

Guide for doctors new to the UK

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1. Introduction

International doctors make a valuable contribution to the NHS. Many come for postgraduate training and then return home, while others remain permanently. The UK has always been a popular choice for many reasons, including cultural and historical links with certain countries and having English as the main language.

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

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

This guide was accurate at the time of writing, however, major changes are taking place in postgraduate medical training in the UK at the moment, which you should take into account when making any decisions.

What is the BMA?

The BMA is the leading trade union and professional association for doctors in the UK. It represents doctors from all branches of medicine all over the UK. It is a voluntary association, but over 65 per cent of practising doctors are members. The membership of over 137,000 includes over 19,000 medical students and nearly 3,000 members overseas. It provides a wide range of advice and services to help doctors with problems on a day-to-day basis and has a central contact for all employment advice – askBMA – which links members to a network of offices around the country. Members also receive the *BMJ* each week. If you hold a primary medical qualification that is acceptable for registration with the General Medical Council (GMC) you are eligible to apply for full membership of the BMA. Further information, including details on how to join, is available at

www.bma.org.uk/join

Important information

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

- **while there are shortages of consultants (in some specialties) and GPs in the UK, this is not the same for training posts. Competition for junior posts has been very high for the past few years and is continuing to increase. Up-to-date details on unemployment and competition for junior doctor posts are available from *BMJ Careers* at www.careers.bmj.com and the GMC at www.gmc-uk.org Please be aware that the NHS is heading towards a system of self-sufficiency meaning that it will be less reliant on overseas medical staff.**
- there is a very high demand for clinical attachments and many international medical graduates (IMGs) are finding it difficult to acquire them. Some Trusts also expect doctors to pay for them
- if you are subject to immigration rules, bear in mind that the immigration rules are undergoing changes.

We advise you to:

- conduct as much research as possible into the current employment situation and realistically assess your chances of securing a job.
- plan well in advance and gather as much information as you can before you come to the UK.
- write to the responsible organisations, asking specific questions and make sure that you have everything in writing. Do not rely on telephone advice alone keep copies of all correspondence and documents you have submitted, just in case you have problems later.

2. How things work in the UK

2.1 The National Health Service (NHS)

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

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

2.1.1 Healthcare structure in the UK

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

Staff working in NHS Trusts are employed by the Trusts. Most doctors are employed under the terms and conditions of service negotiated nationally by the BMA for NHS employed medical staff, but Trusts are not obliged to apply them (see section 3.5).

England

The Department of Health for England is the Government department responsible for the management of health and social care services to the people of England and sets the overall policy on health issues. The responsibility for developing strategies for local health services and ensuring high quality performance rests with the 10 strategic health authorities (SHAs). They also manage the NHS at the local level. Each SHA is split into different types of NHS Trusts that run different services in particular areas: acute trusts, ambulance trusts, care trusts, mental health trusts and primary care trusts (PCTs). NHS Trusts are independent with their own boards of directors. A new type of hospital Trust was introduced in 2004 – foundation trusts. These are run by local managers, staff and members of the public and are tailored to the needs of the local population. They also have more financial and operational freedom than other NHS Trusts. As at January 2008 there were 67 foundation trusts.

Responsibility for the planning and securing of health services and improving the health of the local population in England lies with PCTs. These trusts are at the centre of the NHS and receive 80 per cent of the total NHS budget. They are entrusted with planning and commissioning health services for their local communities. For example, they must make sure there are enough general practitioners (GPs) for their population and ensure the provision of other health services such as hospitals and opticians. Hospitals are managed by acute trusts which ensure high quality healthcare. Foundation trusts are a new type of NHS hospital and have more financial and operational freedom than other NHS Trusts.

For further information visit the NHS website at www.nhs.uk

Northern Ireland

The administration of the Northern Ireland NHS lies with the Department of Health, Social Services and Public Safety (DHSSPS) (www.dhsspsni.gov.uk). Health and personal services are provided as an integrated service by four health and social services boards (Eastern, Northern, Southern and Western). The boards commission and purchase services for their areas. NHS Trusts provide health and social services within commissioning arrangements agreed with the health and social services boards.

For further information visit the Health & Care in Northern Ireland website at www.n-i.nhs.uk/

Scotland

With the exception of the regulation of the professions and legislation on abortion, decisions on health legislation are taken by the Scottish Parliament in Edinburgh. The Scottish Government Health Directorate is responsible for the leadership of the NHS and implementing health and wellbeing policies.

There are 14 area NHS boards in Scotland responsible for planning and delivery of health services. Hospital divisions are responsible for the delivery of secondary care and Community Health Partnerships, which encourage closer working between primary care and social services, are responsible for providing services in local communities.

For more information visit the NHS Scotland website at www.show.scot.nhs.uk

Wales

The National Assembly for Wales has strategic responsibility for the NHS in Wales. Local health boards are statutory bodies responsible for commissioning, securing and delivering local healthcare. Specialist services are provided by Health Commission Wales. Each local health board reports to one of three regional offices – Mid, North and South-East Wales – which monitor the development of local health, social care and wellbeing strategies. NHS Trusts are accountable to these regional offices for patient care, efficiency and finance.

For more information visit the Health of Wales Information Service at www.wales.nhs.uk/

2.1.2 Accessing healthcare

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

2.2 Career structure and training

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

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

In February 2003 the UK's chief medical officers (CMOs) published a document entitled *Modernising Medical Careers*, which proposed radical changes to the UK medical training system. This was followed by *MMC – The next steps* in April 2004. For copies of the documents go to www.mmc.nhs.uk

2.2.1 Foundation programmes

Under *MMC* a new two-year foundation programme for all medical graduates was established to replace the pre-registration house officer (PRHO) year and first year of senior house officer (SHO) training. The foundation programme started nationwide in August 2005. It aims to link medical school and general practice or specialist training through a programme of general training with participants undertaking a series of placements within various specialties and healthcare settings. Doctors on foundation programmes will be expected to gain a wide range of competencies encompassing both clinical and professional skills before they can proceed to the next stage of postgraduate medical training in the UK.

2.2.1.1 Foundation Year 1 (F1)

F1 posts are similar to the 'internship' year undertaken by medical graduates in many other countries and must include at least three months of general surgery and three months of general medicine (as required by the Medical Act 1983). Places are restricted, in the first instance, to individuals who are not eligible for full registration with the GMC. Individuals in F1 posts receive a salary and are allowed to use the courtesy title 'Dr'. The GMC has responsibility for the F1. While EEA graduates/IMGs are able to apply to F1 posts, we strongly recommend that you do your pre-registration year in your country of qualification.

2.2.1.2 Foundation Year 2 (F2)

F2 develops post-registration skills and enables trainees to undertake placements in three specialties. The Postgraduate Medical Education and Training Board (PMETB) is responsible for the F2. It typically consists of three, four-month placements and includes opportunities to work in primary care. F2 posts will build on competencies learnt during the F1 year as well as generic competencies including: time management, IT skills and team working which are applicable to all areas of medicine.

Further information about the foundation programme is available from the MMC website at www.mmc.nhs.uk/default.aspx?page=282

2.2.2 Specialist training

The medical royal colleges and their faculties (royal colleges) draw up the criteria for specialist training curricula and assessments which are submitted to the PMETB which is the sole competent authority responsible for the approval of training posts and programmes. It sets the standards within which selection for specialist training operates and certifies doctors for application to the specialist and GP registers. A network of regional postgraduate deans, with specialist input from the royal colleges, is responsible for ensuring that standards are met at a local level as part of their remit for quality management of postgraduate medical education and training.

When an individual successfully completes the foundation programme, they will move into a specialty training programme which, upon successful completion, will lead to the award of a certificate of completion of training (CCT) either for specialist or general practice training. The previous two-tier basic and higher specialist training system and the GP training system ceased to exist in August 2007 when the new specialty training programmes, established under *MMC*, were implemented.

Trainees who are not eligible to receive a CCT because they have not completed all their training in the UK may still be eligible to enter the specialist or GP register by virtue of their non-UK training or a combination of their UK and overseas training. They will not, however, be granted a CCT. GPs who qualified outside the UK will need to apply to the PMETB for a Certificate confirming Eligibility for GP Registration (CEGPR). Doctors wishing to enter the specialist register on the basis of overseas training need to apply to the PMETB for a Certificate confirming Eligibility for Specialist Registration (CESR).

For entry into specialist training in 2007 doctors applied through the Medical Training Application Service (MTAS), a central application process. Unfortunately, the MTAS was not without its problems, and led to an independent inquiry being launched into MMC, led by Professor Sir John Tooke. The inquiry's final report *Aspiring to excellence*, published in January 2008, will inform the medical training system for entry in August 2009. The report is available at: www.mmcinquiry.org.uk/MMC_FINAL_REPORT_REVD_4jan.pdf

For up-to-date information please visit the specialty training section of the MMC website at www.mmc.nhs.uk/default.aspx?page=281

2.2.2.1 Applications to specialty training in 2008

In 2008 selection into specialty training will be carried out locally, rather than through a centralised application process as in 2007. This means that applicants can apply for as many posts as they wish, and shortlisting will be carried out by postgraduate deaneries based on structured CVs. There are some exceptions to this which will use national co-ordinated recruitment processes, these include GP and obstetrics and gynaecology.

