16 November 2002



## THIS WEEK

*In the two years that I have been editor of Career focus, many overseas doctors have shared their experiences with me. I have felt privileged that they have taken me into their confidence but frustrated that I can't do more to help them. That is why we here at BMJ Careers have devoted our first ever 21 page theme issue to them and their special needs at different stages.*

*Negotiating the paperwork and procedures entailed in coming to the United Kingdom is a mammoth task, but when you add all the hoops overseas doctors have to jump through to receive limited registration with the GMC, it becomes Herculean. Jo Constable, Isabel Fish, and Claire McKenna (p s153) give a guide through this complicated process and explain the different training structures for hospital doctors and GPs in the United Kingdom.*

*In the next section (pp s159-65) we concentrate in more detail on how to help overseas doctors along the path to obtaining their first job. This includes how induction courses and clinical attachments can help; tips on how to pass the IELTS, PLAB, and postgraduate exams (using the MRCP(UK) as an example); and some advice on how to improve CVs and interview skills.*

*In the last section (pp s166-71), overseas doctors share their experiences and give some specific advice to other overseas doctors on what to do when they first arrive in the United Kingdom, how to get their first job, and how to make the most of their training. To finish with, I have amalgamated the top tips overseas doctors have sent to me to help other overseas doctors through the system.*

*We are reproducing this issue into a free booklet which will be available at our careers fair (29-30 November). Yet another good reason to come.*

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# A quick guide to working in the United Kingdom

Joanne Constable, Isabel Fish, *and* Claire McKenna *give a brief sketch of the basics. For more detailed information, please refer to the websites mentioned*

Who exactly is an overseas doctor? The definition of an overseas doctor can differ greatly according to the angle from which you are approaching the question.

### Introduction

***Definitions***

Immigration rules define an overseas doctor as: "one who regardless of where he/she may have obtained his/her primary qualification, does not have the right of indefinite residence or is not settled in the United Kingdom, or who does not benefit from European Community rights." This definition also includes doctors who may have received a primary medical qualification from a United Kingdom university but who do not have the right of indefinite residence.

The General Medical Council defines an overseas doctor as: "Someone who has obtained their basic medical qualification outside of the UK."

***Why would an overseas doctor want to come and work in the United Kingdom?***

Overseas doctors are not a homogeneous group. Some doctors may be refugees or asylum seekers who are forced to flee their home countries. Others may be enticed by better living and working conditions or better pay than they receive in their home country. Some doctors may simply want to come to the UK to gain skills which are not available in their home country and bring what they learn back to their patients at home. Still others may come to the UK on a short term basis to teach new skills to doctors in the UK.

***Why does the UK government want overseas doctors?***

The new European Working Time Directive which has been implemented in the UK is expected to create increasing staffing pressures among doctors, and the NHS is likely to become increasingly dependent on the services of overseas doctors. The UK Department of Health has had a recent overseas recruitment drive. The most recent Department of Health medical and workforce census found that 24% of doctors working in the NHS were not from the UK.[1]

The same report stated: "Clearly, substantial numbers of overseas doctors will continue to be needed in order to meet the expected demand for healthcare."

### *The Special Case of EEA doctors*

One of the most important principles of European law is that of free movement. Doctors who are citizens of an EEA member state and who have qualified in an EEA member state have the right to live and work in any other country in the EEA. Asking EEA nationals to take a linguistic test is unlawful as it would be a barrier to their right to live and work in another EEA country. It is the responsibility of the employer to make sure that the doctor is proficient in written and spoken English.

***The next step***

After sorting out whether you are an overseas doctor and why you want to come to the UK, and after arranging immigration and visa requirements, the hard work begins. Your main aim before you can begin any clinical work or write prescriptions is to get limited registration with the General Medical Council so that you can be placed on the UK Medical Register.

This article is a basic guide and does not cover everything in detail. You can obtain a comprehensive guide for doctors wishing to work in the UK from the BMA's International Department (internationalinfo@bma.org.uk).

### Immigration

Overseas doctors coming to the UK must satisfy UK immigration requirements. Immigration law is very complex and doctors

should seek detailed advice from the Home Office (www.ind.homeoffice.gov.uk). If you are outside the UK you should contact your local British embassy or high commission for further information.

Doctors who are citizens of the countries in the European Economic Area (EEA) or of Switzerland are entitled to enter the UK freely and work here.

Doctors from beyond the EEA may have rights to live and work in the UK—for example, if they are the spouse of an EEA national or workpermit holder or because they have Commonwealth ancestry. Doctors who think that they may have such rights should seek advice from the Home Office or the British representative overseas.

***Postgraduate permit-free training status***

Doctors wishing to do postgraduate training in UK hospitals or community health services must have "permit-free" postgraduate training status, which means that they are allowed to work without a work permit. To qualify for this, the doctor must have GMC registration and show that he or she intends to work in a training post within the NHS. Full details can be found on the Home Office website.

***Work permits***

Doctors working in hospital career grade posts (non-training grades) as consultants or as salaried or locum GPs will require 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. A work permit is specific to a particular post and cannot be transferred should you obtain another job before it expires.

***Asylum seekers and refugees***

The BMA and the Refugee Council jointly run the refugee doctors' database. The project collects details on the number of refugee doctors in the UK, their location, and the stage of their career and registration process. For more information and a copy of an information book for refugee doctors please contact the BMA International Department. For further information about immigration requirements within general practice refer to p s158.

## GMC registration

Doctors who wish to practise medicine in the UK need to be registered with the General Medical Council (fig 1).

There are four different types of registration with the GMC: provisional, limited, full, and specialist.

***Provisional registration***

Allows doctors who have qualified in the UK and EEA (who are also EEA nationals) and those qualified in Australia, Hong Kong, New Zealand, Singapore, South Africa, and the West Indies, to work in preregistration house officer posts which are approved for the purpose of preregistration service.

***Limited registration***

Allows overseas qualified doctors, who hold an acceptable qualification (included in the World Health Organization's list of Medical Schools) to practise in supervised NHS training posts (preregistration house officer, senior house officer, specialist registrar) which are educationally approved. It is also granted for locum posts at these grades. (Note that although the post you may take is at JHO level you need to be at an SHO standard to pass the PLAB exam needed to get GMC registration.)

***Full registration***

Allows doctors to practise in unsupervised medical practice in any post in the NHS and in private practice. This type of registration is needed to work as a general practitioner.


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***Specialist registration***

Allows doctors to take up a substantive or honorary consultant post in the NHS. No doctor can take up these appointments unless they are on the specialist register.

***Temporary full registration***

There are also some special cases where overseas qualified doctors can be granted temporary full registration. This is for doctors who are coming to the UK to provide a temporary specialist service (for example, demonstrating a particular technique that is not available in the UK) for a short period of time. All other overseas doctors have to apply for limited registration.

***How long does limited registration last?***

Limited registration is granted for periods totalling no more than five years. Overseas doctors who have just passed their PLAB examination will normally be given one year and one week. Registration expires at midnight on the last day of registration shown on your certificate of limited registration. You can apply to renew your registration up to three months before the date on which you need further limited registration.

***How do I renew my limited registration?***

Before further limited registration can be granted, the GMC needs to be satisfied that a doctor's performance complies with the standards of competence, care, and conduct described in the GMC's publication *Good Medical Practice*. The assessment of this is carried out by the doctor's supervising consultants, using a GMC report form.

Application forms, report forms, and fact sheets can be downloaded from the GMC website (www.gmc-uk.org). You should aim to submit the application form for renewal of registration as early as possible. Make sure you have all the evidence and fees required, or this may delay your application.

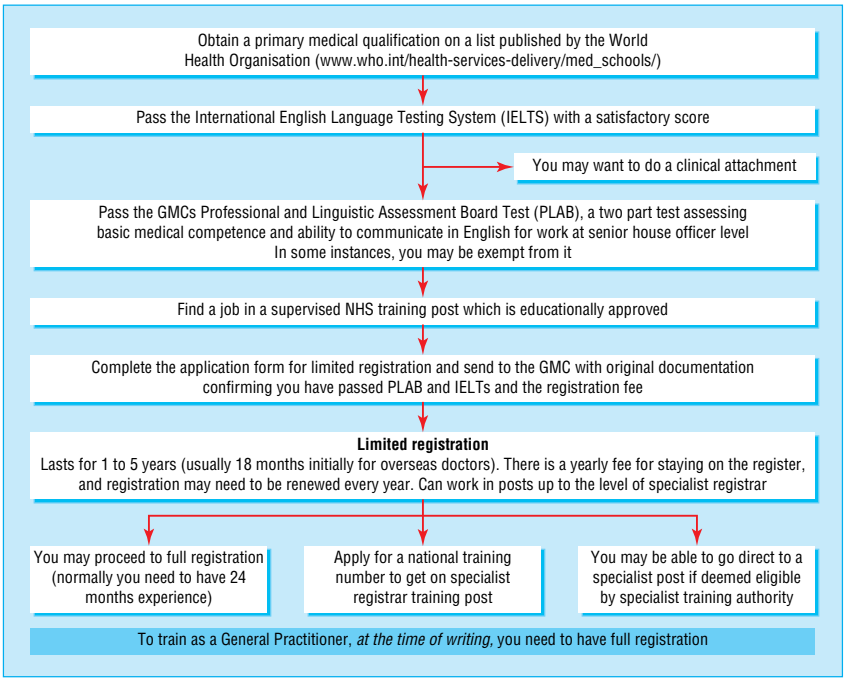


**Fig 1** Overview of process to obtain limited registration with GMC

***How do I progress to full registration?***
You normally need at least 12 months' experience at SHO or specialist registrar with limited registration to apply for full registration. (See the GMC's website for a factsheet giving all the criteria for full registration.) Again, you need to supply an application form (available on GMC's website), a consultant report from your supervising consultants, and a registration fee.

***What are the costs involved in registration?***
You will need to pay a fee every time you apply for registration. The amount depends on which type of registration you are applying for and whether it is an initial registration or a renewal. For information on exact fees see www.gmc-uk.org/register/fees.htm. Unfortunately, there are no exemptions from payment of fees for doctors who may not be able to pay.

## Explaining IELTS

One of the registration requirements for all doctors who qualify outside of the European Economic Area is that they must demonstrate that they have the necessary knowledge of English by obtaining a satisfactory score in the IELTS (the International English Language Testing System).

***Facts about IELTS***
- IELTS is a test of the skills that are needed for study in an academic context in the UK
- The test has four separate components: listening, speaking, reading, and writing; each is scored individually and an overall score awarded
- It is not a pass/fail exam: the test is banded from 1 to 9, with 1 indicating a very basic knowledge of English and 9 indicating language skills at native speaker level
- The GMC asks for an overall score of 7.0, with a score of at least 7.0 in the speaking component and a score of no less than 6.0 in the other three components. To be exempt from the PLAB tests you must gain at least 7.0 in all four sections of the IELTS test.

***How can I apply for IELTS?***
Candidates can sit the examination in centres all round the world. For information on your nearest IELTS testing centre go to www.ielts.org.uk. IELTS preparation courses run in many colleges and universities across the UK and in other countries. For more information contact your local testing centre (found at most universities and some colleges).

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***How much does IELTS cost?***
IELTS currently costs £73. Payment should accompany the completed application form.

***How long does IELTS last, and how often can I do it?***
The IELTS test report form is valid for two years. Any doctor who has not obtained registration within this time, or in the case of PLAB test candidates has not passed part 1 of the PLAB test within this time, will need to take the IELTS again. There is no limit on the number of times a person may sit the exam. However, a candidate is not allowed to sit the exam within three months of a previous attempt.

For links to some excellent sites with information on IELTS, practice papers, and tips for IELTS candidates, see www.britishcouncil.gr/english/materials3_ielts.htm.

## Explaining PLAB

The PLAB (Professional Linguistics Assessment Board) examination is a difficult examination said to be somewhere between finals and postgraduate examinations in level of difficulty.

***What does the PLAB test involve?***
There are two parts to the PLAB test:
- ***Part 1*** consists of a three hour extended matching question examination which emphasises clinical management but also includes science as applied to clinical problems.
- ***Part 2*** is an Objective Structured Clinical Examination (OSCE) with 14 stations. The aim of the OSCE is to test candidates' clinical and communication skills in a number of controlled situations.

***Requirements for taking the PLAB test***
Candidates must have:
- A primary medical qualification acceptable for limited registration (see WHO list http://www.who.int/health-services-delivery/med_schools)
- Taken and obtained an acceptable score in the IELTS. The GMC currently requires a higher IELTS score for doctors who are exempt from the PLAB.
- A valid IELTS report form dated not more than two years before each attempt.

Although newly qualified doctors can apply for the PLAB, you need to be competent to standard of an SHO to pass (even though you will only be allowed to work as a preregistration house officer), so clinical experience is advisable before applying.

***Where can I take the test?***
Part 1 of the test can currently be taken in the UK, Egypt, India, Nigeria, Pakistan, Bangladesh, Sri Lanka, and Bulgaria. A list of specific test dates and centres can be obtained from the GMC's website.

### *Special note*

Passing the PLAB test does not guarantee a job, and you need a job to get limited registration with the GMC.

Part 2 of the test can only be taken in the UK.

***How much will taking the PLAB test cost?***
Current fees are £145 for part 1 and £430 for part 2 (but see the website for more up to date information). Refugee doctors living in the UK do not have to pay the fee for Part 1 on their first two attempts, but there is no exemption from part 2. Eligible doctors need to send the GMC a copy of a letter from the Home Office confirming their refugee status.

