 223 1400/1401 Fax: 0141 223 1403
<http://www.nes.scot.nhs.uk/>

Northern Ireland

Northern Ireland Council for Postgraduate Medical and Dental Education

5 Annadale Avenue, Belfast, BT7 3JH.

Tel: 02890 492731 Fax: 02890 642279

Wales

School of Postgraduate Medical and Dental Education

University of Wales College of Medicine, Heath Park, Cardiff, CF14 4XN.

Tel: 029 2074 5247 Fax: 029 2075 4966 Email: postgrad@cf.ac.uk

<http://www.uwcm.ac.uk/study/postgraduate/>

Postgraduate Medical Education Training Board

Email: pmetb@doh.gsi.gov.uk

www.pmetb.org.uk

Royal College of Anaesthetists

48-9 Russell Square, London, WC1B 4JY.

Tel: 020 7813 1900 Fax: 020 7813 1876 Email: info@rcoa.ac.uk

www.rcoa.ac.uk

Royal College of General Practitioners

14 Princes Gate, Hyde Park, London, SW7 1PU.

Tel: 020 7581 3232 Fax: 020 7225 3047 Email: info@rcgp.org.uk

www.rcgp.org.uk

Royal College of Obstetricians and Gynaecologists

27 Sussex Place, Regents Park, London, NW1 4RG.

Tel: 020 7772 6200 Fax: 020 7723 0575

www.rcog.org.uk

Royal College of Ophthalmologists

17 Cornwall Terrace, London, NW1 4QW.

Tel: 020 7935 0702 Fax: 020 7935 9838

www.rcophth.ac.uk

Royal College of Paediatrics and Child Health

50 Hallam Street, London, W1W 6DE.

Tel: 020 7307 5600 Fax: 020 7307 5601

Email: enquiries@rcpch.ac.uk

www.rcpch.ac.uk

Royal College of Pathologists

2 Carlton House Terrace, London, SW1Y 5AF.

Tel: 020 7451 6700 Fax: 020 7451 6701

Email: info@rcpath.org

www.rcpath.org

Royal College of Physicians

11 St Andrew's Place, Regents Park, London, NW1 4LE.

Tel: 020 7935 1174 Fax: 020 7487 5218

www.rcplondon.ac.uk

Royal College of Physicians and Surgeons of Glasgow

234-242 St Vincent Street, Glasgow, G2 5RJ.

Tel: 0141 221 6072 Fax: 0141 221 1804

www.rcpsglasg.ac.uk

Royal College of Physicians of Edinburgh

9 Queen Street, Edinburgh, EH2 1JQ.

Tel: 0131 225 7324 Fax: 0131 220 3939

www.rcpe.ac.uk

Royal College of Psychiatrists

17 Belgrave Square, London, SW1X 8PG.

Tel: 020 7235 2351 Fax: 020 7245 1231

Email: rcpsych@rcpsych.ac.uk

www.rcpsych.ac.uk

Royal College of Radiologists

38 Portland Place, London, W1N 1JQ.

Tel: 020 7636 4432 Fax: 020 7323 3100

Email: enquiries@rcr.ac.uk

www.rcr.ac.uk

Royal College of Surgeons of Edinburgh

Information Section, The Adamson Centre, 3 Hill Place, Edinburgh, EH8 9DS.

Tel: 0131 668 9222 Fax: 0131 668 9218

Email: information@rcsed.ac.uk

www.rcsed.ac.uk

Royal College of Surgeons of England

35-43 Lincoln's Inn Fields, London, WC2A 3PE.

Tel: 020 7405 3474 Fax: 020 7973 2117

www.rcseng.ac.uk

Scottish Executive Health Department

St Andrews House, Regent Road, Edinburgh, EH1 3DG.

Tel: 0131 5568400 Fax: 0131 2442683

www.show.scot.nhs.uk/sehd/index.htm

Specialist Training Authority of the Medical Royal Colleges

70 Wimpole Street, London, W1G 8AX.

Tel: 020 7935 8586 Fax: 020 7935 9031

Email: info@sta-mrc.org.uk

www.sta-mrc.org.uk

Work Permits UK

Immigration and Nationality Directorate, Home Office, Level 5, Moorfoot, Sheffield, S1 4PQ.

Tel: 0114 259 4074 Fax: 0114 259 3776

Email: customerrel.workpermits@wpuk.gov.uk

www.workingintheuk.gov.uk

Other sources of help:

In this guide we have concentrated on basic information to help new doctors coming to the UK to establish themselves professionally. When you move to a new country you also have to cope with many changes in your personal and social life. You may need information about schools, housing, leisure activities, etc. Such topics are beyond the scope of this guide, but the British Council should be able to give you some information before and after you come to the UK. We also recommend that you contact a local branch of the Citizens Advice Bureau – www.nacab.org.uk – or the staff in your local public library for help once you have arrived.

BMJ Careers has published a special issue of *Career Focus* for overseas doctors. This can be found on the website at: <http://careerfocus.bmjournals.com/content/vol328/issue7454/index.shtml>

Some of the regional postgraduate deaneries produce useful guides for overseas doctors working in their region.