For up to date information you should check the MMC website at www.mmc.nhs.uk Please note that each of the four nations has its own MMC website, accessible from www.mmc.nhs.uk and you should check the application criteria for each country.

2.2.2.2 Training for general practice

There is a well-established postgraduate training programme for general practice, the vocational training scheme (VTS), which lasts for a minimum of three years and is compulsory for all doctors wishing to work in general practice. For information about applying for GP training, please visit the National Recruitment Office for General Practice Training website at www.gprecruitment.org.uk The PMETB is the authority responsible for GPs and doctors receive a certificate of prescribed experience when they have completed their general practice training. The PMETB will sometimes issue a certificate of equivalent experience to doctors who do not meet the criteria for this certificate, but whose experience is considered to be equivalent. The PMETB charges for the award of certificates of prescribed and equivalent experience. Please contact the PMETB for up-to-date fees.

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

Since August 2007 those UK-trained doctors looking to obtain a CCT in General Practice, have been required to complete a single training and assessment system through the Royal College of General Practitioners (RCGP). Satisfactory completion of the MRCGP has become an essential requirement for entry to the GMC's GP register as well as providing membership to the RCGP.

2.2.2.3 Less than full-time training and work (flexible training)

Part-time, or flexible training is possible in the UK for doctors who have well-founded individual reasons. This may mean that domestic commitments, disability or ill-health prevent them from working full time. Flexible trainees have to work **at least** 50 per cent of the whole time equivalent working week. Flexible training is also open to those wishing to take advantage of unique personal opportunities

such as training for national sporting events or working on a national committee. It is also available for those with religious commitments, eg training for a specific religious role, as well as for those seeking non-medical professional development. Applications for flexible training on these grounds will be treated on their individual merits.

Trainees may be employed to supernumerary posts, to 'slot-shares' or to job-shares. The BMA Junior Doctors Committee does not approve of job shares where two doctors are in one post with one contract, sharing all training and educational experiences. In a slot share, the training placement is divided for 2 doctors, but there are individual contracts, and the doctors may overlap sessions on the rota.

There is a less than full time scheme for non-training grades called the Flexible Careers Scheme which is managed and funded by SHAs. More information is available from www.nhscareers.nhs.uk/details/Default.aspx?Id=650 BMA members can find details from the BMA website at www.bma.org.uk/ap.nsf/Content/flexibletrainingguide (you need to be logged in to view this page).

Part-time and shared posts are also available in general practice, although once again there is no guarantee that there will be enough for all those who want them. There is also a special retainer scheme for GPs who can work between 1-4 sessions. The scheme is designed to help doctors stay in touch with medicine so that they can return to work in the NHS when their circumstances permit. They are expected to attend postgraduate medical education sessions.

2.2.3 Non-training posts

2.2.3.1 Consultants

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

2.2.3.2 Staff and associate specialist group (SASG)

There are options for doctors who do not wish to become consultants, or who are unable to do so. The umbrella term for these doctors is SASG and they are not required to be on the specialist register. The group comprises associate specialists, staff grade doctors, clinical assistants, hospital practitioners, and a number of other non-standard, non-training 'Trust' grades. Opportunities for career progression have increased since the PMETB became operational. Doctors who have not completed a specialist training programme in the UK or equivalent in another country can now apply to enter the specialist register on the basis of previous clinical experience. Further information is available from the PMETB website at www.pmetb.org.uk/index.php?id=713

2.2.3.2.1 Associate specialists

Associate specialists work at the senior career-grade level in hospital and community specialties. Most have chosen not to complete higher medical training or, having completed higher specialist training, have not taken up a consultant appointment. They are contractually responsible to a named consultant.

2.2.3.2.2 Staff grades

The staff grade post was introduced to meet service requirements where necessary. It is a permanent career grade in hospital medicine, which doctors can enter from training, ie instead of moving to higher specialist training.

2.2.3.2.3 Trust grade posts

These posts are created by Trusts to fill service gaps and have non-standard terms and conditions of service. Doctors employed in these posts are not protected by national terms and conditions of service and may be employed on poorer terms. Trust grade posts should be clearly labelled in job advertisements and doctors should be cautious when applying for them because they are not recognised training posts. Members of the BMA can contact *askBMA* (0870 6060828) for advice on Trust grade post contracts.

2.2.3.3 GPs

As described previously, GPs are the first point of contact for patients in the UK and act as gatekeepers to specialist services. All doctors working in UK general practice must be on the GP register which is held by the GMC. This register lists all who are eligible to work in general practice in the UK. Further information is available on the GMC website at www.gmc-uk.org/doctors/registration_applications/gp_registration.asp

2.2.4 Career structure in academic medicine

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

A new training pathway for clinical academics has been in operation since 2006. The Integrated Academic Training Pathway provides dedicated academic training programmes in strong host environments in partnership between Universities, local NHS Trusts and Deaneries. These programmes are derived of three phases: Academic Clinical Fellowships (ACFs) are of three years' duration and are aimed at new entrants to specialty training. 25 per cent of the programme time is protected for research and academic studies and 75 per cent for clinical studies. Once the ACF period is completed trainees should be in a position to compete for a PhD scholarship. Following completion of a higher degree, trainees can compete for a Clinical Lectureship (CLs). These are aimed at both doctors and dentists who have obtained a PhD/MD (or equivalent) and already have specialty training experience. The CL phase lasts for four years and provides an opportunity for a substantial piece of post-higher degree research and facilitates applications for further research funding. At the end of the CL period, trainees should be in a position to apply for a Certificate of Completion of Training.

The main posts in academic medicine are those of clinical lecturer, senior lecturer, reader and professor. Most posts are for fixed terms, although some may have security of tenure. Lecturers are usually given honorary specialist registrar posts, and senior lecturers, readers and professors have honorary consultant posts. Some staff may also be jointly employed by a university and the NHS.

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

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

include medical charities such as the Wellcome Trust, industry, pharmaceutical companies or the European Union under various programmes. Most teaching in academic medicine is to undergraduate medical students, but it may include postgraduate training and teaching of other healthcare groups. Specialist postgraduate teaching may take place within the undergraduate medical school or in special postgraduate institutions, often attached to NHS hospitals.

2.2.5 Continuing professional development (CPD)

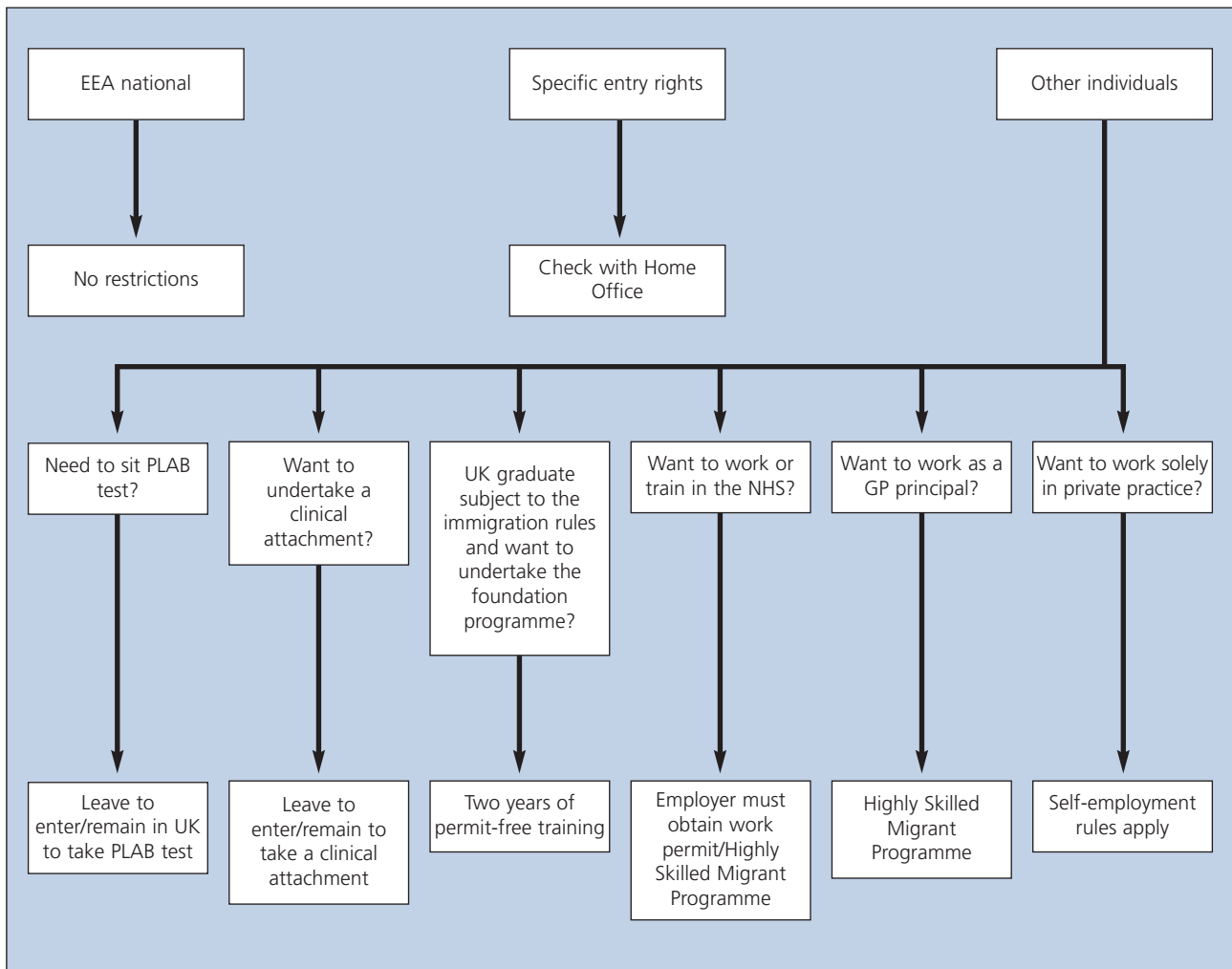
CPD is the process by which doctors keep up to date with developments in their own area of practice between the time when they gain a career grade post and their retirement. It may also include elements of more general professional development. The royal colleges have developed formal schemes, which require their members to gain a certain number of credit points over a set time. Credits may be awarded for activities such as attending approved courses, publishing scientific papers, presenting research at meetings, certain teaching duties and participation in audit (quality assurance) exercises. Details vary from college to college. See college websites for details of CPD within the different specialties. CPD will also play a significant role in the new revalidation system (see section 3.2.1 for further information).