***How many times can I take the PLAB test?***
There is no limit on the number of times you can take part 1 of the PLAB test. You may have four attempts at Part 2, which must be within two years of passing Part 1. If you fail the PLAB test on the fourth attempt you must retake the IELTS and Part 1 again.

***How do I apply for the test?***
You must fulfil all the preconditions and complete and return an application form (which you can down load from www.gmc-uk.org/register/plab.htm) with the appropriate fee.

***Exemption from PLAB***
If you are a doctor on the Overseas Doctors Training Scheme (ODTS), or are sponsored by the British Council, you will be exempt from PLAB (see below).

## Sponsorship by the Medical Royal Colleges

The Overseas Doctors Training Scheme (ODTS) is a scheme run jointly by the Department of Health and the Medical Royal Colleges—therefore it is also referred to as a double-sponsorship scheme. However, some royal colleges no longer operate the double sponsorship scheme and sponsor overseas doctors independently; contact the relevant Royal College for the latest information.

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## What are the Medical Royal Colleges?

- These are colleges which represent the main specialties (including general practice) within medicine in the UK. Specialists in a particular area become a member of their particular royal college, which represents their needs
- The colleges conduct postgraduate medical examinations, training, education, and research in medicine and advise the government, the public, and the medical profession on health and medical matters
- Presidents of the medical royal colleges become members of the Specialist Training Authority of the Medical Royal Colleges, which issues certificates for completion of specialist training in the UK (CCST) and approves doctors for entry to the specialist register held by the GMC
- There are 18 royal colleges in the United Kingdom, together with the Irish colleges and the Faculty of Dental Surgery; they are represented at the Academy of Medical Royal Colleges (www.aomrc.org.uk/index3.html)

The scheme allows very competent overseas doctors to be exempt from the PLAB examination, so that they can continue their specialist training in the UK before returning home. The scheme is not designed for overseas doctors to remain in the UK after completing their specialist training.

Requirements for sponsorship vary, so you would need to contact the individual colleges to find out details (go to www.aomrc.org.uk/netscapepages/links/collegelinks.html for the college relevant to you).

However, all colleges will require a score of at least 7.0 in all four bands of the IELTS test, at least two years' experience in the specialty in which they wish to practise, and a primary medical qualification acceptable to the GMC for Limited Registration. However, there are some criteria for excluding applicants from the scheme (see box)

## Applicants to the ODTS will be excluded if they:

- Have previously failed the PLAB test
- Do not hold Part 1 of the relevant royal college's examination (clarify requirements with appropriate royal college)
- Qualified in or are nationals of an EEA country, or a country with enforceable EC rights
- Are already working in or are resident in the UK or another member state of the European Union

Many of the colleges will not accept applications directly from candidates—only appropriate sponsors may apply on their behalf—but some do, so check it out (see www.britishcouncil.org/health/nacpme/odts.htm for more information).

***British Council sponsorship and trust fellowships***

- The British Council also sponsors overseas doctors, usually with at least three years' experience in their chosen specialty, to come to the UK for part of their postgraduate training, exempting them from the PLAB.
- There are country-specific criteria for sponsorship and there are some management fees involved: £700 plus VAT for first arranging registration and £400 plus VAT for renewal.
- A minority of the doctors who the British Council sponsors hold scholarships. These doctors can be placed in honorary trust fellowship positions.
- The British Council is reluctant to publicise its scheme as it is growing by 30% a year by word of mouth and is already oversubscribed – it says the administrative arrangements will not cope with a vastly increased demand.
- So be aware of the limitations, but to find out more information and get a pack detailing criteria call the National Advice Centre for Postgraduate Medical Education (NACPME) on 01609577218 or go to www.britishcouncil.org/health/nacpme/

### What are clinical attachments and why might you do them?

***What?***

A clinical attachment is a work placement carried out at a hospital where you are able to shadow a doctor and find out about the work they do and how the hospital works. You will not be paid for a clinical attachment; it is purely for your own benefit. You will normally have a named supervisor who is responsible for you. Clinical attachments normally last between two and four months.

***Why?***

Clinical attachments can be very useful, especially before the second (clinical) part of the PLAB examination. It is probably best to do an attachment after passing the IELTS examination so that you can get the most out of it and get a good reference.

Clinical attachments may help to give you an understanding of how the NHS works and how medicine is practised in the UK. They might also help you to brush up on clinical skills, which may be rusty if you have been out of work for a while, and give you some insight into the knowledge base that is required of UK doctors.

A clinical attachment might also help you overcome cultural differences that you will face in the UK, as well as familiarise you with local accents and peculiar phrases you might not be used to. There may also be diseases and investigations that are common in the UK but you may not be so familiar with.

An attachment may be the only way an overseas doctor can get a reference from a UK consultant, which could prove very helpful when it comes to looking for jobs.

***How?***

There is no central body which arranges clinical attachments. The best way to find an attachment is to write to individual hospitals, enclosing a CV. Personal contacts can also be useful. The BMA has published guidelines on clinical attachments, which are available on www.bma.org.uk/ap.nsf/Content/Clinical±attachment±guidelines-±introduction (and see article on p s160).

### Finding a job (to get Limited Registration)

To recap, in order to get limited registration with the GMC you need to find a job in a supervised NHS training post. Before that, you need to have passed IELTS and PLAB exams (or be exempt from the PLAB).

Most jobs in the NHS are advertised in *BMJ careers* (go to www.bmjcareers.com). You have to apply to the employer directly and send a CV (see p s165) or an application form (check the job advertisement to see if an application form is required). Employers then form a "short list" of all the applicants and invite these applicants for an interview.

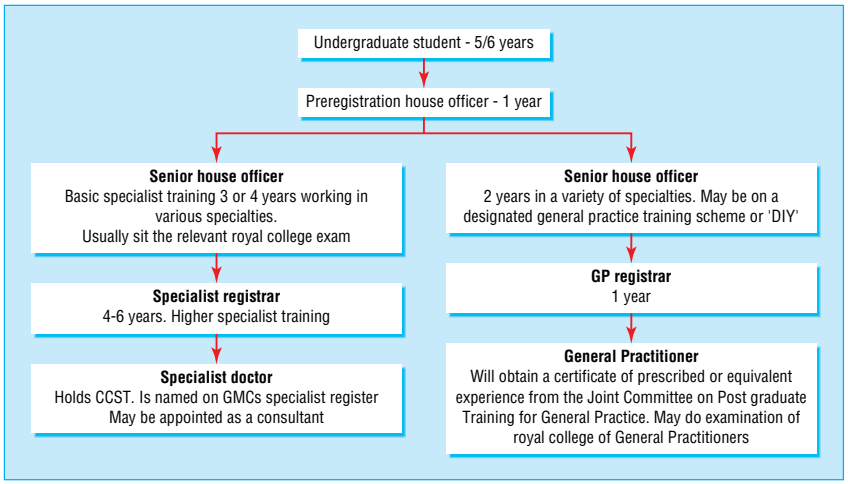


**Fig 2** Overview of a doctor's career path in the UK

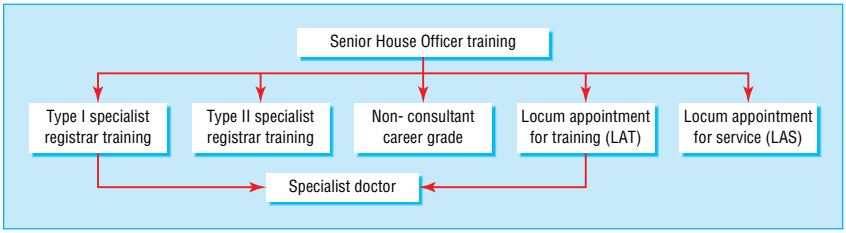


**Fig 3** Career options after SHO training

You need to be shortlisted and pass the interview to get the job. However, the process of securing a job is fraught with difficulties.

## Higher specialist training

The process of obtaining higher training and obtaining registration as a specialist (fig 2) is rather bewildering, even for those of us living in the UK. There are many alternative career paths which do not lead to registration as a specialist but allow you to work at a higher level not in a specialist training programme. Hopefully figure 3 will help make sense of it all.

For specialist registrar training, appointment is by open competition to the relevant deanery. The minimum entry requirements are two years in the SHO grade plus the first part of a postgraduate qualification (for example, part 1 of the MRCOG exam.) Those who are successful in getting a specialist registrar post will get a National Training Number (NTN). Unfortunately the number of NTNs is limited.

### *Special note: Catch 22*

To get limited registration with the GMC, you need to have found a job. It is difficult to find a job if you don't already have limited registration.

***Type I specialist registrar training***

After entry into type I specialist registrar training, there are annual assessments called RITAs (Record of In-Training Assessment), which you need to receive a satisfactory grade in. After you have completed all of them, this will lead to the award of a Certificate of Completion of Specialist Training (CCST) and entry to the Specialist Register held by the GMC. The Specialist Training Authority (STA), supported by a recommendation from the relevant royal college or faculty, decides whether or not an individual doctor has met the standard required for a specified training programme, to merit the award of a CCST.

***Type II specialist registrar training***

Overseas doctors can also work as type II specialist registrars on fixed term training (FTT) appointments. Type II training programmes are specifically designed to meet the needs of the individual overseas doctor, but they do not lead to a CCST. Doctors are able to transfer from a type II to a type I post if they are successful in open competition (where they will be awarded a visiting training number, VTN).

## The specialist registration process

By law in the UK, doctors must have their names on the GMC's Specialist Register before taking up a fixed term NHS consultant post, but this does not apply to locum NHS consultant posts.

Although it is a legal requirement to be on the Specialist Register, it is not a legal requirement to be on the register in the exact specialty in which a doctor may wish to practise—the employer decides if the doctor has the particular skills and expertise required. Being listed on the specialist register does not automatically mean you will be shortlisted for or appointed to a consultant post.

## Other work options

***Locum appointments***

All doctors, with or without right of indefinite residence or settled status and irrespective of their training status, are also eligible for locum appointments for training (LAT), which offer opportunities for training similar to the type I training programme, and locum appointments for service (LAS), which are not training appointments.

***Non-consultant career grade doctors***

The term non-consultant career grade doctor (NCCG) is an umbrella term for associate specialists, clinical assistants, hospital practitioners, and staff grade or trust grade doctors. There is much debate in the UK about the non-consultant career grade. Some doctors find job satisfaction in these posts, which have the advantage of extensive clinical contact but avoid the bureaucracy and the administrative and management responsibilities that consultants have. However, often NCCGs are appointed by trusts to fill gaps in services when doctors in training are not available. There are no rules on safeguards regarding their appointment, no formal educational opportunities, and little possibility of career progression.

NCCG posts are often filled by overseas doctors who have come to the UK for training but have failed to find training posts or have been unsuccessful in passing examinations.

*Staff Grade*

(SG) was introduced to make up the shortfall of doctors in the "middle grades" following the limitations in the number of Specialist Registrar posts in order to "find a way of providing essential support to consultants in the acute specialities without training doctors for non-existent posts."[1]

*Associate Specialists*

(AS)—this is a senior grade usually filled by doctors who have, for one reason or another, chosen not to complete higher

### *Specialist Training Authority (STA)*

The STA (along with the Joint Committee for Postgraduate Training General Practice, JCPTGP) currently approves curriculums 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.

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 a Certificate of Completion of Specialist Training (CCST) should be awarded.

It is proposed that the Medical Education Standards Board (MESB) will soon replace the STA (see www.doh.gov.uk/medicaltrainingintheuk/mesb-consultation/)

### *Difficulties in job hunting*

- The UK does have a shortage of doctors—but only in certain parts of the country and in certain specialties. The most popular specialties are the surgical subspecialties, so it may be difficult to get a job in one of these
- In the job market, you will be competing against doctors from the UK and there is strong competition for training posts. It may be wise to check out the job opportunities in the specialty you are interested in before coming to the UK
- Even though passing the PLAB exam means that you are competent to work up to a level of senior house officer, you may have to take a preregistration house officer post if you can't get work as an SHO
- If you receive the results from your PLAB exam after the traditional times for the changeover of jobs (August and February) it may be too late to apply for these posts. You may have a wait of several months before getting a post. During this time you might want to keep your skills up to date by restarting your clinical attachment (although you are not allowed to prescribe until you have GMC registration).

## *Some frequently asked questions*

**What if I have specialist qualifications awarded outside the UK?**
You can apply to the Specialist Training Authority (STA) for entry to the Specialist Register. You will have to convince the STA that your qualification is equivalent to a UK CCST or that you have the level of knowledge and skills required by a consultant in the UK.

**How do I apply for specialist registration?**
Contact the college or faculty relevant to you; they will provide you with an information pack with details of the criteria for overseas applicants and an application form. If you think you are eligible to apply, send off the application form to the college or faculty, with all the documentation that is requested.

**How long does it take to process an application?**
Normally about three months, if referees respond promptly. When the assessment process is complete, the college or faculty will forward a recommendation with details of your overseas training and specialist qualifications to the STA. If your application is successful, the STA will send a form for you to complete, to apply to the GMC for entry to the specialist register.

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.

*Trust Doctors*
Are unapproved non-training posts invented by trusts to fill service gaps. Often they have no national terms and conditions of service.

## *Useful information*

Most of this information is scattered through out this article but it might help you if it is in list form.