We hope that you have found this guide helpful. Please write to us with any suggestions about how we can improve it. We hope that you decide to join the BMA and continue to benefit from the many services available to our members.

Glossary of terms and abbreviations used in this guide

BMA	British Medical Association – the trade union and professional organisation for doctors in the UK.
BMJ	Formerly known as the <i>British Medical Journal</i> .
BMJ Careers	The classified advertisement section of the <i>BMJ</i> .
British Council	The UK's international organisation for educational and cultural relations – the British Council has offices worldwide and administers the IELTS test overseas.
consultant	The most senior grade in a hospital. Consultants have ultimate clinical responsibility for their patients and are responsible for supervising the junior doctors on their teams. Doctors are legally required to be on the GMC's specialist register before they can take up substantive consultant appointments.
CCST	certificate of completion of specialist training – certificate granted to doctors who have completed training in a hospital specialty in the UK.
CCT	certificate of completion of training – certificate granted to doctors who have completed training in general practice or a hospital specialty under the new specialist training structure set out in <i>Modernising Medical Careers</i> .
CPD/CME	continuing professional development/continuing medical education – the means by which doctors keep up to date from the completion of their postgraduate training until retirement.
CV	curriculum vitae – document setting out one's professional and personal development which is usually submitted when applying for jobs.
Department of Health	Government body with responsibility for health and social care service provision in England.

**Department of Health,
Social Security and
Public Safety**

Government body with responsibility for health and social care service provision in Northern Ireland.

**Department of Social
Policy Local Government**

Government body with responsibility for health and social care and service provision in Wales.

EEA

European Economic Area – currently comprises the 25 countries of the European Union (Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and the United Kingdom) – plus Iceland, Liechtenstein and Norway.

foundation programme

Two year programme incorporating the pre-registration house officer year and the first senior house officer year. (UK wide from 1 August 2005.)

GMC

General Medical Council – the registering and regulatory body for the medical profession in the UK.

GP

general practitioner – primary care or family physician. All people in Britain are entitled to be registered with a GP.

Home Office

The UK government department with responsibility for home affairs including immigration and asylum.

IELTS

International English Language Testing System – a test of competency in English used as part of the registration process by the GMC.

IND

Immigration and Nationality Directorate – the branch of the Home Office with responsibility for immigration control throughout the UK. It also considers applications for permission to stay, citizenship and asylum.

JCPTGP

Joint Committee for Postgraduate Training in General Practice – the competent authority regulating general practice in the UK. (To be replaced by PMETB.)

MMC	<i>Modernising Medical Careers</i> – document published by the four UK health departments detailing changes to the pre-registration and senior house officer grades.
MRC	Medical Research Council – UK body promoting research into all areas of medical and related science with the aims of improving the health and quality of life of the UK public and contributing to the wealth of the nation.
NACPME	National Advisory Centre for Postgraduate Medical Education, run by the British Council.
NHS	National Health Service – the healthcare system in the UK which provides care to all, free at the point of delivery.
PCT	Primary Care Trusts – bodies responsible for the planning and securing of health services and improving the health of the local population in England.
permit-free postgraduate training status	The immigration status for overseas doctors in training posts.
PLAB test	Professional and Linguistic Assessment Board – examination of language and professional competency used as part of the registration process by the GMC.
PMETB	Postgraduate Medical Education and Training Board – an independent body set up to supervise postgraduate medical education and training in the UK. (Ultimately replacing the STA and JCPTGP)
postgraduate deans	Deans are responsible for postgraduate training in a particular region. Deaneries have associate deans with responsibility for overseas doctors and can provide support and guidance when doctors are working in training posts.
PRHO	pre-registration house officer – a doctor who has graduated from a UK medical school and is working for one year on provisional registration in carefully supervised posts before being eligible for full registration with the GMC.

Royal Colleges	Medical royal colleges and their faculties – the bodies responsible for specialist training. They draw up criteria for training programmes and approve training posts.
Scottish Executive Health Executive	Government body with responsibility for health and social care service provision in Scotland.
SHO	senior house officer – a fully registered doctor undergoing basic specialist training in hospital posts.
SpR	specialist registrar – a fully registered doctor undergoing higher specialist training in hospital posts.
STA	Specialist Training Authority of the Medical Royal Colleges – the competent authority regulating hospital specialty training in the UK. (To be replaced by PMETB.)
SHA	Strategic health authority – manages the NHS at local level. SHAs are responsible for: developing plans for improving health services in their local area, making sure local health services are of a high quality and performing well, increasing the capacity of local health services, and making sure national priorities are integrated into local health service plans.
staff and associate specialist group	An umbrella term for the group of senior career grade doctors in hospital and community specialties whose posts do not require them to be on the specialist register.
WHO	World Health Organisation. The United Nations body with responsibility for health related issues.
Work Permits UK	The branch of the IND which administers work permit arrangements.



British Medical Association

BMA House
Tavistock Square
London
WC1H 9JP

www.bma.org.uk