3. How to get started

3.1 Immigration regulations for international doctors coming to the UK

Any international doctor coming to the UK must satisfy UK immigration requirements. These are handled entirely separately from registration matters, and the granting of a particular type of registration has no influence on a doctor's immigration status. Immigration law is very complex and doctors should seek detailed advice from the Border and Immigration Agency (BIA) www.bia.homeoffice.gov.uk or from an immigration adviser. Doctors who are still overseas can seek advice from the British High Commission, embassy or consulate, contact details for these can be found at www.fco.gov.uk/servlet/Front?pagename=OpenMarket/Xcelerate/ShowPage&c=Page&cid=1007029395231 The following information is intended as a general guide only, and should not be used as the sole source of information.

Figure 1 Immigration requirements for IMGs



3.1.1 Nationals of European Economic Area (EEA) Member States and Swiss nationals

Doctors who are citizens of the EEA, with the exception of Bulgarian and Romanian nationals, and Switzerland can enter the UK freely and work here without any restrictions. Bulgarian and Romanian nationals need to seek specific permission to work in the UK. Further details are available from the Working in the UK website at www.workingintheuk.gov.uk/working_in_the_uk/en/homepage/work_permits0/applying_for_a_work/bulgarian_and_romanian.html

3.1.2 Doctors with specific entry rights

Doctors from beyond the EEA may have specific rights to live and work in the UK, for example as the spouse of an EEA national or because they have commonwealth ancestry rights. Doctors who think that they may have such rights should seek advice from the BIA or the British representative overseas.

3.1.3 Non-EEA doctors

Doctors who do not have any rights to live and work in the UK must satisfy immigration requirements appropriate to their reasons for coming to the UK. The various immigration processes can take time and doctors must factor this in when they are applying for posts. Please note: the UK is gradually introducing a new points-based managed migration system from 2008 which will replace all existing immigration categories. Please check the BIA website for up-to-date information – www.bia.homeoffice.gov.uk

3.1.3.1 Doctors taking the Professional and Linguistic Assessment Board (PLAB) test

Doctors entering Britain to sit the PLAB test (see section 3.2.3.2.1) should request leave to enter the UK for the purposes of taking the PLAB test. **This does not entitle them to work here.** IMGs subject to the immigration rules may be admitted to the UK for a period of six months to take the PLAB test, and extensions may be granted by the BIA, with the maximum amount of leave an individual can be granted being 18 months. Full details can be found on the BIA website at: www.bia.homeoffice.gov.uk/policyandlaw/immigrationlaw/immigrationrules/part3/

On passing the PLAB test, doctors may apply to the Home Office for permission to remain in the UK to undertake a clinical attachment, or for permission to switch to a work permit/the Highly Skilled Migrant Programme to work in the NHS.

3.1.3.2 Doctors undertaking clinical attachments

Doctors seeking to enter/remain in the UK to undertake a clinical attachment (see section 3.4.4) can apply for leave to enter/remain which will normally be granted in line with the clinical attachment. Leave will not normally be granted for more than six weeks at a time with a maximum of six months in total. Furthermore, the post must be unpaid and involve observation only. Full details are available from the BIA website at www.bia.homeoffice.gov.uk/policyandlaw/immigrationlaw/immigrationrules/part3/

3.1.3.3 Doctors working in the UK

On 7 March 2006 the Department of Health announced changes to the immigration rules relating to postgraduate doctors. These changes came into effect on 3 April 2006 and mean that doctors can no longer undertake training posts on permit free postgraduate training status, with the exception of non-EEA graduates of UK medical schools undertaking a foundation programme (see 3.1.3.4). Instead, they need to meet the requirements of another employment category. In most cases this will be work permit provisions, as has been the case for non-training medical posts for some time.

Employers must apply for the permit from Work Permits UK and will usually be required to show that no suitably qualified resident worker was available to do the job. The process is simplified if the post is considered a shortage occupation. A work permit is specific to a particular post, and if a doctor moves to another job before the work permit expires, he or she will need a new permit.

After the employer has successfully applied for a work permit, the doctor must submit an application for limited leave to remain. This is the permission an individual needs to stay in the UK and is granted in line with their Immigration Employment Document (IED) – in this case, a work permit. For further information about limited leave to remain applications and the costs involved, go to the BIA website at www.bia.homeoffice.gov.uk/6353/11406/49552/flriedguidanceapril07.pdf

Doctors are also able to work under the Highly Skilled Migrant Programme (HSMP). The HSMP is a points-based assessment of skills and achievements and successful applicants are initially given two years permission to work in the appropriate field, without being tied to a particular employer. At the end of two years, the applicant can seek a further three years under the programme, and then apply for indefinite leave to remain (permanent residency). When granted the HSMP a doctor must then apply for further leave to remain in line with their HSMP status. Full details of the programme are on the Working in the UK website at www.workingintheuk.gov.uk/working_in_the_uk/en/homepage/schemes_and_programmes/hsmp.html

Note: In Spring 2008 the HSMP is being replaced by Tier 1 of a new points-based system for migration. For further information see the BIA website at www.bia.homeoffice.gov.uk/

After five years spent on a work permit/the HSMP a doctor can apply for indefinite leave to remain (permanent residency) in the UK. Further information is available on the BIA website at www.bia.homeoffice.gov.uk/policyandlaw/immigrationlaw/immigrationrules/part5/

3.1.3.4 Doctors who are graduates of UK medical schools

Non-EEA nationals who are graduates of UK medical schools must satisfy immigration requirements if they wish to continue training in the UK. Under the new immigration rules, which came into force on 3 April 2006, these doctors will be granted up to three years of permit-free training in order to complete the foundation programme and gain GMC registration. For more information go to the Home Office website at www.bia.homeoffice.gov.uk/policyandlaw/immigrationlaw/immigrationrules/part3/

3.1.3.5 Working as a GP principal

Doctors who have completed GP training in the UK, or IMGs who have qualified as a GP outside the UK and whose qualifications have been assessed by the PMETB and who have been granted a CEGPR, and who are on the GP register held by the GMC are allowed to work as GP principals.

Individuals intending to work as GP principals are able to apply for the Highly Skilled Migrant Programme. See 3.1.3.3 for further information.

3.1.3.6 Working as a salaried/locum GP

Salaried and locum GP posts require work permits/HSMP. Please note that, as work permits are specific to one job and one employer, every locum position will require a new permit.