**BMA International Department**
Tel : +44 (0)20 7383 6793/6133
internationalinfo@bma.org.uk
www.bma.org.uk/international

**GMC**
Registration enquiries:
Tel: +44 (0)20 7915 3635 or email
regservices@gmc-uk.org
www.gmc-uk.org

**National Advice Centre for Postgraduate Medical Education (NACPME)**
Tel: +44 (0)161 957 7218
www.britishcouncil.org/health/nacpme

**Medical Royal Colleges**
For a list see www.aomrc.org.uk/pages/links/collegelinks.html

**Regional Postgraduate Medical Deaneries**
For a list see www.copmed.org.uk/deaneries

**Specialist Training Authority (STA)**
Tel: +44 (0)20 7935 8586
www.sta-mrc.org.uk

**Joint Committee for Training in General Practice (JCTGP)**
Tel: +44 (0)20 7581 3232
enquiry@jcptgp.org.uk
www.jctgp.org.uk

**Home Office**
www.ind.homeoffice.gov.uk

### Training as a GP

Currently, you need full registration to work or train as a general practitioner in the UK. You can either make up your own training scheme by applying for individual accredited posts or apply for a place on a vocational training scheme (VTS), which will organise these posts for you. VTSs are organised by local directors of postgraduate general practice education. There is no defined order in which posts should be completed.

The training path for a GP in the UK is to:

- Work as an SHO for two years in a hospital rotating round hospital specialist posts that have been accredited for GP training. You can do this with Limited Registration with the GMC. The accreditation process is overseen by the Joint Committee on Postgraduate Training for General Practice and the Royal College of General Practitioners.

## *Special note: Service Grade*

Some publications you may read use the term Service Grade—it is basically made up. Sometimes it is used as an umbrella term to encompass NCCGs, consultants, and general practitioners; other times it is used to mean the same as a NCCG post.

- Work in an approved general practice partnership under the guidance and instruction of an approved GP trainer. This is called the GP registrar post, and you need Full Registration to enter it.
- During training, doctors undergo an assessment (Summative Assessment) process to test their competency (see www.rcgp.org.uk/rcgp/information/publications/information/rcf0009/Rcf0009c.asp)
- Towards the end of their training many doctors elect to take the Royal College of General Practitioners membership examination: the MRCGP. But this is not a necessary requirement for completion of GP training.
- On completion of the training programme a doctor is eligible to apply for a Certificate of Prescribed Experience from the competent authority for GP training. This is currently the JCPTGP, but its functions are soon to be transferred to the Postgraduate Medical Education and Training Board (see www.doh.gov.uk/medicaltrainingintheuk/gptraining.htm for more details)

### The training work experience permit

An overseas doctor who wishes to enter a GP registrar post must obtain a training work experience (TWES) permit (see www.workpermit.com/uk/twes.htmtalk and www.jcptgp.org.uk/certification/overseas_doctors.asp and contact your local postgraduate deanery for advice).

Holders of TWES permits are normally required to leave the UK at the end of the period for which the permit was granted; however, the Home Office has agreed that those undertaking GP registrar training on TWES permits will not be subject to normal TWES restrictions.

## *Special note*

All overseas doctors who are successful in applying to a deanery for a general practice training programme will be funded by the NHS for the GP registrar element of their training programme.

Once you have finished training as a GP registrar, two options are open to you. You can apply for salaried GP posts, for which you will need a work permit, or you can become a GP principal and apply to remain in the UK through the Highly Skilled Migrant Programme (HSMP) (see www.workpermit.com/uk/highly_skilled_migrant_program.htm and www.workpermit.com).

You can also apply to the HSMP if you are already a fully trained GP in your own country. However, you must obtain a Certificate of Equivalent Experience from the JCPTGP before you can take up a post.

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Thanks to Chris Finlan from the BMA's Junior Doctor's Committee and John Maingay from the BMA's General Practice Committee for their help in checking the factual content of this article.

**Further reading**
Guide for doctors new to the UK. London:BMA, 2002. (Available free from the BMA International Department.)

1 Department of Health and Social Security. *Hospital medical staffing: achieving a balance.* London: DHSS, 1986.

# Induction courses for international doctors

Martha Swierczynski *explains who is eligible and how the courses can help*

When doctors from overseas begin their career in the United Kingdom, they often feel a little lost. Cultural and technical differences can leave international doctors (doctors who have trained in the United Kingdom) feeling alienated in the NHS. And it is not only doctors from developing countries who find the NHS difficult to fit into. Doctors from other states in the European Union experience similar problems. However, the differences between medical practice in their home country and medical practice in Britain can easily be overcome with a little guidance and advice. This is where induction courses come in.

### Eligibility for induction courses

Induction courses for international doctors have been run regularly by postgraduate deaneries throughout England for the past two years. Doctors from all over the United Kingdom are eligible to attend and can attend whichever course is most convenient for them.

These courses are open to all non-UK medical graduates from both inside and outside the European Economic Area (all the countries of the European Union plus Iceland, Liechtenstein, and Norway).

Induction courses were originally set up for international doctors starting their first post in Britain to introduce them to the culture of the NHS. However, in 2002, the induction courses were opened up to all international doctors who were eligible for GMC registration, even if they were still looking for a post. It had become clear that one of the main obstacles for international doctors when applying for jobs in the NHS is familiarisation with the system, so job seeking doctors could also benefit from induction in the NHS culture.

*Box 1: Topics covered*

- The NHS structure
- Living in the United Kingdom (banking, schools, housing, transport, and sports)
- Colloquial English
- Medical abbreviations
- Communication skills
- Immigration regulations
- Informed consent
- Death certification
- Prescribing and the law
- Postgraduate medical education and training
- Examinations and study leave
- Junior doctors' hours
- How to get your next job
- Permit free training plus immigration
- Drugs and their doses
- Employment law
- Risk management
- Clinical governance

Some deaneries run separate courses for doctors looking for a post and doctors who have gained a post. Others run induction courses that cover issues needed by both groups. The courses are funded by the Department of Health and are free for doctors and their employers. Travel and accommodation expenses are also covered. The courses last two to five days (depending on the deanery) and provide advice and guidance on a wide range of topics relevant to international doctors of all levels entering the NHS. Deaneries are advised to make the courses as accessible as possible. If a doctor is already in post he or she should be allowed to use some study leave to attend the course.

### What is covered?

All doctors are given an induction at trust level when they join the NHS, but this is usually the same for all doctors, regardless of their origin. This induction focuses mainly on introducing a doctor to the structures and procedures in that particular trust. The deaneries' courses are designed to supplement trusts' courses and have additional topics that are specific to international doctors (box 1). Two of the most important areas covered are communication skills and academic development.


LIANE PAYNE

### Communication skills

Many international doctors say that one of the first hurdles is understanding the language. All doctors who start work in the NHS will have had to satisfy their employer that they have good communication skills, as recommended by government guidance.[1] Most doctors from outside the European Economic Area also have to pass the International English Language Testing Service (IELTS) exam before being eligible for registration with the General Medical Council. But even though international doctors working in the NHS have proved adequate English to practise safely, this does not mean that they are able to understand the broad accents and colloquialisms that they encounter in parts of Britain. They need introducing to the different uses of the English language and some of the slang they may hear.

The language of the health service is full of abbreviations. Although most international doctors are aware of the proper English terms for diseases and procedures, they have rarely encountered the abbreviations that are commonly used in hospitals and surgeries. A lesson in abbreviations can make a huge difference to their integration into the NHS, and a list of common abbreviations handed out at an induction course can make their first few weeks in post a lot easier (see box 2).

*Box 2: Some commonly used abbreviations*

- DOA: dead on arrival
- OD: overdose
- BIBA: brought in by ambulance
- BID: brought in dead
- BO: body odour or bowels open
- SIDS: sudden infant death syndrome
- SAE: stamped addressed envelope
- TTA: to take away
- TTO: to take out
- TTH: to take home

Many of the induction courses include a session on "breaking bad news," using role play. There are massive cultural differences in rules regarding body and eye contact. If these differences are not explored, a doctor risks offending a patient or upsetting them further.

### Academic development

Some doctors arrive in Britain believing that they are entering a training post, only to find that the post they applied for and accepted is a trust grade post and doesn't provide the training opportunities they expected. They can gain a lot from the short description of UK medical training that is given on the induction course, which outlines the training system from preregistration house officer level to consultant. Also basic CV writing and interview skills are shown and practised, and the doctors have a chance to get honest feedback about their performance.

### And finally . . .

The government strongly encourages all international doctors ready for work in the United Kingdom to participate in an induction course. Employers taking on doctors from abroad should ensure that they send their doctors on an induction course as soon as possible.

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I thank Anita Gayen at the London Deanery for her contributions.

**Further information**

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1 *Employment of European Economic Area (EEA) nationals—ensuring language competency*. London: Department of Health, 1999. (Health Service Circular 1999/137.)

# Clinical attachments for overseas doctors

Anita Berlin *and* Sheila Cheeroth *discuss what everyone participating in clinical attachments needs to consider, and* Ignasi Agell *and* Sajid Siddiqi *share their personal experiences*

The principal purposes of clinical attachments are to provide overseas doctors with experience of NHS health care and an opportunity to gain a reference from a clinician based in the United Kingdom. Overseas doctors gain confidence through clinical attachments and are more likely to pass the Professional Linguistic Assessments Board (PLAB) exam and secure their first post.

The attachment should provide first hand experience of health care in the United Kingdom. The supervisor should be able to assess whether the attached doctor is ready for limited registration—to work as a senior house officer—and provide appropriate constructive feedback throughout the attachment.[1]

## Why clinical attachments?

***For overseas doctors, clinical attachments:***

- Provide learning in the NHS and the United Kingdom's medical, legal, and cultural traditions
- Refresh clinical knowledge and skills
- Are the only way in which qualified overseas doctors (especially refugees) can get a reference from a British consultant, which is very helpful for getting a job.

***For NHS providers, clinical attachments:***

- Are an investment in a medical professional who is likely to join the workforce
- Are an opportunity to attract new doctors into trusts and areas outside the traditional teaching hospital circuit
- Invest in future staff who are likely to stay on permanently (especially refugees and people with permanent residence rights).

## Organisation

It is easy to provide a bad clinical attachment—one that is ill timed, unstructured, pays no heed to the learning needs of the individual overseas doctor, and provides insufficient contact with patient care and clinician feedback. Most attachments will be part time; they should last a minimum of two months and probably a maximum of four months.

***Who needs to do what?***

Overseas doctors need to be sure that they are doing the clinical attachment in the right specialty and location and at the right time (see checklist in box).

NHS providers need to be sure that they are adequately prepared to assess and respond to the attached doctor's needs and that they have something to offer, such as induction, clinical opportunity, and supervision. They also need to understand the legal and welfare issues affecting the attached doctor and monitor the quality of the attachment.

Traditionally, clinical attachments have been arranged informally, directly with individual volunteer hospital consultants. Increasingly, however, hospital trusts and primary care providers are looking at ways of providing more structured and formal opportunities for individuals and small groups of overseas doctors, particularly refugee doctors.

For a clinical attachment to be worth while, human resources departments, managers, and participating clinicians all have a part to play. Human resources staff and managers can help with inquiries about clinical attachments by providing written information and application forms.

They should draw up criteria for accepting and placing overseas doctors with clinicians. Although attached doctors are unpaid and therefore require no formal contract, human resources staff have an important role in setting ground rules for attachments and ensuring that some form of learning contract is agreed between the attached doctors and their clinical supervisors.

## Location, timing, and specialty

***Location***

Overseas doctors are concentrated in large urban centres in the United Kingdom (probably at least 60% in London, followed by Birmingham, Manchester, and Glasgow), and they are likely to be familiar with the names of the bigger teaching hospitals. According to anecdotal evidence, however, district general hospitals have much to offer. They are less crowded with students and provide a broad exposure to health care, which is better preparation for the PLAB examination. Overseas doctors may be understandably reluctant to move to an unknown area, but district general hospitals with a track record of providing clinical attachments sometimes also provide temporary accommodation (particularly in areas away from London and the south east—in some cases, family members may also be housed).

***Specialty***

People have a natural tendency to seek an attachment in the specialty of their initial training or greatest experience. The voluntary register of refugee doctors in the United Kingdom established recently by the BMA/Refugee Council shows that a huge range of prior experience exists.

Many people on the register have experience in specialties that are overcrowded in the United Kingdom (in particular, obstetrics and general surgery). Careful thought and career guidance may help an overseas doctor decide whether to pursue his or her original specialty or to redirect energies to a more realistic career choice (such as general practice). This will influence the doctor's choice of attachment.

Attachments in the more general specialties such as general practice, emergency medicine, and general medicine offer the best preparation for the PLAB exam.

***Timing***

For doctors wishing to continue in hospital careers, more specialised clinical attachments may be best taken after passing the PLAB exam. Many doctors may benefit from more than one attachment at different stages and with different goals.

There is wide consensus that it is best to do an attachment after passing the International English Language Teaching System (IELTS) with the scores required by the General Medical Council, to gain the maximum benefit and ensure the best possible reference.

### *Checklist for overseas doctors seeking a clinical attachment*

- Have I got my CV in good shape?
- Have I contacted all the possible local providers, hospital personnel departments, postgraduate deaneries, primary care trusts?
- Is this the right specialty for me—is it sufficiently general?
- Will I be able to pursue my previous specialty in the United Kingdom?
- Is this the right time for me to do an attachment?
- Is my English good enough to get the most out of it?
- Does this trust or surgery understand my needs?
- Will the attachment provide a sufficiently broad range of experience—outpatients, wards, surgeries, etc?
- Will I have sufficient contact with patients?
- If in hospital will I be able to shadow a senior house officer (the grade that doctors who gain limited registration will be able to work at)?
- Will there be a learning contract?
- Will I meet my supervisor before the attachment to discuss ground rules and my training needs?
- Will there be regular meetings to debrief and review my goals?
- Is there a quality monitoring mechanism—what happens if I have problems?
- Do I understand my legal position with patients?
- Have I made an effort to be appropriately friendly with all the staff?
- Will I be able to keep in touch with this unit after the attachment is over—for example, to attend meetings or use the library?
- Have I considered the effect on my welfare benefits?