3.1.3.7 Permanent residency

Overseas doctors who have lived in the UK for some time may be eligible to apply for permanent residency. For example, 10 years of continuous residence or five years of working on a work permit/under the HSMP may be accepted as grounds for granting settled status. Detailed information can be obtained from the BIA at www.bia.homeoffice.gov.uk/policyandlaw/immigrationlaw/immigrationrules/?version=1

3.1.3.8 Obtaining immigration advice

Under the Immigration and Asylum Act 1999, all organisations and individuals giving immigration advice must be authorised by the Office of the Immigration Services Commissioner (OISC). Lists of advisers can be found on the OISC website at www.oisc.gov.uk/adviser-finder/00-adviser-finder.asp

The BMA International Department is authorised to provide basic immigration advice to BMA members in matters relating to their employment in the UK (Ref: N200100094). It is not authorised to provide advice on cases involving asylum, refusal of leave to enter or remain, deportation, illegal entry, or nationality. It is allowed to provide advice on applications for leave to enter or remain in the UK at Level One (initial advice) of the advice activity levels drawn up by the Immigration Services Commissioner. This level includes:

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

3.1.3.9 Refugee doctors

The BMA is one of a number of organisations which is committed to helping refugee doctors re-establish their medical careers in the UK. A briefing paper detailing the work the BMA is doing in this area is available from the BMA website at www.bma.org.uk/ap.nsf/Content/hubrefugee+doctors or from the BMA International Department. This work includes maintaining the Refugee Doctors' Database which collects details on the numbers of refugee doctors in the UK, their location and stage of their career and registration process. It also offers a benefits package through the Refugee Doctor Initiative which entitles doctors to receive the *BMJ* free each week and use the BMA library. For further information and a copy of a *Guide for refugee doctors* please contact the BMA International Department (internationalinfo@bma.org.uk).

3.2 Registration

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

Arrangements for registration are not the same for all doctors trained outside the UK; they are relatively simple for doctors from the EEA, and much more complex for those who have qualified outside the EEA. If you want to work in the UK, contact the GMC well in advance to find out what you need to do. Allow plenty of time to complete all the formalities. **Do not expect to go to the GMC and register on the spot as it can be a lengthy process.**

As of 19 October 2007 a new registration framework was implemented which has abolished limited registration. There are now the following four different types of registration: provisional, full, specialist and GP.

Provisional registration – This is granted to newly qualified doctors to undertake general clinical training needed for full registration. Doctors with provisional registration may only work in F1 posts.

Full registration – Doctors wishing to undertake unsupervised medical practice in the NHS or the private sector require full registration.

Specialist registration – Doctors must be on the specialist register to be able to take up substantive or honorary consultant posts in the NHS.

GP registration – It is a requirement that all doctors working in general practice, other than those in training, such as GP registrars, must be on the GP register.

3.2.1 GMC licence to practise and revalidation

The GMC is changing the registration system for doctors. At present, any doctor eligible to practise medicine in the UK is included in the medical register. This system is being enhanced, in the future the GMC will issue a doctor joining the medical register with a licence to practise when they are granted registration. As yet, the GMC has not confirmed the form that this licence will take.

In order to maintain their licence to practise, doctors will be subject to revalidation at regular intervals. This means that doctors will be required to demonstrate periodically that they are up to date and fit to practise. Revalidation has three elements:

- To confirm that licensed doctors practise in accordance with the GMC's generic standards set out in *Good medical practice* (relicensing)
- For doctors on the specialist register or GP register, to confirm that they meet the standard appropriate for the specialty (recertification)
- As a backstop, to identify for further investigation, and remediation where appropriate, doctors whose practice is impaired, or may be impaired, where local systems are weak or non-existent

Good medical practice is published by the GMC and sets out the principles and values on which good practice is founded, including the duties of doctors registered with the GMC. It can be viewed on the GMC website at www.gmc-uk.org/guidance/good_medical_practice/index.asp

At the time of writing it is not yet known when licensing and revalidation will be introduced by the GMC. In the meantime doctors are being advised to collect information to demonstrate that they have been practising in accordance with the standards of competence, care and conduct set out in *Good medical practice*. For details of how to do this and for up-to-date information about when licensing and revalidation may be introduced go to www.gmc-uk.org/doctors/information_for_doctors/licensing.asp

3.2.2 Registration for doctors from the EEA and Switzerland

The EEA is made up of the 27 countries of the European Union (EU) – Austria, Belgium, Bulgaria, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom – plus Norway, Iceland and Liechtenstein.

European law means that the registration process for doctors from the EEA is quite straightforward. The same rules apply to doctors from Switzerland. You should be entitled to full registration if you meet both of the following criteria:

- you are a citizen of an EEA member state or Switzerland;
- **and**
- you have completed your basic medical training in an EEA member state or Switzerland and hold a recognised qualification. Completing your training means that you have finished any periods of

pre-registration experience and are entitled to full registration in the country in which you trained.

Detailed registration information for EEA and Swiss nationals who have qualified in an EEA member state or Switzerland is available at www.gmc-uk.org/doctors/registration_applications/join_the_register/graduates_from_eea.asp

There are specific arrangements in place for doctors who have qualified in Bulgaria and Romania. Detailed information is available from the GMC at www.gmc-uk.org/doctors/registration_news/accession_guidance.asp

The GMC will tell you exactly which documents you need to provide for registration. There are some variations, depending on which country you come from. However, you will need the following:

- a completed application form, which you must obtain from the GMC
- proof of identity, such as a valid passport or identity card, as evidence of your nationality
- your original primary medical qualification documentation
- certificate of good standing – an original certificate issued by the medical authorities of the country in which you are currently working, or last worked, stating that you are legally entitled to practise and have not been suspended or disqualified or forbidden to practise as a doctor. This certificate must have been issued no more than three months before the date on which you present it to the GMC.

If your documents are not in English, you will have to provide translations which are certified as correct by a government authority or official translator. You will have to pay a fee for registration and an annual fee for staying on the medical register. Further details are available from the GMC website at www.gmc-uk.org/doctors/fees/paying_fees.asp

You will not have to take any examination or language test before being registered by the GMC. Although, some employers may require evidence of a high standard of written and spoken English.

Directive 2005/36/EC on the Recognition of Professional Qualifications, published on 30 September 2005, entitles EEA citizens who are holders of third country qualifications to benefit from the Directive if their qualifications have been recognised by a first member state according to its national rules and they have practised the profession for at least three years in that member state. Check with the GMC as to whether you can benefit from this provision.

3.2.2.1 Registration of general practice qualifications

If you meet the two criteria set out at the beginning of section 3.2.2, and have also completed a recognised programme of specific training for general practice in an EEA country, you should be able to have this recognised for equivalence. The GMC will check your general practice qualification with the PMETB.

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

3.2.2.2 Registration of specialist qualifications

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

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

3.2.2.3 Special arrangements for F1 posts

Not all EEA countries have the equivalent of the pre-registration F1 post, and it is not covered by mutual recognition legislation because it precedes full registration. There is, however, a 1975 European Community recommendation which encourages countries that have this arrangement to allow each other's graduates to train in their countries. In this case doctors will be granted provisional registration. Further information is available from the GMC website at http://www.gmc-uk.org/doctors/registration_applications/join_the_register/s15a_p1.asp

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

There are some countries where doctors are not given full registration until they have completed their postgraduate training. They are classified as interns (or similar) for several years. This can pose problems if they want to work in the UK, because they are not legally entitled to full registration – which they will need to hold F2 posts and upwards – but may be too experienced for F1 posts. In practice, opportunities may be very limited. If you think that you will be in this position, make sure that you contact the GMC before you make any firm plans.

3.2.3 Registration for doctors from non-EEA countries – IMGs

The first port of call for IMGs wishing to practise in the UK is the GMC. Conditions that allow the GMC to grant full registration to IMGs are governed by law – The Medical Act 1983. Doctors must have an acceptable primary medical qualification, and will be expected to have completed (overseas) appropriate experience or internship of at least 12 months equivalent to Foundation Year 1. IMGs who have not completed an internship prior to coming to the UK will only be entitled to provisional registration and will have to undertake a Foundation Year 1 post.

At the outset IMGs should check with the GMC whether their primary medical qualification makes them eligible to apply for registration. They then have to provide objective evidence that they have the knowledge and skills needed for working as doctors in the UK. This is done through one of the following ways: passing the Professional and Linguistic Assessments Board test; sponsorship; possession of an acceptable postgraduate qualification or eligibility for entry in the specialist or GP register. Further details about these routes to registration are found at 3.2.3.2.

IMGs who are new to full registration, and not eligible for entry to the specialist or GP register are required to work in an approved practice setting (APS) for at least 12 months. This means a setting approved by the GMC as:

having systems for the effective management of doctors, systems for identifying and acting upon concerns about doctors' fitness to practise, systems to support the provision of relevant training or continuing professional development, and systems for providing regulatory assurance.

Further information about APS is available from the GMC website at www.gmc-uk.org/doctors/registration_news/new_framework/approved_practice_settings.asp

There is an initial fee for registration and an annual fee to remain on the register. You will need to contact the GMC to find out which category of registration you can apply for and how much it will cost. Information is available on the GMC website at www.gmc-uk.org/doctors/fees/paying_fees.asp

3.2.3.1 English language requirement

The majority of doctors who qualified outside the EEA, and who are not citizens of an EEA member state, are required to demonstrate their English language proficiency, regardless of the type of registration for which they are applying. For most doctors this will be demonstrated by obtaining a satisfactory score in the IELTS test (International English Language Testing System). The IELTS test is administered by the British Council and can be taken in many countries. It consists of four sections (speaking, listening, writing and reading) and is scored on a nine band scale with one being the lowest (non-user of English) and nine the highest (expert user).

Candidates must obtain an overall score of 7 with minimum scores of 7 in speaking and 6 in listening, writing and reading. Doctors must achieve the required IELTS score before they can sit the PLAB tests. IELTS test scores remain valid for two years. There is no limit to the number of times candidates can sit the IELTS exam.

You can obtain further information and the location of your nearest test centre from the British Council website at www.britishcouncil.org/learning-ielts.htm or from the IELTS website at www.ielts.org

There are certain circumstances in which the GMC will consider alternative evidence, providing you have not already taken the IELTS test and failed to achieve the required score. For example, if you graduated from an institution where the language of instruction and examination was English; or if you have moved to the UK from an English speaking country where you took an English examination to obtain registration with the medical regulatory authority.

Further details about satisfying the English language requirement are available from the GMC website at www.gmc-uk.org/doctors/registration_applications/join_the_register/language_proficiency.asp

3.2.3.2 Routes to GMC registration

3.2.3.2.1 Professional and Linguistic Assessment Board (PLAB)

Please note: Passing the PLAB test does not guarantee that you will find a job in the UK, and there is very strong competition for training posts.

The PLAB test assesses a doctor's basic medical competence and their ability to communicate in English for suitability to work at F2 level, although doctors at F1 level can take it.

Part 1 of the PLAB test consists of a three-hour written paper comprising extended matching questions and single best answer questions. The examination tests four skill areas: diagnosis, investigation, management/treatment and context of clinical practice. Detailed information about content and how to prepare for the exam is available at www.gmc-uk.org/doctors/plab/advice_part1.asp

Part 2 is the Objective Structured Clinical Examination (OSCE), which tests the candidate's clinical and communication skills in a number of controlled situations. The skills assessed are clinical examination, practical skills, communication skills and history taking. Detailed information about PLAB 2 is available at www.gmc-uk.org/doctors/plab/advice_part2.asp

At the time of writing part 1 of the PLAB test can be taken in the UK or at selected centres in Egypt, India, Nigeria, Pakistan, Russia, South Africa, Sri Lanka, the United Arab Emirates and the West Indies. There are two sittings a year in overseas centres in January and July. In the UK there are four sittings per year. Part 2 can only be taken in the UK and tests are usually held every month. You should contact the GMC for more information about the PLAB test and to find out whether or not you can be exempted from it. The GMC website includes details of PLAB test dates and example questions.

3.2.3.2.2 Sponsorship under an arrangement approved by the GMC

This applies to doctors who have been selected for postgraduate training by a UK medical royal college/faculty or by a small number of postgraduate institutions, or by the head of a university department whom the GMC has approved for this purpose. Doctors who have failed the PLAB test are not usually considered suitable candidates for sponsorship. Doctors applying through this route are restricted to supervised employment in a particular specialty, location and grade of post and will generally require an offer of employment to an approved training post. Their period of registration is usually restricted to their period of employment. The Overseas Doctors Training Scheme (ODTS)/ International Sponsorship Scheme (ISS) organiser or head of department concerned will know if their arrangements have been approved by the GMC (see section 3.3.2.1 for further information about the ODTS/ISS). Further information is available from the GMC at www.gmc-uk.org/doctors/registration_applications/join_the_register/img_sponsorship_p1.asp

3.2.3.2.3 Acceptable postgraduate qualification

Doctors can pursue this route to registration if they have a UK or international postgraduate qualification recognised by the GMC or a letter from a UK medical royal college confirming they have an international qualification equivalent to its own. There is a comprehensive list of acceptable postgraduate qualifications on the GMC website at www.gmc-uk.org/doctors/registration_applications/join_the_register/img_pgq_list.asp and detailed information about pursuing this route to registration is available at www.gmc-uk.org/doctors/registration_applications/join_the_register/img_pgq_p1.asp

3.2.3.2.4 Joining the specialist/GP register

Doctors wishing to join the specialist or GP register must have their eligibility assessed by the PMETB. The GMC cannot include you in the specialist or GP register until you have been accepted onto the main medical register, but you can apply for both at the same time. You must be on the specialist register if you wish to work as an NHS consultant in substantive posts or practice as a GP. Further information is available from www.gmc-uk.org/doctors/registration_applications/join_the_register/s21a_p1.asp

Figure 2 Registration arrangements – EEA nationals

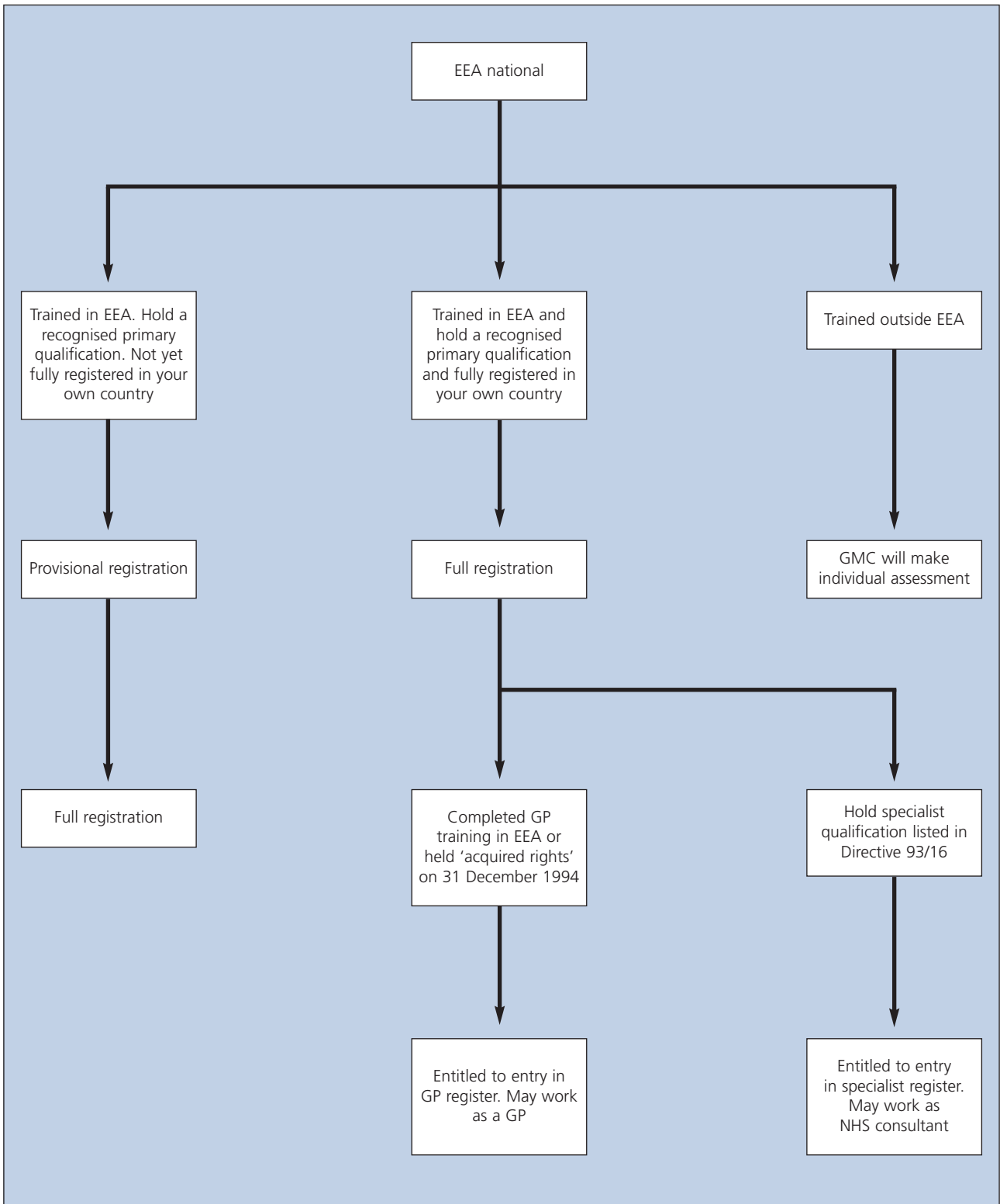
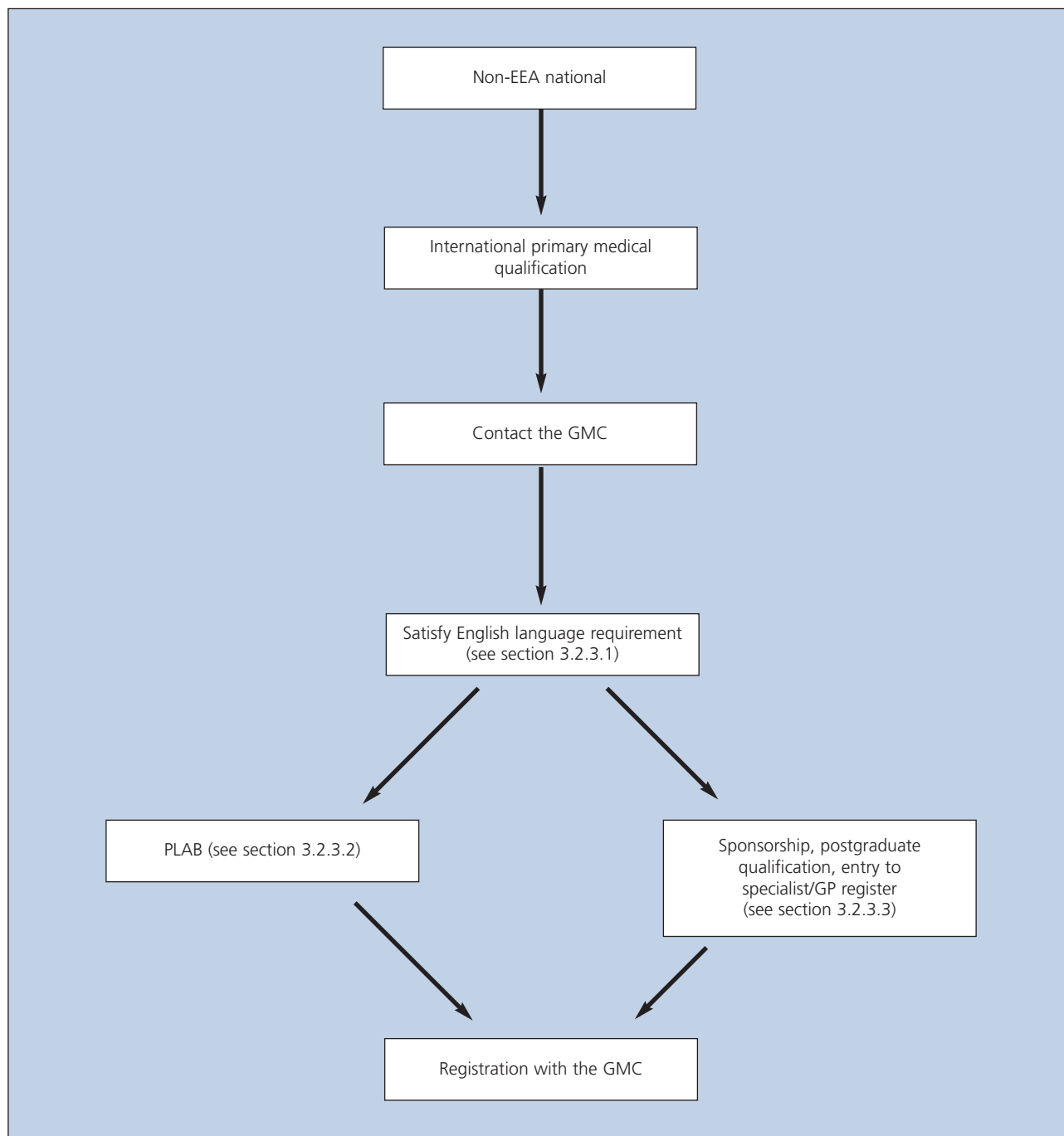