## Clinical supervisors

The clinical supervisors taking responsibility for attached doctors will be consultants and general practitioners (GPs) with varying experience and understanding of the needs of overseas doctors. Training for supervisors of clinical attachments could be undertaken in half a day, probably on a regional basis, and cover a variety of topics (see box). It is also helpful for the supervisors to have some basic understanding of the welfare and legal situation of refugees.

### *At the beginning*

It is beneficial for the overseas doctor and clinical supervisor to meet for an informal interview before the doctor is accepted for the attachment to make sure they both know what is expected (at least one session a week of formal teaching directed specifically at the overseas doctor's training needs is considered a minimum). Once the attachment starts, the clinical supervisor should conduct the assessments of learning and training needs in the first week. This is a chance to set goals. These plans are put into the overseas doctor's personal development plan. Thereafter, meetings should take place periodically, to assess progress, discuss any problems, and set further goals if appropriate.

### *During attachments and at the end*

During attachments, overseas doctors should attend ward rounds, outpatients, or surgeries and shadow junior doctors. They should take histories and examine patients, although intimate examinations are best avoided (see below). Observing others working can be a rich source of learning, but only if supervisors and their attached doctors make efforts to ensure maximum benefit. Overseas doctors should be allowed to attend medical meetings and use the medical library. At the end of the attachment an exit interview should be held, and mutual feedback should be given (before the evaluation).

## Ethical and legal considerations

### *Medical indemnity matters*

The supervising doctor is liable for the actions of the attached doctor, as the attached doctor has no indemnity. It is a matter of judgment about what the doctor can be permitted to observe and do. Talking to patients and routine physical examination should be encouraged; performing invasive procedures and intimate physical examinations are best avoided. As with medical students, the patient must give free and informed consent to their involvement in training of any personnel and must be aware that the doctor is not registered to practise in the United Kingdom. With the advent of structured clinical attachments with guidelines for supervision, the medical defence unions may be able to review their position, particularly where the attached doctors have passed the PLAB exam, which indicates eligibility for limited registration in a supervised medical job as an SHO.

### *Avoid exploitation*

Safeguards against exploitation of an attached doctor need to be considered especially where the doctor is expected to undertake part time work. The limits about what work is expected need to be defined. Protected time for study and clinical experience must be set aside.

### *Who pays?*

Some trusts in the past have charged all overseas doctors for clinical attachments. But many clinicians have offered excellent clinical attachments for years for no remuneration. If supervisors or their trusts expect to be paid the risk is that this cost will be transferred to the overseas doctor or the voluntary sector.

It may be that points in continuing medical education (CME) could be awarded for taking a doctor on clinical attachment, but we are uncertain to what extent this would be an incentive. The NHS Executive encourages trusts and GPs to provide clinical attachments free of charge to medically qualified refugees and asylum seekers and to provide help with accommodation where possible.[2]

Over the past year more funding has become available to support initiatives for refugee doctors at local and national level, which is hoped to reduce the likelihood of refugees being barred from clinical attachments because of cost. Some non-refugee overseas doctors are also poor and living on borrowed money. Certainly profiteering from clinical attachments is not justifiable, given that many of these doctors are going to give years of service to the NHS.

### *Welfare rights*

Requirements covering welfare benefits and availability for work may be affected by participation in clinical attachments. Overseas doctors, programme organisers, and trust human resources departments need to take appropriate advice from employment and training agencies in the local government and voluntary sectors.

## *Recommended training and support for supervisors*

- Clarification of purposes of clinical attachments
- What is a refugee or asylum seeker or overseas doctor?
- Routes to reregistration (such as IELTS, PLAB)
- Legal aspects and access to patients
- Checklist for initial interviews—assessment of needs
- Model timetable
- Strategies for maximising learning opportunities for the attached doctor
- Giving feedback

## *Personal experiences*

**Doctor doing a clinical attachment (Sajid Siddiqi)**

My clinical attachment has given me the opportunity to learn the work that I hope I will be doing in the near future. It has given me confidence. The difference between the SHO and myself is that the SHO has all the responsibility and the workload. I am now aware of the responsibilities of the SHO without having any of the anxieties.

Working on a clinical attachment has been fantastic. I have enjoyed all the tasks I was allowed to do and was treated the same way as all the other doctors by the nursing staff and my medical colleagues. I always felt that I was a valuable part of the team. I personally recommend that all newly arrived overseas doctors take up a clinical attachment post even if for a short period of time before working as an SHO. Doing so you would have the opportunity to watch and learn before you take on the responsibility of working as an SHO. It will also be very beneficial to you when sitting the PLAB part 2 exam.

**Specialist registrar (Ignasi Agell)**

I didn't know Sajid was coming to our service until the day that my consultant introduced him to me and suggested he attended my clinic. Sajid told me he was happy to do anything I considered appropriate but had no idea of what that could be. The problem was that I didn't either. The lack of preparation meant that we quickly had to start thinking of some options.

We arranged for him to meet with me every morning and then discuss the rest of the day, usually to be spent with the consultant, the SHO, or on his own on the ward interviewing patients. This simple plan put a structure to Sajid's days, and our meetings became useful for both of us. I learnt of his anxieties and problems as well as of his ambitions. Doctors looking for clinical attachments don't come to our service regularly, but careful planning and discussions with the attached doctors can help them get the most out of it as possible.

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1 Cheeroth S, Berlin A. *BMA guidelines for overseas qualified doctors*. London: BMA, 2001.
2 Department of Health. *Report of the working group of refugee doctors and dentists*. London: DoH, 2000.

# Passing the IELTS exam

Tony Fitzgerald *explains the different components and gives some helpful tips*

The IELTS (International English Language Testing System) examination tests the skills needed for academic study in the United Kingdom. The test comprises four components: listening, speaking, reading, and writing. Each component is scored individually and an overall score is awarded. It is not a pass/fail exam but is banded from 1 to 9, with 1 indicating a very rudimentary knowledge of English and 9 indicating language skills equivalent to those of a native speaker.

The General Medical Council (GMC) asks overseas doctors for an overall score of 7.0, with a score of at least 7.0 in the speaking component and a score of no less than 6.0 in each of the other three components. A doctor can then apply for the two parts of the PLAB (Professional Linguistic Assessment Board) exam.

Candidates can sit the exam in centres worldwide. Throughout Britain, centres run the exam on a regular basis. There is no limit on the number of times a person may sit the exam, though a candidate is not allowed to sit it within three months of a previous attempt.

## Preparing for the examination

Preparation courses for the IELTS exam are run in many colleges and universities across Britain. Some courses specifically cater for the needs of overseas doctors—for example, Southwark College, Barnet College, and Westminster Adult Education Centre in the London area. (For further information about these courses, see the newsletter issued by the BMA for those doctors on the Refugee Doctor database.)

## Preparing for each component

***Listening***

The candidate listens once to four extracts of spoken English, often dialogues or short lectures—for example, an introductory lecture welcoming students on to a course or two students discussing timetables. The candidate has to answer 10 questions (multiple choice, short answer questions, summary "gap-fills," or complete flow charts) on each extract. The texts become increasingly difficult as the test progresses.

The skills required are the ability to listen and simultaneously record the main or key points heard; to note correctly important numbers or dates mentioned; to recognise subtle shades of expression; and to follow descriptions of procedures or processes.

*Tips*

- Immerse yourself in spoken English as much as you can. Listen regularly to radio and television. Radio 4, for example, offers a range of broadcasts on current affairs, science, education, and medicine in which you will hear the type of vocabulary needed in the test.
- Make use of the vast amount of listening material that is available for students studying English at all levels—for example, the Cambridge Skills for Fluency "Listening" Series or the "Headway" or "Cutting Edge" series ranging from elementary to advanced levels.
- Listen to material that includes people speaking in a variety of accents.
- Familiarise yourself with the way words are shortened, stressed, and flow into each other in typical everyday speech ("Headway" has a series of books on pronunciation).

***Writing***

The candidate is asked to carry out two tasks.

Task 1 involves writing a report based on information or data presented in a diagram or table form.

Task 2 involves writing an essay on a given topic of general interest. Common topics include the impact of the modern world on the environment; the role of education in society; the consequences of population growth; and the effects of new technologies. Candidates have 40 minutes to write at least 250 words.

*Tips for task 1*

- Look carefully at the figures before you begin to write. Is the chart showing numbers or percentages? This may determine the grammatical structures you need to use.
- Be clear about which verb tense (or tenses) to use.
- Write a sentence that presents an overall analysis in general terms of the information presented in the chart.
- Make sure that you understand the grammar of the verbs (and associated adverbs) used to describe trends, such as increase/decrease; rise/fall; raise/reduce (slightly, gradually, significantly, markedly).

*Tips for task 2*

- Before starting, analyse the essay title. Is it asking for an opinion, reasons for and against a point of view, the advantages and disadvantages of something? This will affect how you structure your essay.
- Decide on your opinion and plan the essay before you start to write.
- Avoid long sentences: the longer the sentence, the more difficult it becomes to control the grammar.
- Learn the rules of punctuation, particularly commas.
- Make sure that you understand the difference between conjunctions (for example, "and," "so," and "but") and connecters (for example, "furthermore," "however," "in addition," and "similarly").
- Leave two or three minutes at the end to check for common mistakes.

***Reading***

The reading section comprises three articles on which candidates have to answer 40 questions in total. The question types include:


true/false/information not available; summary gap-fills; selection of appropriate headings for paragraphs or sections of the text; completion of diagrams. Candidates have one hour to read the text and answer the questions. Texts and tasks become increasingly difficult.

*Tips*

- Read regularly, especially journals or magazines that contain articles with an academic focus.
- Read for gist first. Use the title, headings, introduction, conclusion, and the topic sentences of each paragraph to acquire a general understanding of a text.
- Distinguish between questions that require you to scan for specific information; those asking for an understanding of the gist; and those that require close, detailed reading.
- Identify the key phrases in both the text and the questions.
- Be strict in allocating and adhering to a time by which you will answer each section of questions. If you cannot answer a question within the time you have given yourself, move on to the next.

***Speaking***

The speaking module involves an oral interview with an examiner, lasting 11-14 minutes. The module has three main parts. In the first, the candidate answers general questions about his or her home, family, jobs, studies, and interests. In the second, the candidate has to speak for two minutes on a topic given on a card. In the third, the examiner and the candidate hold a conversation on more abstract issues related to the topic spoken about in the second part.

*Tips*

- Don't rush your answers. The examiner is looking for the ability to create a spoken argument that links ideas and language logically together.
- If you don't know or can't remember a word that you need, try to find a close alternative or words that explain it.
- Prepare for the interview, but don't memorise responses—for example, think about what your interests are and how those interests have developed.
- Avoid one-word answers, particularly at the beginning of the interview.

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# Preparing for the PLAB test

Wai-Ching Leung *gives some advice on how to prepare for both parts*

Most overseas doctors from outside the European Union are required to sit the Professional and Linguistic Assessments Board (PLAB) test before they can practise medicine in Britain. The PLAB test is specifically designed to assess a doctor's ability to work safely as a senior house officer (SHO) in a British hospital.

## Part 1

Part 1 is a three hour written paper consisting of 200 extended matching questions. The emphasis is on clinical management and the ability to apply knowledge to the care of patients. It includes: diagnosis; investigations; management; the context of clinical practice.

In the first three areas, you are usually given important information about a patient and asked to select the most likely diagnosis, or the most appropriate investigation or management from a list of options. The last area includes ethics and law, evidence based medicine, epidemiology, and health promotion.

### Tips on preparation

- Draw up a revision plan
- Revise from concise textbooks or handbooks published in the United Kingdom, such as the popular Oxford series. Use large textbooks only to look up specific points
- Revise thoroughly:
  Characteristic symptoms, signs, and investigation results of common conditions
  General principles of management of emergency conditions, as well as for common conditions such as acute chest pain
- Don't spend too much time on the rarer conditions that might appear only in postgraduate examinations
- Carefully study *Good Medical Practice*[2]
- Get an up to date copy of the *British National Formulary*. Note any differences in the names of drugs from those that you are used to in your country
- Read reviews of management of common conditions in journals such as the *BMJ*, and *Postgraduate Medicine*
- Familiarise yourself with the format of extended matching questions.[3] It is essential to get as much practice as possible in answering them. Many self assessment books consist of questions for either the PLAB or medical final examinations (available from internet bookshops and the BMJ bookshop)
- Familiarise yourself with the format and the instructions on the marksheet used in the PLAB test. You will find a specimen copy in "PLAB part 1—advice to candidates."

## Part 2

Part 2 can be taken only in the United Kingdom. Exam sessions are run 10 times a year. You must pass your part 2 within two years of passing your part 1, and you are allowed a maximum of four attempts. Otherwise you have to sit the part 1 and IELTS again. Although the official closing date is just over two weeks before each test, the sessions are often overbooked so it is wise to apply early.

Part 2 consists of a objective structured clinical examination (OSCE) with 14 stations and tests your clinical and communication skills. You are examined for five minutes at each station. There are two rest stations, and the whole examination lasts 96 minutes. You are assessed on your clinical management of conditions seen across a range of medical and surgical areas commonly seen by junior doctors. The five main skills tested are:

- Taking a history and reaching a diagnosis
- Carrying out a physical examination and recording your findings
- Communication
- Performing practical skills
- Managing emergency situations.