Figure 3 Registration arrangements – Non-EEA nationals



3.3 Access to postgraduate training for EEA/international doctors

Please also refer to section 2.2 Career structure and training.

3.3.1 EEA doctors

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

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

3.3.2 Doctors from non-EEA countries

Doctors from outside the EEA should check very carefully with the regional postgraduate deans about their eligibility for specialist training. Not all of the programmes available to such doctors lead to the award of a CCT. Furthermore, following changes to the immigration rules in April 2006 it has become more difficult for doctors to enter specialty training posts. Doctors requiring a work permit will only be eligible for posts if there are no suitable resident workers.

3.3.2.1 The overseas doctors training scheme (ODTS)/international sponsorship scheme (ISS)

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

To be considered for one of the royal colleges ODTS/ISS schemes (the names of these can vary) you will need to have been recommended to the relevant royal college in the UK by a sponsoring organisation in your own country. The sponsors overseas must satisfy the royal college that they can personally vouch for you with regard to your professional expertise and competence in English. In addition, the sponsor must satisfy the royal college that suitable employment will be arranged for you on your return.

Each college has its own criteria for selection of candidates for sponsorship under the schemes, but some general rules apply. You must possess a qualification which is acceptable for full registration in the UK. If accepted on a scheme, you will not be required to sit the PLAB test in order to gain registration, but proof of a high standard in English is a prerequisite, ie an overall score of at least seven in the IELTS exam with a minimum of 7 in speaking and 6 in reading, listening and writing. In addition, you will normally be required to have obtained a postgraduate medical qualification in the specialty in which you wish to train in Britain and have at least two years' clinical experience in medicine or surgery gained at postgraduate level. However, for details of requirements specific to your specialty you should contact the relevant royal college. Contact details of which are in section 4 of this guide.

Please note that competition for places on the ODTs/ISS is very high and some colleges are ceasing to run such schemes, especially in light of the recent changes to the immigration rules for postgraduate doctors and dentists. You will need to check the current situation with the appropriate individual royal college.

3.4 Finding a post/establishing a practice

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

3.4.1 Where posts are advertised

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

3.4.2 How to apply

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

There is a lot of useful information about writing CVs on the *BMJ Careers* website – www.careers.bmj.com

3.4.3 Competition for posts

When applying for posts in open competition you will be assessed on merit. If you believe that you have been discriminated against unfairly for any reason (for example, on the grounds of your ethnic origin, gender or sexual orientation) you can contact askBMA for advice if you are a member. If you have not joined the BMA, you will need to seek your own legal advice.

3.4.4 Clinical (observer) attachments

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

They are not paid placements, and indeed some hospitals ask doctors to pay to undertake clinical attachments. Normally, you will be allocated a named supervisor who is responsible for you. Attachments usually last between two and four months. Experience shows that it is advisable to do a clinical attachment shortly before taking part 2 of the PLAB test or after you have successfully passed it. This ensures that you will get the most out of it.

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

The BMA has produced a booklet entitled *Guidelines for clinical attachments for international medical graduates* available from the website at www.bma.org.uk/ap.nsf/Content/clinicalattachmentguidelines

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

3.4.5 Foundation posts

Applications to the foundation programme are made through a single UK-wide application process. Generally the application process opens in October and closes in November/December for the following August's entry, any unfilled posts are then made available to applicants who were not eligible in round 1, ie had already undertaken an internship year.

If you have graduated from a medical school outside the UK you will need to have your eligibility to apply to the foundation programme checked by the Eligibility Office. These doctors will also need to undertake a clinical assessment.

Overseas doctors are strongly advised to complete their pre-registration year in their own country. This is because posts are designed to complement UK undergraduate medical training and the number of posts is linked to the number of UK graduates, which means that opportunities are limited. In addition, most overseas doctors will need to complete the IELTS and PLAB tests successfully before being granted limited registration by the GMC. Please note that the PLAB test assesses basic medical competence and an ability to communicate in English for suitability to work at F2 levels.

Further information about eligibility and the application process is available from the foundation programme website at www.foundationprogramme.nhs.uk

F2 posts

Doctors who are ineligible to apply to F1 posts can apply to F2 posts. These are managed by the postgraduate deaneries and advertised locally, in medical journals or through NHS Jobs (www.jobs.nhs.uk).

3.4.6 Induction courses

Regional postgraduate deaneries run induction courses for overseas and EEA doctors who are about to start their first job in the NHS. Induction courses are free and held throughout the UK. For further information doctors should contact their local postgraduate deanery. Contact details are found in section 4 of this guide.

3.4.7 General practice

If you wish to work in an existing practice, vacancies are advertised in the same way as other posts. However, if you wish to set up your own practice as a GP principal, you should contact your local PCT for further information. Contact details for PCTs are available from the NHS website at www.nhs.uk/ServiceDirectories/Pages/PrimaryCareTrustListing.aspx

3.4.8 Private practice

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

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

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

Many patients who are treated privately within the UK do so as a result of private health insurance schemes. Organisations such as BUPA, AXA PPP and Norwich Union will generally only reimburse a specialist's fees if she or he has been accepted as a specialist by the health insurance organisation concerned. Most insurers generally accept specialists who have held a substantive consultant post in the NHS for a specified minimum period or who hold a CCT and are registered on the specialist register. You will need to contact individual provident associations and health insurers to ensure that your qualifications and experience are acceptable to them; otherwise you may be prohibited from treating patients subscribing to their scheme.

There are many administrative, financial and legal issues that you will need to consider before setting up a private practice. You should therefore take appropriate advice from both solicitors and accountants before you begin. We also recommend that you speak to colleagues who have had experience in these fields. You may find it helpful to approach the Independent Doctors Forum for advice and assistance. The newly established BMA Business Support division has produced guidance for members on a range of business related issues including business structures and business planning. These can be accessed on the BMA website.

The BMA has been prevented by the Office of Fair Trading from advising doctors on suggested fees for private surgical procedures. You will therefore be responsible for deciding your own charges.

BMA members may seek further advice from askBMA or from the private practice department at BMA Head Office – info.privatepractice@bma.org.uk

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

3.5 Contracts and working conditions

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

To give a brief summary, junior doctors, consultants and other career grade doctors in hospitals and in public health and community settings are usually salaried employees. Working conditions will vary according to the post, but junior doctors in the UK have tended to work long hours and carry a lot of responsibility at certain times. Since the European Working Time Directive (EWTD) came into effect for junior doctors on 1 August 2004, they should be working no more than an average of 56 hours per week. The EWTD also defines rest requirements for junior doctors. Junior doctors' terms and conditions of service are agreed at national level, but there is some scope for flexibility locally.

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

Doctors who work in academic posts have parity with NHS hospital doctors, ie they should be paid comparable salaries. Terms and conditions of service may vary from one university to another. Up-to-date salary scales are available from the *BMJ Careers* website at www.careers.bmj.com/tpl/salary.php

Most NHS GPs are independent contractors, which means that they are self-employed but have a contract to provide specific services on certain terms. GP practices have lists of patients and the NHS money coming into practices reflects the workload of these patients and is linked with their gender and age. Additional income comes via a new system of linking resources with the quality of care offered – the Quality and Outcomes Framework. This was introduced in April 2004 and from the first year UK GPs scored very highly on the quality measures. The income of individual practices will vary according to patient numbers and types of patient (the elderly attract more resources than the young). Some GPs work alone, but the majority practice in partnerships, with several other family doctors. They employ nurses and other staff, sometimes including salaried GPs, and need to be aware of their responsibilities as employers. A new national contract for GPs was introduced in full in 2004. Further information is available from the BMA website at www.bma.org.uk/ap.nsf/Content/Hubthenewgmscontract

Along with the national GP contract (GMS – general medical services) there are local contracts called PMS – Personal Medical Services contracts. A substantial number of GPs are working under PMS contracts. Others work as salaried GPs, either employed by the primary care organisation, by a GMS or

PMS GP practice or by private bodies (Alternative Providers of Medical Services – APMS) providing NHS services free of charge to patients. It is important for all salaried GPs to have their employment contract checked by the BMA (although this is a service only provided for BMA members).

Many GPs work less than full time. Others may have portfolio careers, developing specialist interests in a variety of clinical areas. In addition, a number of GPs work on a freelance, locum basis; they often provide cover for a GP contractor when another GP is on sick or maternity leave.

To work as a GP in the UK, the doctor must be on the GMC's GP register. In addition, they must be on the performers list of a primary care organisation in the county where they intend to work. It is advisable to apply for entry onto both the GP register and a performers list in advance.

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

3.6 Medical defence (indemnity insurance)

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

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

- defence of medical staff in GMC disciplinary proceedings for stopping at a roadside accident, and other good Samaritan acts not listed in your contract
- clinical trials not covered under legislation
- work for any outside agency on a contractual basis
- work for voluntary or charitable bodies
- work overseas.

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

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

Similarly, doctors undertaking private work or work in independent hospitals are responsible for arranging their own liability insurance with a medical defence body of their choice.

3.7 Personal health

NHS employers should protect the health of their staff from hazards arising from their work. Occupational health services have mainly a preventive, rather than a curative, function. As a doctor you also have an obligation to protect your patients from any dangers that might arise from your own ill health.

Hepatitis B and C

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

HIV

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

Other illness

Doctors may risk harming their patients if they are ill for other reasons. Alcohol and drug abuse and some psychiatric illnesses are obvious examples of problems that could put patients at risk. If you have such problems you should seek professional help quickly to restore your own health and protect your patients.

Doctors for Doctors

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

For more information go to the Health and Wellbeing section on the BMA website at www.bma.org.uk/ap.nsf/Content/Hubhealthandwellbeing

BMA Counselling Service and Doctors Advisory Service

BMA members, their family members and medical students have access to a confidential counselling service to discuss personal, emotional and work-related problems. The service is available 24 hours a day, every day by calling 0845 200169 and asking to speak to a counsellor. Callers can also ask to speak to a medically-qualified counsellor.

4. Useful contacts

Border and Immigration Agency

Tel: 0870 606 7766
www.bia.homeoffice.gov.uk

British Medical Association

International Department, BMA House, Tavistock Square, London, WC1H 9JP.
Tel: 020 7383 6133/6793 Fax: 020 7383 6644 Email: internationalinfo@bma.org.uk
www.bma.org.uk/ap.nsf/Content/HubDoctorsFromOverseas

British Council (General Enquiries)

Tel: 0161 957 7755 Fax: 0161 957 7762 Email: general.enquiries@britishcouncil.org.uk
www.britishcouncil.org

British Medical Journal

BMJ Publishing Group, BMA House, Tavistock Square, London, WC1H 9JR.
Tel: 020 7387 4499
www.bmj.com
www.careers.bmj.com

Department of Health

Richmond House, 79 Whitehall, London, SW1A 2NS.
Tel: 020 7210 4850
www.dh.gov.uk

Department for Health and Social Services

National Assembly for Wales, Cardiff Bay, Cardiff, CF99 1NA.
new.wales.gov.uk/about/departments/dhss/?lang=en

Department of Health, Social Services and Public Safety

Castle Buildings, Stormont, Belfast, BT4 3SQ.
Tel: 028 90 520500 Email: webmaster@dhsspsni.gov.uk
www.dhsspsni.gov.uk

Faculty of Forensic and Legal Medicine

c/o Royal College of Physicians, 11 St Andrew's Place, Regent's Park, London, NW1 4LE.
Tel: 020 7580 8490 Email: info@fflm.ac.uk
www.fflm.ac.uk

Faculty of Occupational Medicine of the Royal College of Physicians

6 St Andrew's Place, Regents Park, London, NW1 4LB.
Tel: 020 7317 5890 Fax: 020 7317 5899
www.facocmed.ac.uk

Faculty of Pharmaceutical Medicine

1 St Andrew's Place, Regents Park, London, NW1 4LB.
Tel: 020 7224 0343 Fax: 020 7224 5381 Email: fpm@fpm.org.uk
www.fpm.org.uk

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

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

Tel: 020 7935 0243 Fax: 020 7224 6973 Email: enquiries@fph.org.uk

www.fph.org.uk

Foreign and Commonwealth Office

www.fco.gov.uk

General Medical Council

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

Tel: 0161 923 6602

www.gmc-uk.org

Healthcare Commission

Tel: 020 7448 9200

www.healthcarecommission.org.uk

Independent Doctors Forum

Tel: 020 8505 6995 Email: fiona@theidf.org

www.theidf.org

International English Language Testing System (IELTS)

www.ielts.org

Medical Defence Union Services Ltd

230 Blackfriars Road, London, SE1 8PJ.

Tel: 020 7202 1500 Email: mdu@the-mdu.com

www.the-mdu.com

Medical and Dental Defence Union of Scotland

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

Tel: 0845 270 2034 Fax: 0141 228 1208 Email: info@mddus.com

www.mddus.com

Medical Foundation for AIDS and Sexual Health

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

Tel: 0870 442 1792 Fax: 020 7388 2544 Email: enquiries.medfash@medfash.bma.org.uk

www.medfash.org.uk

Medical Protection Society

33 Cavendish Square, London, W1G 0PS.

Tel: 0845 605 4000 Fax: 0113 241 0500 Email: info@mps.org.uk

www.medicalprotection.org/

Medical Research Council

20 Park Crescent, London, W1B 1AL.

Tel: 020 7636 5422 Fax: 020 7436 6179 Email: corporate@headoffice.mrc.ac.uk

www.mrc.ac.uk

National Advice Centre for Postgraduate Medical Education

PO Box 2516, St James House, Bristol, BS2 2AA.
www.nhscareers.nhs.uk/img_qa.shtml

National Health Service

www.nhs.uk

NHS Careers

Tel: 0845 6060655
www.nhscareers.nhs.uk/

NHS Employers

Tel: 0113 306 3000
www.nhsemployers.org

NHS Jobs

www.jobs.nhs.uk

NHS Professionals

www.nhsprofessionals.nhs.uk

Office of the Immigration Services Commissioner

5th Floor, Counting House, 53 Tooley Street, London, SE1 2QN.
Tel: 020 7211 1500 Fax: 020 7211 1553
www.oisc.gov.uk