At most stations, you will be demonstrating these skills on manikins, models, or standardised patients (actors who give a history or display symptoms according to a predetermined script).

At each station, you are assessed on a number of objectives in the five skill areas. But you are not told of the objectives you are assessed against at each station.

You will be given a grade from A to E for each objective. Each of the objectives may carry different weights, and an overall grade is calculated. To pass the test, you must obtain an overall grade of C or above at 10 or more of the 14 stations, and must not have a grade E at more than one station.

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### Tips on preparation

- Arrange a short clinical attachment in the United Kingdom before your test to help familiarise you with: how doctors interact with patients in Britain; the legal and ethical advice in *Duties of a Doctor*[4] and *Good Medical Practice* put into practice[2]; the colloquial terms commonly used by patients; and the equipment routinely available
- If possible, enrol on a PLAB part 2 course with practice OSCE
- Alternatively, ask your senior colleagues to give you five-minute mock station tests
- Get access to a clinical skills laboratory and practise the practical skills listed on p 32 of "PLAB part 2—advice to candidates"
- Drill yourself thoroughly on the management of common emergency conditions such as basic adult and paediatric cardiopulmonary resuscitation

### Tips on taking the test

Before each station, you have one minute to read the instructions, which tell you what you need to do. Read them carefully and mentally plan your approach. Aim to complete the task within five minutes. Note whether you should address the standardised patient or the examiner.

Carry out the tasks efficiently. But don't rush, and pay attention to the communication aspects. Spend the first 30 seconds establishing rapport.

You will hear a warning bell 30 seconds before your allotted time at each station. Make good use of the remaining time to mention any other key points or perform key tasks.

When you move to the next station, concentrate on the tasks ahead and forget what happened in previous stations.

## *Before applying for the PLAB test*

- Make sure you really want to work in the United Kingdom[1]
- Check with the General Medical Council that your primary medical qualification is acceptable for limited registration and that it does not qualify you for automatically for full registration
- Make sure you have got the required score in the International English Language Testing System assessment (IELTS) examination
- Plan when and where you are going to take the test. Part 1 is held six times a year and can be taken both in the United Kingdom and overseas (currently Bulgaria, Egypt, India, Nigeria, Pakistan, and Sri Lanka). Apply early to make sure you will get a place
- Read the documents "PLAB part 1 and 2—advice to candidates" (available for download at www.gmc-uk.org)

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1 Suresh K. Surviving as an overseas doctor—1: Coming to the United Kingdom. *BMJ* (suppl) 2002;325:S39. http://bmj.com/cgi/content/full/325/7358/S39
2 General Medical Council. *Good medical practice.* London: GMC, 2001. www.gmc-uk.org/standards/default.htm (accessed 17 Oct 2002).
3 Leung WC. Computer marked written examinations. *BMJ* (suppl) 2002;324:S73. http://bmj.com/cgi/content/full/324/7337/S73a
4 General Medical Council. *The duties of a doctor registered with the General Medical Council.* London: GMC, 2001. www.gmc-uk.org/standards/default.htm (accessed 17 Oct 2002).

# Postgraduate exams: the MRCP(UK)

*Postgraduate examinations are another hurdle that overseas doctors have to pass.* Jim Benson *addresses their concerns about the MRCP(UK)*

The MRCP(UK) (Membership of the Royal College of Physicians in the United Kingdom) is a prerequisite for doctors wishing to undergo higher training in a medically related specialty. The aim is to identify those doctors who, having undertaken a period of general training, have acquired the necessary professional knowledge, skills, and attitudes to enable them to benefit from a programme of higher specialist training in the United Kingdom. The MRCP(UK) assessments must reflect these needs.

### Are there national differences in pass rates?

At present I cannot give any meaningful pass rate analysis for any nationality or ethnic group, as we do not have a high enough response rate to our requests for this information (it stands at around 35% at the moment).

However, a recent report said that pass rates for all the royal college exams ranged between 44.4% and 78.8% for British graduates and 28% to 66.7% for non-British graduates.[1]

### MRCP(UK) developments

The MRCP(UK) policy committee aims to ensure that developments of the examination (such as the introduction of a standardised clinical examination, the Practical Assessment of Clinical Examination Skills—PACES) are relevant and appropriate for all who seek the MRCP(UK).

We recognise that in offering the MRCP(UK) as an international examination, the needs and concerns of doctors from outside the United Kingdom must be taken into account.

The recent developments of the MRCP(UK) were taken forward on the advice and approval of our overseas colleagues. This means that the MRCP(UK) can complement overseas postgraduate provision and be a relevant international medical examination.

### Concerns

Correspondence I have had with overseas doctors interested in obtaining the MRCP(UK) indicates their concerns and misconceptions about the best strategy to employ for taking the examination.

#### *Studying for the exam*

Some overseas doctors are concerned at what they perceive to be high fail rates for non-British nationals. I would advise overseas doctors to take any opportunity that they might have for gaining a working knowledge of the United Kingdom's healthcare system.

We advise candidates to prepare for the examination by gaining clinical experience in managing emergency medical patients and by studying up to date postgraduate clinical textbooks and current medical journals. Details of courses are contained in the *Guide to postgraduate degrees, diplomas and courses in medicine*. This is published annually and is available from the National Advice Centre for Postgraduate Medical Education. The centre can provide impartial advice on registration, clinical attachment, availability and suitability of courses, and careers guidance. The colleges themselves run courses that are readily accessible to overseas candidates (see individual college websites for details).

#### *Catching candidates out?*

Many candidates are under the impression that the MRCP(UK) has been devised to catch them out in some way. The MRCP(UK) regulations and information for candidates give precise details about what will be tested. Past MRCP(UK) examination papers are also available.

We make every effort to ensure the MRCP(UK) is delivered as stated, so candidates should focus their examination preparation on this. If we do not deliver the MRCP(UK) as we say we will, this is a procedural defect, and the colleges have introduced an appeals procedure to address any such complaint.

Candidates should not be afraid to ask for clarification on any aspect of the MRCP(UK), and an invigilator or clinical examiner will not penalise you for seeking clarification.

#### *Language*

We do not apply any language test as a requirement for taking the MRCP(UK), but we do advise candidates that language ability should be equivalent to International English Language Testing System assessment (IELTS) level 7 in each module.

### Feedback

We do appreciate hearing your views on the MRCP(UK). Processes such as the appeals procedure have been developed to review individual cases and formally take account of your concerns. Informal observations are also useful and may lead us to consider revising the examination.

### Finally

If you fail the MRCP(UK) look at the reasons for this. Detailed feedback is provided with all our assessments and this is perhaps the best guide for preparation and future success. If you consider that you would benefit from a counselling session after failure in the clinical examination (PACES) please contact your college of entry, whose staff will do their best to arrange this. We are always prepared to explain the reason for failure of any part of the MRCP(UK).

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1 Donaldson L. *Unfinished business: proposals for the reform of the senior house officer grade*. London: Department of Health, 2002. www.doh.gov.uk/shoconsult

## *Tips on …*

## *Preparing for the MRCP part 1*

(1) It's never too early to start studying. Do not expect to do well if you procrastinate and cram a week or two before the examination.

(2) The intelligent use of basic principles and pathophysiology along with careful thought often proves more rewarding than just cramming.

(3) Use all your spare time to practise questions; there are many books available with practice questions to stimulate the mind.

(4) Revision courses can assist tremendously by reviewing key specialties and preparing you for the format of the test. Look for courses that offer small class sizes so you can interact with the lecturers without feeling intimidated.

(5) Online courses often allow you to take practice tests that simulate the testing conditions on the day of the sitting, as well as more structured subject-based revision. Look for courses that update the material regularly, and check who is writing the material.

(6) Practice mock-exams under time constraints and work out the best strategy that works for you: think fast, and commit yourself to an answer for each question. Only leave out those questions that are puzzling you. When you finish, go back and try these again.

(7) Read the question carefully. Many mistakes are due to misreading true for false, hyper for hypo and vice versa, etc. Remember: questions with the phrases "always" and "never" are usually false.

(8) Do not to spend too much time on one item. Answer every question—there is no negative marking.

(9) Often, responses that you were extremely confident about will appear less convincing the more you go over them. Remember that your first judgment is usually correct.

(10) Leave time at the end to make sure you have transferred your responses to the answer sheet correctly.

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Career focus has 10 free monthly subscriptions (value £25) to a part 1 (MRCP or MRCPCH) online e-course (provided by 123Doc Medical Courses, www.123doc.com). All you have to do is answer the following: "How many questions can you access from 123Doc website when you subscribe for an online course?" Please email careerfocus@bmj.com (winners will be chosen from correct responses).

# Spruce up your CV and interview skills

Sonia Hutton-Taylor *gives some advice that may help overseas doctors secure their first post*

You can use many tricks and tips to improve both your CV presentation and interview performance. UK graduates may pick up some of these in medical school, but overseas doctors can be at a disadvantage as they may not know what CVs and interviews in Britain are really about.

It is vital for success in both your CV and your interview to prepare well by learning as much as possible about the employing body, the bosses, the unit, and the job, etc. An effective CV should be written only after a thorough analysis of the job specification, person specification, job advertisement, and trust or practice website.

## Curriculum vitae

This is your "sales" document—information about you that allows the selection panel to decide whether you have the skills, personal attributes, experience, and qualifications for the post being advertised.

Many overseas doctors come from very different cultures and medical systems, where qualifications and "years in post" can be strong factors in appointment. It is a common mistake to think that merely listing experience and qualifications is enough. These days it is not. Certainly without these you are unlikely to get shortlisted or appointed—but with stiff competition the final decision can rest on more generic skills, such as evidence of teamworking and teaching, which will need to come under an "additional skills" subheading.

"CV building" is the process of identifying what is missing on your CV and then taking on specific responsibilities or experiences so that you can fill in these gaps.

### *Application forms*

Currently, an increasing number of posts have an application form either in addition to or instead of a CV. An application form allows the selection panel to have information about candidates in a standardised format, which makes comparisons between candidates easier and also finding relevant information easier. The disadvantage to the candidate is that there is less room for creativity and a greater requirement to be succinct. Application forms also tend to ask more essay-type questions—such as "give an example of how you deal with a difficult patient" or "explain a case where you feel you learnt a lot." This format is considerably more searching than a CV, where you are merely listing jobs, procedures, and papers. The answers people give are often much more revealing than they realise.

### *Get it edited*

Once you have completed your CV and/or job application get several people to read through it. Firstly, ask someone who has excellent spelling and grammar to check for mistakes. Secondly, try to find a doctor in your own specialty to read through the documents and point out anything that looks odd or things you could do to improve it.

A main problem in seeking advice, however, is the possibility of receiving conflicting feedback, which can seem confusing. If there is no consensus in the opinions offered, you need to assess for yourself which information seems right for you.

## What if your CV is not working?

If you are not being shortlisted despite submitting numerous CVs, this may be because:

- Your CV is not selling you as well as it could
- The posts you are targeting are very competitive and attracting many high calibre candidates
- You are applying for the wrong job for your particular level of skills and experience.

After a few applications have been rejected, it is worth doing something differently—for example, seek some further careers advice or restructure your CV. It is common for a CV to have to go through many drafts before the final version.

## Interviews

Some people are just born performers and sales people, so coming across well at interview is easy for them. However, many more are either very nervous or generally unprepared, and so they may not be offered the job—not because they are unqualified or unable to do the job but because they can't convince the panel that they have what is needed. Doctors often think that "selling and salesmanship" is beneath them, yet being able to influence and persuade others is a key skill for doctors in many aspects of their career.

Interviews are about selecting the best person from the candidates being interviewed. They are competitions and therefore warrant some time spent in preparation and training.

### *Techniques*

The technique for doing well at interviews can be learned with practice. For some doctors this means having to go through a few unsuccessful interviews to "learn the ropes." But doctors who have fundamental problems with interview technique may need to have many weeks or months of organised interview practice and perhaps some one to one training. The following tips may help.

*Before*—Be sure to read through your CV (the copy that you sent for this particular job), application form, and job description the night before or on the way to the interview. Take any other documents with you that might be useful—for example, copies of any research papers that you have contributed to, health certificates, or work permit information.

### *Some CV "don'ts"*

- Do not use the same CV for every job application (if you do this, you are not "targeting" appropriately)
- Do not include copious details about schooling on the front page
- Do not repeat the same information under several job headings
- Do not write huge paragraphs—that is, more than five lines—of unbroken text; bullets are better
- Do not use a chatty style—a CV is a professional presentation
- Do not make grammar and spelling mistakes
- Do not adopt poor chronology. You should start with current jobs and work logically backwards
- Do not use inappropriate terminology
- Do not use an inconsistent layout—for example, fonts, headings

*During*—Use good eye contact with the interview panel and smile occasionally. Don't give short monosyllabic answers, but equally don't ramble or be repetitive. The right length and balance of answers is almost as important as the content.

*After*—Write down all the interview questions (and your answers if you can recall them) immediately you come out of the room. This will allow you to start building an interview "question bank" and help you to pinpoint the questions where your answers are letting you down. If you don't get the job, ask for some feedback from the interview panel either on the day or by calling back later in the week. The human resources officer on the panel may be better at doing this than the doctors.

### *What interviewers want*

Shortlisting may be based on criteria such as qualifications, paper experience, and academic flair, but interviewers are aiming to find out a lot more than this. They want to find a confident and competent person who can show that they know what the job entails but also be aware of their own limitations and know when to seek help.

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Competing interest: Medical Forum is an independent career support facility for doctors, and SH-T receives income from consulting work and speaking engagements related to medical human resources.

### *Further information*

- Lectures on CV and interview skills are often included in deanery induction courses for overseas doctors
- How to structure your CV (see www.medicalforum.com/CV_headings.html)
- Common interview questions (see www.medicalforum.com/interview_qlist.html)

# Refugee doctors in the United Kingdom

Emma Stewart *discusses the main problems encountered by refugee and asylum seeker doctors in the United Kingdom. Her findings are based on 35 in-depth interviews.* Sallie Nicholas *explains what the Refugee Doctor Liaison Group is and how it can help*

Many refugee doctors face professional disappointment, frustration, and humiliation. The professional, financial, and cultural obstacles facing refugee doctors have been well documented over the past five years.[1–3]

Mohammed's case is typical. He is a qualified doctor from the Middle East with over 20 years' specialist experience, including consultation for worldwide organisations. He fled his country of origin for fear of his life. But since Mohammed has been in the United Kingdom he has been able to get only a staff grade post. He is extremely frustrated that he has no opportunity to progress beyond this and use his specialist knowledge.

I conducted 35 in-depth interviews with refugee and asylum seeker doctors throughout Britain to investigate their professional experiences.

The doctors made it evident that the road to restarting their career in Britain is fraught with many obstacles and hurdles—notably, the General Medical Council's (GMC) requirements, including the International English Language Testing System (IELTS) examination and the Professional Linguistic Assessment Board (PLAB) exam; unemployment regulations; being shortlisted for jobs; and career progression.

## GMC requirements

The route to GMC registration is long and complex. Many individuals said that the exams (IELTS and PLAB) taken before registration were problematic. They felt that the cost and especially the time between exams was frustrating. The preparation for exams such as the PLAB was also hindered by a lack of direction and specific textbooks.

## Unemployment regulations

The interviewees spoke of difficulties after doctors have passed their exams. Once a doctor has refugee status they receive social security benefits and must be ready for work.

GARRY HUNTER/PHOTONICA

But job centre regulations often do not recognise the unusual situation of refugee doctors who are seeking medical employment. The result is that they may be forced to take an unskilled post, resulting in the deskilling of some doctors.

Although the UK government has allocated £500 000 ($773 000; €795 000) to enable refugee doctors to take up unpaid clinical attachments,[4] the doctors highlighted problems with this. Firstly, if the posts are unpaid what is the person expected to live on? Secondly, if, as the BMA estimates, there are 500 to 2000 refugee doctors then this funding will provide only £250 for each person. The estimated cost for courses and exams to requalify as a GP is £3500,[5] so the government would need to spend at least £7m.

"We were asked to wait for six months for decision with the GMC … Six months later they said you have to take PLAB exam. The next exam was six months later because you can't take it just tomorrow." (European refugee doctor, male)

"It was really hard because IELTS is not a question of knowing English, it is a question of passing it as a specific exam … I have seen many doctors in London who are here already five years or four years. They cannot work because they have tried to pass that exam; they cannot pass it, although their English is perfect. They can write correctly English, but it is impossible for them to pass that test." (Male African refugee doctor)

"IELTS is very difficult for me to pass because it really doesn't evaluate your knowledge of English or how you can communicate to your patients or how you can go on in your career. It's a very general thing." (Female asylum seeker doctor from Middle East)

## Being shortlisted for a job

The GMC provides only limited registration when a doctor has a job offer. Refugee doctors noted considerable difficulties in competing with other candidates when they do not have GMC registration and the UK references needed. They explained that the time spent leaving a country and requalifying means not only are they older but they also have a gap in their CVs. They also have the initial professional disadvantage of not practising medicine for a while, so some doctors in specialties such as surgery may "lose their touch." And, despite government measures to speed up the process, most of those interviewed said that it took them years to enter a full time medical post. Most doctors felt they were disadvantaged at the shortlisting stage and that preference was always given to local candidates.

"The DSS [Department of Social Security, now part of the Department for Work and Pensions] provides support for refugees, but it's not easy for a refugee doctor to work as a waiter … The job centre won't accept that you are looking for a medical post. They say that you need to find a job, any job, and that they don't care about the qualifications that you may have from your country of origin." (Male refugee doctor from Middle East)

## Career progression

Once a refuge doctor is working in the health service, the problems do not necessarily stop. There may be stagnation in the middle grades as they cannot get training posts but are forced to take a staff grade or associate specialist post. Otherwise they may only gain jobs in the less popular specialties which other candidates do not want. Their overseas experience seems to count for nothing. There is a feeling that it is very difficult to proceed to consultant level despite being over-qualified. And if they do ever reach consultant level, this is unlikely to be in teaching hospitals.

Refugee doctors perceive that the system allows preference to be given to local candidates. Some doctors also reported preferential treatment of European doctors, which causes resentment. Despite the fact that many refugee doctors' education was in English, they must still take the IELTS exam. European candidates, however, are exempt from this exam, which annoys refugee doctors who personally witness the poor English performance of some Europeans.

## Personal issues

Many personal issues also face refugee doctors. Firstly, they have to adapt to the NHS. All individuals mentioned that the lack of family support can make life problematic. The lack of both professional and personal networks makes initial integration difficult. There are also problems in adapting to a different culture and living in a foreign country.

"I applied for registration and the GMC registered me through the senior doctor route, and I've been applying for specialist registrar jobs to be retrained and I've not even been shortlisted … Taking into account that those who are competing with me are the fresh graduates and SHOs who have just done some basic training or practice and have no experience, I find this very disappointing and frustrating … I'm trapped here to be on the dole." (Male refugee doctor from Middle East)

MATTHEW SEPTIMUS/PHOTONICA

However, the most notable personal impact on doctors was the emotional and psychological effects of being undervalued as a doctor in Britain. Many doctors explained the severe mental effect of being devalued, underused, and deskilled. One main contributing factor to this was the time taken to re-enter the profession. The doctors interviewed expressed a real feeling of frustration, demoralisation, and hopelessness, echoing the following sentiments: "the mental anguish and physical deprivation, the sense of annihilation and loss of reference points, and the vulnerability and desperation of refugees … the language difficulties, the lack of relatives and friends and knowledge of the 'system,' the uncertainty and the daily struggle for survival and to keep one's sanity and integrity; all these reduced life to a miserable existence."[6]

"I think that the thing is that nobody considered what experience I've had overseas at all … I worked as a doctor for 14 years. They consider only the past six years as my medical career … I have 16 years' experience as a doctor … and I find myself working with people who have only just graduated." (Qualified female doctor from Middle East)

## Conclusion

The refugee doctors in my research spoke clearly of the prejudice experienced at every level in the NHS. Some have been successful and are content, but most were not. The problematic issues faced in the system may be more widely experienced by other overseas qualified doctors. Although measures have been taken to open the door to refugee doctors within the United Kingdom, the full potential of this group is being lost. More must therefore be done to help refugee doctors to overcome the hurdles so that they can fully enter the health service at a time when the NHS is clearly desperate for doctors.

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## *The Refugee Doctor Liaison Group*

The Refugee Doctor Liaison Group (RDLG) brings together large national organisations, small local groups, and individuals involved in running study groups, teaching English, or offering support in other ways. The group serves as a forum for networking, information exchange, and collective action wherever possible. In many ways, it has acted as a catalyst. The Department of Health attends all meetings.

### *Recent developments involving members of the group*

**Voluntary database** The BMA and the Refugee Council have set up a voluntary database of refugee and asylum seeking doctors. We update and circulate statistics every month to give all those involved in helping refugee doctors the fullest possible picture of their numbers, locations, and needs. Doctors on the database—whose personal details are held in complete confidentiality—receive a quarterly newsletter, *Refugee Doctors' News*, plus targeted information about local events. See the BMA's website (www.bma.org.uk) for forms or contact its international department (tel 020 7383 6133; email: internationalinfo@bma.org.uk).

**Information pack** The Jewish Council for Racial Equality has updated its previous guide for refugee doctors to form a comprehensive resource document. It is available from the BMA's international department.

**Clinical attachments** These are invaluable in helping refugee doctors to get first hand experience of the NHS but can be difficult to find. Some trusts charge for them, and there is often confusion about how they should work. The BMA has published and disseminated guidelines written by two members of the RDLG (see BMA's website or via the international department). Some of the royal colleges are encouraging their members to provide attachments.

**Postgraduate deaneries and regional networks** The deaneries have become increasingly involved in helping refugee doctors in their areas. Many have organised special courses or events, and their involvement is making a real difference. The Department of Health has set up a database of refugee doctor links on its website (www.doh.gov.uk/medicaltrainingintheuk).

**Positive publicity** Both the medical press and the national media have shown a marked increase in interest and positive coverage. We have worked to generate and foster this.

**PLAB test** The GMC has waived fees for the first two attempts at part I of the PLAB test for refugee doctors. The Refugee Doctor Postgraduate Centre in Hendon, London, has set up a distance learning programme (see www.plabisgood4u.com).

**Free membership benefits** The BMA has set up a special package of benefits for refugee doctors working towards registration in the United Kingdom. This includes a weekly copy of the *BMJ* (see www.bma.org.uk or contact the BMA's international department). The medical defence organisations offer free or reduced membership.

If you are a refugee or asylum seeking doctor and you have not already done so, please:
- Look at the Department of Health's website for details of contacts in your area
- Contact us to register on the BMA/Refugee Council voluntary database
- Contact us to apply for the free package of benefits
- Show this article to others who may not know what is available.

If you are not a refugee but would like to contribute, please:
- Look at the Department of Health's website for groups in your area who might welcome your help
- Consider offering a clinical attachment to a refugee doctor—contact your local deanery if you can help
- Consider inviting refugee doctors in your area to postgraduate meetings, BMA divisional meetings, or other gatherings.

There is a great deal of interest and goodwill, and we have made enormous progress. In our excitement, however, we have not forgotten that we have raised refugee doctors' expectations and must now keep up the momentum

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1 Adams K, Borman E. Helping refugee doctors. *BMJ* 2000;320:887-8.
2 Berlin A, Gill P, Eversley J. Refugee doctors in Britain: a wasted resource. *BMJ* 1997;315:264-5.
3 Cheeroth S, Goraya A. Refugee doctors. *BMJ* 2000;321(suppl):S2 (Career Focus, 21 October).
4 Gavin M, Esmail A. Solving the recruitment crisis in UK general practice: time to consider physician assistants? *Social Policy and Administration* 2002;36(1):76-89.
5 Elliot P. Hidden talents. *Health Service Journal* 1997;17:28.
6 Ezsias A. Refugee doctors face enormous difficulty. *BMJ* 1998;316:1095.

# What to do before you come to the UK and when you first arrive

Manoj Kumar *has experience of coming to Britain to work, and he gives some practical advice*

If you are thinking of coming to work in the United Kingdom you need to consider several work related issues before making a final decision, but you should also be aware of what life will be like for you and your family once you get here.

### Why come to the UK?

Doctors from less developed countries come to the United Kingdom for training, supposedly because training is poorer or non-existent in their own countries. But many come here for a better life and to live in a Western democracy with all the benefits (and some disadvantages).

Professionally though, they want to choose the specialties they train in and to do well in them. However, often the professional and personal reasons don't fit together. To live here, overseas doctors often have to choose between working in a different specialty and trying to find success in their original choice of specialty with the risk of not being able to stay on. This is not an easy decision, but if doctors have a realistic idea about their chances of career progression before they come here, then they are less likely to be disappointed.

In other words, if it's a life in Britain that you want, you may have to choose a specialty in which you have a realistic chance of progressing. If it is training in a particular specialty that you want, you might have to return home after you get the basic training in it.

There seems to be a lag period before the awareness of the opportunities in each specialty reaches other countries. Though higher training has become more structured since the Calman recommendations,[1] bottlenecks exist. The widespread publicity about staff shortages in the NHS might also be sending conflicting signals to overseas doctors.

*Before you come*—Know in which specialties any training opportunities exist and whether you would be happy to train in those specialties, in case entry and progress is difficult in your preferred specialty.

### When should you plan to come?

Whether it is better to come over immediately after graduation in another country or later is not clear. As part 1 of the PLAB (Professional Linguistic Assessment Board) examination is now held in many other countries, more and more younger doctors are coming to the United Kingdom to sit part 2, which can only be taken in Britain.


Many overseas doctors, however, come to Britain after postgraduate training in their chosen specialty in their own country. This can result in better CVs and the advantages of having prior experience in a specialty. On the other hand, it would be difficult to change specialties if your chosen one is a no-go zone for career progression in Britain.

*Before you come*—Decide if it is the right time in your life to make a new start.

### Sociocultural aspects

Families from different cultural and religious backgrounds often face a dilemma when bringing up children in an environment that they cannot fully identify with. Many overseas doctors find themselves socially isolated even when they are professionally happy, and the balance of personal versus social happiness may be a hard one to achieve.

*Before you come*—Think about the future when your children may grow up with values different from yours.

### Essentials to know before coming over

The following is the basic minimum.

- Immigration and employment (visa, work permit) rules (click on 'Immigration & Nationality' at www.homeoffice.gov.uk)
- Registration with the General Medical Council (www.gmc-uk.org)
- The various roles of the British Council (www.britishcouncil.org)
- The role of the National Advice Centre for overseas doctors (www.britcoun.org/health/nacpme/index.htm)
- Details of the PLAB exam and the IELTS (International English Language Testing System) exam
- The Overseas Doctors Training Scheme (use links from the National Advice Centre's website, above)
- The various royal colleges (use the links from the GMC website, above)
- See also www.doh.gov.uk/medicaltrainingintheuk

### Practical points in the first few days

***Accommodation***

Overseas doctors often first live in accommodation provided by the hospitals that employ them. In the short term, this can be convenient, but the quality can often be poor and it can be isolating. At some point you may wish to move out and live in a rented house or even own your own place. Colleagues can advise you about the most desirable local areas. If you plan to buy a house, you must be aware of the mortgage system and your eligibility for applying for a mortgage. If you are renting, it is better to go through a recognised agent than negotiate yourself.

***Health***

General practitioners are the first point of contact for any health problem, so one of the first things you should do is register with a general practice close to where you live, especially if you have a family. Be aware of the working hours of the practice. Acute problems out of hours are usually dealt with by a separate on-call service accessed through the same phone number for the practice. In case of an emergency, dial 999 through any phone network and the ambulance services will respond. The same number also gets you access to the police and the fire brigade.

***Crime***

Though life in the United Kingdom is generally safe, you may at some point be the victim of crime. A lot of crime can be prevented by taking simple precautions, such as not leaving the doors and windows open or unlocked, especially at night. Most crime is against property and not against people, and any valuables you own must be properly insured. Burglary and theft of cars, car stereos, and mobile phones are the likely crimes that you may encounter, and you should report any crime (including racial attacks) to the local police.

***Schooling***

League tables of performances of schools are available from local education authorities.

***Driving***

Most doctors wish to have a car for practical reasons, and some of the jobs in the community require doctors to drive. Knowledge of the law is essential, and reading the Highway Code is a must. Even if you have driven elsewhere, it might be useful to take a few driving lessons from approved instructors. Even if your licence allows you to drive in Britain, it is worth passing the driving test to get a UK driving licence.

***Mentoring***

Some deaneries publish handbooks for overseas doctors, and many have senior doctors acting as mentors for overseas doctors. Newly arrived overseas doctors should contact the local deanery for these. Use these services sooner rather than later.

***Career guidance***

Even early on, discuss with training supervisors or mentors an overall career plan. Your plan would need to bear in mind the available opportunities, the limitations imposed by visa restrictions, the requirements for sitting the royal college exams, and your own life situation. If your initial plans do not seem to be the right ones, you need to think of contingency plans as soon as possible.

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1 Department of Health. *Hospital doctors: training for the future. The report of the Working Group on Specialist Medical Training.* London: DoH, 1993. (The Calman report.)

# The first job

Sonali Bapat *gives some advice on how to secure your first NHS post and the compromises you need to consider*

I am an overseas doctor from India and I came to the United Kingdom for higher training in paediatrics. I had three years of paediatric experience back home, an MD in paediatrics, the first part of the membership of the Royal College of Paediatrics and Child Health (RCPCH), and four publications in peer reviewed journals. In spite of this, it took me six months to find my first training job as a senior house officer in the UK. This was probably because I was too choosy, applying only to university or teaching hospitals and refusing locum jobs. Here is my story.

### International paediatric training scheme

I was sponsored by the RCPCH for their international paediatric training scheme (which is similar to the overseas doctors training scheme). This meant I was eligible for limited registration with exemption from the Professional and Linguistic Assessment Board (PLAB) test. It had placed me under "specialty restriction" for paediatrics and also restriction on locum jobs (less than three months' duration).

### Wrong time

I arrived in the UK at the wrong time (November) and I didn't start applying for jobs until January. Thus I lost all opportunities for the February session and was eligible only for the forthcoming August session. It is advisable for overseas doctors to come to the UK and start applying at least three months before the February or August sessions because most training jobs begin in the first week of these months.

### Limitations on locum jobs

Owing to time restriction on locum jobs, I could not take up any short term locums (one to two months) that were offered to me by the hospitals where I did my clinical attachments.

### Selective about hospitals and area

I was extremely selective about the type of hospital (preferring only university and teaching hospitals) and the region where I applied, preferring hospitals in the south east and London (to be closer to hospitals where my husband worked). When both partners are in the same specialty (paediatrics in my case) it is almost impossible to get jobs or rotations in the same hospital, and doctors should be prepared to have a long distance relationship or marriage for the first six to 12 months at least.

### No interview skills

I knew nothing about interview skills when I started. Many interviews have scenario questions about common emergencies encountered in the UK. I had not done a life support course before my first job and often lost out to colleagues who had done one.

A candidate's knowledge about audits, clinical governance, evidence based medicine, and so on is often tested at interviews and I did not have in depth knowledge of these important issues.

### A different story

Things might have been different if I had been on an induction course to be oriented in the NHS and learn more about interview techniques.

It also might have been different if I had opted for a different specialty because paediatrics is one of the more competitive specialties.

### *Tips for getting your first job*

- Start applying in October or April for February or August jobs
- Concentrate on district hospitals rather than university ones
- Don't restrict yourself to a city
- Attend an induction course
- Do a clinical attachment
- Learn about interview skills
- Do a life support course

### *Special note*

Overseas candidates are barred from taking up unrecognised jobs or jobs allotted for vocational training or general practice. PLAB candidates can take up recognised locum posts in any specialty, while doctors on the overseas doctors training scheme need an approved three to six month training job in their own specialty.

### So how did my story end?

I learnt about interview techniques by trial and error, compromised on the type of hospital and region (taking a job five and a half hours away from my husband), and am now working as a senior house officer in paediatrics in Wales.

### Some general advice

Here is some general advice and points to consider based on my own experience and that of other overseas doctors I have come into contact with.

***Flexibility***

Overseas doctors have to be very flexible and persistent to find a training post to meet their needs.

Doctors must be prepared to compromise if necessary in their preference of specialty, seniority, type of hospital, or geographical location.

*Specialty*—It is easier to find jobs in some specialties and better to avoid others until you gain some experience in the NHS. The


best specialty to start in is emergency medicine. It is the least popular specialty and locums and training posts are usually easily available. The next best specialty would be psychiatry.

Some deaneries publish competition ratios (number of applicants per specialist registrar post) for each specialty, which is a good indicator of how competitive the specialty is.[1]

*Seniority level*—Overseas doctors' first jobs will usually be on the lowest rung of the training ladder, irrespective of the qualifications or experience gained in their home countries. In general medicine or surgery, you often have to begin as a house officer and for other specialties it would be as a senior house officer.

*Type of hospital*—A district general hospital is ideal for the first job. District general hospitals tend to give more practical experience, be busier, have fewer senior staff per house officer, and a more general and representative case mix.

Overseas doctors often aim for teaching hospitals because they are the tertiary referral hospitals. They see more "clinically interesting" cases, but there are more doctors on each firm competing for training.

***Geographical location***

Bigger cities tend to be more expensive and accommodation may not always be available, especially for families. Overseas doctors with families often have the additional expense of renting family accommodation outside the hospital.

### And finally . . .

Careful planning can save time.

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1 Whitehouse A. National competition ratios should be available for all HST applicants. *BMJ* 2002;325(suppl):S55. http://bmj.com/cgi/content/full/325/7360/S55

# The staff grade dilemma

*Many overseas doctors take up a post as a staff grade doctor. Does this lead to better things or is it a journey into a career cul de sac?* Sabina Dosani *talks to three post holders and* John Adsett *gives his view*

Dr Nat Lawson was one of the first staff grade physicians in southeast England. He works in care of the elderly at Pembury Hospital, Tunbridge Wells. He says that he is often overworked owing to staff shortages: "There are three staff grade doctors here. There ought to be four but they can't get a fourth person."

His clinical role is not clearly defined and has expanded over his decade in post. "I do the work of a whole team: house officer, senior house officer (SHO), and specialist registrar; I do all of it. In clinics, because they haven't replaced the consultant, I see the new patients that he would have seen. I've agreed to do that and I'm not complaining. That wasn't the agreement initially and feels like too much work to me."

The new deal has been a bad deal for Dr Lawson: "The SHOs all get protected sleep but there are no bleep-free periods for me. When the SHOs were overworked, people helped to reduce their workload, but I've ended up doing their work on top of my other work."

Dr Lawson is surprised when asked about consultant supervision: "I don't get any. The consultants do come round to see their patients but they are pleased with my management decisions. My decisions are good and no consultant changes them. I'm not a house officer or SHO who will be phoning the consultant every five minutes. I supervise SHOs when they are new. I know what to do. I don't think there have been any mistakes."

Interestingly, Dr Lawson believes staff grade doctors offer patients more: "I think staff grade doctors are more devoted to our patients than other doctors as we are not always moving here and there. We do as much as possible and we stay late to get it all done. Most other doctors would be off home but we are more committed."

Dr Susanna Swallow is a staff grade doctor in clinical haematology at Rotherham General Hospital. Her job was converted from clinical assistant to staff grade two years ago. She works four and a half sessions per week and describes her job as "fitting in well with family commitments." Her consultants have encouraged continuing professional development (CPD) and she is pleased to have accrued all the necessary CPD points for the Royal College of Pathologists folder.


Other staff grade doctors, including Dr Lawson, lack protected time for CPD. He says: "I try to go to meetings to stay up to date when I can but it is difficult for them to find locums when I go off." He continues: "I have never had any study leave because nobody would cover my ward work. I used to go to regular hypertension updates but I don't feel comfortable leaving the ward without someone to cover me."

Unlike Dr Lawson, Dr Swallow feels that she is doing one doctor's work rather than a whole team's and says: "There is consultant support available 99.99% of the time." She explains several advantages available to her as a staff grade: "I get to do clinical work which I enjoy, but I don't have to fight my corner or get involved with a lot of politics." But she recognises that it might not be for everyone: "I wouldn't do a staff grade job if I wanted to be a consultant. It wouldn't suit a person who wants to be in charge."

> My future will be just the same in this job until I retire unless they change the system again and give me more work to do

Dr Lawson's view is considerably bleaker: "I think my contract is until I retire. My future will be just the same in this job until I retire unless they change the system again and give me more work to do."

Dr Koravangattu Valsraj is a staff grade psychiatrist working with the home treatment team in South London and Maudsley NHS Trust. Like many overseas doctors, he found himself with no option but to take a staff grade job. He explains: "Home Office regulations are very strict and they only allow overseas doctors to work as an SHO for four years. My visa could not be extended unless the postgraduate dean approved. Despite support from many consultants, clinical tutor, medical director, and director of postgraduate education, bureaucracy worked against me and I was forced to become a staff grade doctor."

Like Dr Swallow, he finds some aspects of the staff grade role advantageous: "I enjoy the clinical work; I work with an excellent team in an innovative area and have learned a lot about setting up a new service from scratch in line with the national service framework. I wouldn't have got that out of an SHO job because this job isn't approved by the Royal College of Psychiatrists for SHO training."

Dr Valsraj doesn't consider this a job for life. "The job works well for me because everyone around me knows this is a stopgap." He may have hit the concrete ceiling but is being helped out and up. "I'm being supported to study for my part two exams and as soon as I pass I'll move on to higher specialist training. I have one session of protected time to study and my post meets the college's requirements for educational approval. They'll give me time off before the exam as well."

Although he enjoys his job, he would be unhappy if it became more than a stepping stone. I'm sure he is not alone in saying: "Overseas doctors can get stuck in staff grade jobs due to Home Office restrictions."

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## *A view from human resources*

I have spent 30 years in the NHS so I have been around long enough to remember all the previous failed attempts at medical workforce planning. The expansion in the number of staff grade posts is the latest.

Over the past few years the staff grade has come in for criticism from managers and doctors alike: managers because the structure of the grade does not readily fit with the service needs that managers need to cover; doctors because it is seen by many as the "forgotten" grade. Trainees have a new contract and pay structure and consultants may soon have both. Staff grade doctors perceive that they have nothing.

In my view, doctors have a wrong opinion of the staff grade. My own trust is independently acknowledged to be a good employer to this group of staff, but it still has difficulties in recruiting the right quality and numbers of doctors. We have many staff grade doctors who are excellent clinicians prepared to work flexibly for the benefit of the service to patients. At the moment the international recruitment drive is for GPs and consultants, but perhaps that could extend to staff grades.

There is no clear career structure to which this group of staff can aspire, although the optional points scheme is a way of rewarding clinical excellence among staff grade doctors at the local discretion of employers.

The solution? If I knew that I would bottle it, sell it, and retire on the proceeds.

**John Adsett** *head of personnel at Basildon and Thurrock General Hospitals NHS Trust and National Secretary of the Association of Healthcare Human Resource Management*

The views expressed here are personal and should not be taken to represent those of any organisation.

# How to enjoy your training as an overseas doctor

Kallur Suresh *gives some advice*

I came to the United Kingdom in 1996 as an overseas doctor so that I could obtain higher training in psychiatry. I had previously trained for nearly four years and had some research experience in psychiatry in my own country. I have seen several overseas doctors come to the UK for medical training, and many of them have found it hard to adjust to their new environment, at least in the initial stages.

The systems for supporting overseas doctors are well developed in some regions but are all but non-existent in others. More often than not, it is left to your own initiative to solve the problems you face as an overseas doctor.

I have been through the process myself, and if I had to do it all over again, I would do it differently. I have been an informal adviser to overseas doctors when they have found things difficult. I have written this article in the hope that it will help overseas doctors enjoy their training more. Obviously, there is more than one correct way of doing things, but other overseas doctors may find my advice useful.

## Ways of coping

Generally, there are two ways of coping with difficult situations. You can face the difficulties head on and try to change things for the better ("problem solving approach"). This entails: listing and defining the problems; brainstorming for practical solutions for each problem; and then trying out one of the courses of action that seems most likely to succeed; and reviewing the results to see how well the original problem has been resolved. If it has not been resolved, you try another course of action.

Alternatively, you can accept the inevitability of the problems and deal with your own reactions to them ("emotion focused coping"). This includes expressing emotions, seeing the problem in a positive light and recognising that it has led to some good, or refusing to think about the problem—in other words, avoidance.[1] You can choose which strategy you want to use in each situation you face, although in most cases the first approach is generally better than the second. I have illustrated these strategies in the examples in the box.

### *Tips to maintain your mental health*

- Give equal attention to life outside work. Get the work-life balance right
- Learn to manage change—both professional and personal
- Value yourself and your previous experience and training overseas
- Be open with your feelings. Deal with negative emotions by recognising them, sharing them with another person, and using positive coping strategies
- Take steps to reduce your loneliness
- Take time out to relax
- Do something you enjoy that is totally unrelated to medicine
- Get involved in things at work you are really interested in
- Develop your own "personalised" strategies to deal with stress
- If you don't know, ask for help.

### *The problem: English language difficulties*

**Examples of problem solving approach strategies**

- Specify the problem: spoken, written, or both?
- List resources: courses, books, CD-ROM, web based teaching. Seek others' help
- Choose one course of action: attend a spoken English course
- Re-evaluate your language skills to test for improvements
- Go back to the beginning for the next problem

**Examples of emotion focused coping strategies**

- "I shall not think about it"
- "I accept I can't or don't want to do anything about it"
- "I accept that my language will always be somewhat different"
- "I will try not to be upset about it"

### *The problem: Difficult consultant*

**Examples of problem solving approach strategies**

- What is the difficulty? Bullying, lack of supervision, or not supportive?
- Discuss openly with the consultant if possible
- Get peer support from junior doctors' committee
- Bring it to the attention of your clinical tutor or clinical or medical director
- Consider feedback during college or deanery approval visit to your scheme

**Examples of emotion focused coping strategies**

- "I am here for only six months, so I can't do anything about it"
- "I have worked for worse people"
- "I will miss the meeting this morning in which I am likely to bump into him or her"
- "He or she is not so bad after all because I have learnt some new things"

## Find support

***Friends***

You need support at various levels during your career. An informal network of friends from your home country who have gone through similar difficulties should be the first contact for most overseas doctors.

***Junior doctors' committee***

Most hospitals have a junior hospital doctors' committee which meets regularly and discusses problems facing trainees.

***Educational supervisor***

Your educational supervisor can support you during your attachment with him or her. Many places have a "mentor" scheme, in which an overseas trainee is attached to a named person who is available for guidance and support.

## Look after yourself

The most important tool you need to do your job well is you. It is important to pay attention to yourself and see whether you can do something that will enhance the quality of your life. Your psychological health affects your performance at work and your relationships.

## Allow time

Adjustment to a new society, culture, and system of working is often a lifelong process. So allow yourself and your family plenty of time (often many years) to do so. Some things will always be difficult, no matter how long you spend trying to adjust to them. Chances are, they are difficult for the indigenous population as well.

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**Further information**

Department of Health. *Medical training in the United Kingdom: A guide for international graduates.* London: Department of Health, 2000. (www.doh.gov.uk/medicaltrainingintheuk/internationalgraduates.htm).

Doctors.net (www.doctors.net.uk) This website runs discussion forums through which you can obtain informal advice from other doctors.

1 Gelder M, Gath D, Mayou R, Cowen P. Reactions to stressful experiences and minor affective disorders. In: *Oxford Textbook of Psychiatry*. 3rd ed. Oxford: Oxford University Press, 1996: 134-59.

# Top tips for getting through the system and having a successful career in the UK

*Overseas doctors coming to work in Britain need as much practical advice as they can get. Here are some tips—from overseas doctors already working here*

A few months ago, we asked overseas doctors to tell us what their top tips would be to help other overseas doctors progress in the United Kingdom. Here is a selection of the responses we received.

## Come early

Once you have decided to come to the United Kingdom, don't waste valuable time in gathering postgraduate or service experience in your own country—the sooner you make the move, the better. The reasons for this are twofold. Professionally, you are not too far down a particular career path and so are in a better position to choose a specialty that offers the best chance of progress at that time. Socially, you are more likely to be free of the responsibilities that come with age and so are more ready to accept, for example, an academic position that may be good for your career but often brings a poorer salary.

## Settling in

*Learn to network*—Coming to a new country, with its different language, cultural attitudes, and values in life and work, demands that to get on you have to seriously orient yourself to your new environment. Establish contact with local general or specialist hospital tutors, overseas doctors' associations, and specialist associations. Using the available mentoring schemes would be a good start.

*Learn to speak English like a native*—It is initially very difficult to learn to speak slowly, clearly, and without an accent (especially while speaking to the locals and to colleagues). You have to make a conscious effort to slow down the speed you speak at. Initially, you are very aware of your accent and the extra effort you need to make to be understood. But, with time, that effort and awareness disappears.

*Join the Medical Defence Union or BMA*—These are good at offering advice if you run into problems.

*Adjust to the weather*—Resign yourself to the fact that there are just two seasons in Britain, mild winter and winter, and dress accordingly.

## Getting ahead

*Work hard and excel in your work*—Be prepared to learn about the new standards and expectations in all areas of work and life. Be realistic, flexible, and willing to learn and adapt to new systems and different communication etiquettes between professional groups, and patient and carer groups. If possible, attend local postgraduate meetings, obtain clinical attachments, and enquire about the types of training and supervision available. Prepare well for interviews and examinations, and use all opportunities to work towards your desired goal. Do not leave things to chance.


*Do audits and presentations, and get published*—For various reasons many overseas doctors will not have opportunities in their own country to do audits and presentations or publish articles. But it is an important component in the shortlisting process in Britain. So the sooner you can do this, the better. Academic success seems to impress everyone. Developing an academic interest and displaying your presentation skills early on in your career usually go a long way. Finally, for extra impact, make sure you publish in a journal that is indexed on PubMed.

*Do something more*—Everyone who applies for a job will have passed the PLAB (Professional Linguistic Assessment Board) exam and also have other higher qualifications. But to get shortlisted and get the job, do something more than others—for example, computer and management courses. This may make you stand out from the crowd.

*Be an exceptional trainee: produce something extra*—Merit is rewarded irrespective of the origins of the trainee. In the current system of competitive entry, you have to show that you are willing to put in just that little bit extra. If overseas doctors are competing


against local candidates who are equally qualified, overseas doctors should be able to show they are better.

*Aim high*—Don't be afraid to state that you wish to progress to the top.

*Work your guts out*—There is no substitute for hard work. Look for reasons for failure, not for excuses. Appraise yourself regularly and thoroughly.

*Become adept at networking*—This is particularly important with the consultants or GPs you work for. A helping hand from someone more senior could make all the difference.

## Sticking with it

*Persevere and persist*—Life is competitive and tough, so learn to be patient. As a member of a minority group you have to work through subtle discrimination and be in some ways at a disadvantage. Overall, the system is probably still fair despite its shortcomings. It might just take a few years longer to get where you want to go.

*Stay focused*—Not earning much in the early days can be a blow to your ego, as can being a stranger in a new health service. Often friends and family are far away, and loneliness can creep in, making you wonder why you are here. Keep your goal in mind, and any obstacles will fade into insignificance.

*Rely on inner strength*—It is crucial not to let repeated stumbling blocks blur your focus. Rely on your inner strength—remember, "tough times don't last; tough people do."

## Examinations

*Get the exams over with early on*—Only then will you have the time to involve yourself in academic activities and strengthen your CV. This will also help you to channel your efforts towards building up useful preregistrar experience in your chosen field.

*Get your exams at the right time*—This is essential. Do not sit back and relax during a rotation. Membership exams can take several attempts. However, a long gap between getting your membership and applying for higher specialty training is also not favourable.

*Know the exam*—Try to understand the type and level of knowledge that is being asked of you. Identify the frequently asked topics and study them in depth. Remember

that the disease spectrum and management may be different from what you are used to in your home country.

*Plan ahead*—Decide how much time you will need. Make a realistic daily timetable for yourself two to three months before, taking into account on-call shifts and days off. Remember to book relevant courses early and to discuss study leave arrangements with your colleagues well in advance. Make a list of the books you will need. Find out which are available in the library, which you can borrow from friends, and which are worth buying.

*Believe in yourself*—You will have spent months getting ready for the exam. Tell yourself you can do it. Chances are you are at least as good as the rest.

### Finding jobs (and the right specialty)

*Define "successful career" clearly*—What do you wish your career end point in the United Kingdom to be? Take copious appropriate advice. If you cannot be a "big fish in a big pond," would you accept being a "big fish in a small pond," or a "small fish in a big pond"? In other words, if you are unable to achieve your desired goal, what would you be prepared to settle for?

*Be decisive*—When arriving in Britain, most overseas doctors intend to go back home eventually but, when it is time to return, most want to stay. In the process, many spend a few valuable years in painful confusion and end up professionally dissatisfied. It is important to realise that jobs that are good for those who want to stay may not necessarily be so for those wishing to go back. You must choose early on what is good for you and you can do that only if you have your intentions clear from the beginning.

*Keep an open mind about specialising*—Don't have unrealistic expectations about which specialty to work in. It may be easier, for example, to get ahead in anaesthesia or psychiatry than in surgery. Most overseas doctors struggle because their chosen field is competitive, and they may not realise this until they have started applying for jobs. Also, remember to choose a specialty that is under-represented in your own country.

*Do a clinical attachment*—Doing clinical attachments and even a UK degree (such as an MSc or Diploma) related to the profession and field of your interest may help your job prospects dramatically.


*Try to get your first job in a remote district general hospital*—These jobs may be relatively less competitive as such hospitals are usually extremely busy and opportunities for social activities may be limited. You are, however, likely to emerge as a better doctor with all that "hands on" experience with unselected emergencies. Also concentrate on six month jobs rather than on rotations, which can be reserved for later.

*Be prepared to move*—Be prepared to move anywhere in the United Kingdom where you think the best job is available, regardless of where your friends are working. You are here for the best training, and relocation is one of the sacrifices you should be prepared to make.

*Wait for the right job*—It's a good idea to do a clinical attachment with a professor rather than go straight to being a "first on-call" senior house officer (SHO).

*Enhance your CV*—Your CV should always show that you are making steady progress in your career. Do not accept another six month SHO post just because it is in the same hospital or area. You have only four years to prove that you are suitable for entry at the specialist registrar (SpR) grade. Stagnating at one level is not looked on favourably, and you should seek jobs that show commitment to your chosen specialty, or alternatively work as a more senior SHO or in locum training posts while you look for that coveted training number.

*Attend interview skills courses*—Often overseas doctors get shortlisted but do not get through the interview. Attending courses on interview skills or having mock interviews may help you overcome this problem.

*Good communication skills are an asset*—At an interview, the panel must feel comfortable with you and believe that you are someone who will communicate well with patients and staff.

### When you are in your job

*Be polite*—Be polite rather than abrupt when dealing with hospital staff, and patients and their relatives. This makes work a comfortable and enjoyable experience.

*Be friendly*—Learn quickly how to develop a friendly working rapport with other colleagues, nursing staff, ward clerks, laboratory technicians, and medical secretaries. Help and advice from these sources will assist greatly in cutting down your workload.

*Socialise with your colleagues*—Socialising in the pub is very much part of British culture. Sharing a drink or two with your colleagues after work is considered normal. Not doing so is not considered abnormal, but you risk getting labelled aloof and unfriendly.

*Integrate*—It takes time to be accepted, but if you are seen to be "one of the team," there are enough fair doctors in the British medical system who will make sure you get on.

*Be prepared for ups and downs*—Remember that you are part of a team. When you speak to your consultants, be honest with them. Never lie. The "bleep" is something of a curse and a blessing. Always try to answer it promptly, but if you are late in answering it, explain why.

*Get to know the pharmacy*—When you start work, get to know the hospital pharmacy department. Pharmacists have a wealth of knowledge on drug pharmacology, route of administration, adverse events, interactions. They operate an on-call system, which may be useful when you are working nights.

*Enjoy talking with your patients*—Most people love to chat, and it is useful to know about football teams or television programmes.

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Many thanks to the following contributors: Thakor Mistry, consultant psychiatrist, Hallam Street Hospital, West Bromwich; N Vishwanath, Manchester; Seemit Dhage, SHO, Kings Mill Centre, Mansfield; Vishal Kapoor, SHO, Barnsley District General Hospital; Faiyaz Mohammed, SpR in general medicine/gastroenterology, Royal Oldham Hospital; B Nirmal Kumar, consultant otolaryngologist/head and neck surgeon, Wrightington, Wigan and Leigh NHS Trust, Wigan; Ayesha Rahman, SpR in radiology, Hull Royal Infirmary; Inamul Hai, staff grade, Taunton and Somerset Hospital; Karthik Maruthachalam, SHO in colorectal surgery, Ormskirk Hospital; N Sumanth, SHO in paediatrics, North Hampshire Hospitals NHS Trust, Basingstoke; R Kappor, SpR in paediatrics, Princess Alexandra Hospital, Harlow; V Khanduja, SpR in trauma and orthopaedics, North Thames Rotation, London; Vibhash Mishra, staff grade urologist, Wexham Park Hospital, Slough; Nutan Mishra, SpR in obstetrics and gynaecology, Frimley Park Hospital, Frimley.