Postgraduate Medical Deans

England

East Midlands Healthcare Workforce Deanery

Kings Meadow Campus, Lenton Lane, University of Nottingham, Nottingham, NG7 2NA.
Tel: 0115 846 7165 Fax: 0115 846 7111
www.eastmidlandsdeanery.nhs.uk/

Eastern Deanery

Block 3, Ida Darwin, Fulbourn, Cambridge, CB1 5EE.
Tel: 01223 884848 Fax: 01223 884849
www.easterndeaneary.org

Kent, Surrey and Sussex Postgraduate Deanery

7 Bermondsey Street, London, SE1 2DD.
Tel: 020 7415 3400
www.kssdeanery.ac.uk

London Deanery of Postgraduate Medical and Dental Education

Stewart House, 32 Russell Square, London, WC1B 5DN.
Tel: 020 7866 3100
www.londondeanery.ac.uk

Mersey Deanery Postgraduate Medical and Dental Education

Regatta Place, Brunswick Business Park, Summers Road, Liverpool, L3 4BL.
Tel: 0151 285 4700 Fax: 0151 285 4703
www.merseydeanery.nhs.uk

North Western Deanery

4th Floor, Barlow House, Minshull Street, Manchester, M1 3DZ.
Tel: 0161 237 3690 Fax: 0161 234 9427
www.nwpgmd.nhs.uk

Northern Deanery

10/12 Framlington Place, Newcastle upon Tyne, NE2 4AB.
Tel: 0191 222 8908 Fax: 0191 221 1049
mypimd.ncl.ac.uk/PIMDDDev

Oxford Deanery

The Triangle, Roosevelt Drive, Headington, Oxford, OX3 7XP.
Tel: 01865 740605 Fax: 01865 740699
www.oxford-pgmde.co.uk

Severn Deanery

Academic Centre, Frenchay Hospital, Bristol, BS16 1LE.
www.severninstitute.nhs.uk

Wessex Deanery

Highcroft, Romsey Road, Winchester, SO22 5DH.
www.wessexinstitute.nhs.uk

South West Peninsula Deanery

The John Bull Building, Tamar Science Park, Plymouth, PL6 8BU.
Tel: 01752 437424 Fax 01752 517858
www.peninsuladeanery.nhs.uk/

South Yorkshire and South Humber Postgraduate Deanery

First Floor, Don Valley House, Saville Street East, Sheffield, S4 7UQ.
Tel: 0114 226 4401 Fax: 0114 2264442
www.syshdeanery.com/

West Midlands Workforce Deanery

Birmingham Research Park, 97 Vincent Drive, Edgbaston, Birmingham, B15 2SQ.
Tel: 0121 414 6892
www.wmdeanery.org

Yorkshire Deanery

The Department for NHS Postgraduate Medical and Dental Education (Yorkshire),
Willow Terrace Road, University of Leeds, Leeds, LS2 9JT.
Tel: 0113 3431557
www.yorkshiredeanery.com

Scotland

NHS Education for Scotland

Thistle House, 91 Haymarket Terrace, Edinburgh, EH12 5HE.

Tel: 0131 313 8000 Fax: 0131 313 8001 Email: enquiries@nes.scot.nhs.uk

www.nes.scot.nhs.uk

Northern Ireland

Northern Ireland Medical and Dental Training Agency

Beechill House, 42 Beechill Road, Belfast, BT8 7RL.

Tel: 02890 400000 Email: nimdtan@nimdtan.gov.uk

www.nimdtan.gov.uk

Wales

School of Postgraduate Medical and Dental Education

Cardiff University, 8th and 9th Floors, Neuadd Meirionnydd, Heath Park, Cardiff, CF14 4YS.

Email: postgrad@cardiff.ac.uk

www.cardiff.ac.uk/pgmde

Postgraduate Medical Education and Training Board

Hercules House, Hercules Road, London, SE1 7DU.

Tel: 020 7160 6100 Fax: 020 7160 6102 Email: info@pmetb.org.uk

www.pmetb.org.uk

Royal College of Anaesthetists

Churchill House, 35 Red Lion Square, London, WC1R 4SG.

Tel: 020 7092 1500 Fax: 020 7092 1730 Email: info@rcoa.ac.uk

www.rcoa.ac.uk

Royal College of General Practitioners

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

Tel: 0845 456 4041 Fax: 020 7225 3047 Email: info@rcgp.org.uk

www.rcgp.org.uk

Royal College of Obstetricians and Gynaecologists

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

Tel: 020 7772 6200 Fax: 020 7723 0575

www.rcog.org.uk

Royal College of Ophthalmologists

17 Cornwall Terrace, London, NW1 4QW.

Tel: 020 7935 0702 Fax: 020 7935 9838

www.rcophth.ac.uk

Royal College of Paediatrics and Child Health

50 Hallam Street, London, W1W 6DE.
Tel: 020 7307 5600 Fax: 020 7307 5601 Email: enquiries@rcpch.ac.uk
www.rcpch.ac.uk

Royal College of Pathologists

2 Carlton House Terrace, London, SW1Y 5AF.
Tel: 020 7451 6700 Email: info@rcpath.org
www.rcpath.org

Royal College of Physicians

11 St Andrew's Place, Regents Park, London, NW1 4LE.
Tel: 020 7935 1174 Fax: 020 7487 5218
www.rcplondon.ac.uk

Royal College of Physicians and Surgeons of Glasgow

234-242 St Vincent Street, Glasgow, G2 5RJ.
Tel: 0141 221 6072 Fax: 0141 221 1804
www.rcpsg.ac.uk

Royal College of Physicians of Edinburgh

9 Queen Street, Edinburgh, EH2 1JQ.
Tel: 0131 225 7324 Fax: 0131 220 3939
www.rcpe.ac.uk

Royal College of Psychiatrists

17 Belgrave Square, London, SW1X 8PG.
Tel: 020 7235 2351 Fax: 020 7245 1231 Email: rcpsych@rcpsych.ac.uk
www.rcpsych.ac.uk

Royal College of Radiologists

38 Portland Place, London, W1N 1JQ.
Tel: 020 7636 4432 Fax: 020 7323 3100 Email: enquiries@rcr.ac.uk
www.rcr.ac.uk

Royal College of Surgeons of Edinburgh

Nicolson Street, Edinburgh, EH8 9DW.
Tel: 0131 527 1600 Fax: 0131 557 6406 Email: information@rcsed.ac.uk
www.rcsed.ac.uk

Royal College of Surgeons of England

35-43 Lincoln's Inn Fields, London, WC2A 3PE.
Tel: 020 7405 3474
www.rcseng.ac.uk

Scottish Executive Health Department

St Andrews House, Regent Road, Edinburgh, EH1 3DG.
Tel: 0131 556 8400 Fax: 0131 244 2162
www.sehd.scot.nhs.uk/

UK Visas

www.ukvisas.gov.uk

Work Permits UK

www.workingintheuk.gov.uk

Other sources of help:

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

BMJ Career Focus is a good source of information. It has published a special issue for IMGs, as well as a number of articles addressing issues that face IMGs. These can be found by searching the *BMJ Career Focus* archive – **www.careers.bmj.com**

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

Glossary of terms and abbreviations used in this guide

BIA	Border Immigration Agency – the branch of the Home Office with responsibility for immigration control throughout the UK. It also considers applications for permission to stay, citizenship and asylum.
BMA	British Medical Association – the trade union and professional organisation for doctors in the UK.
BMJ	Formerly known as the British Medical Journal.
BMJ Careers	The classified advertisement section of the <i>BMJ</i> .
British Council	The UK's international organisation for educational and cultural relations – the British Council has offices worldwide and administers the IELTS test overseas.
consultant	The most senior grade in a hospital. Consultants have ultimate clinical responsibility for their patients and are responsible for supervising the junior doctors on their teams. Doctors are legally required to be on the GMC's specialist register before they can take up substantive consultant appointments.
CCST	certificate of completion of specialist training – certificate granted to doctors who have completed training in a hospital specialty in the UK under the old training structure.
CCT	certificate of completion of training – certificate granted to doctors who have completed training in general practice or a hospital specialty under the new specialist training structure.
CEGPR	Certificate confirming Eligibility for General Practice Registration – certificate granted to doctors who have not followed a full PMETB approved training programme and wish to have their training, qualifications and experience assessed for eligibility for entry to the GP register.
CESR	Certificate confirming Eligibility for Specialist Registration – certificate granted to doctors who have not followed a full PMETB approved training programme and wish to have their training, qualifications and experience assessed for eligibility for entry to the specialist register.
CPD/CME	continuing professional development/continuing medical education – the means by which doctors keep up to date from the completion of their postgraduate training until retirement.
CV	curriculum vitae – document setting out one's professional and personal development which is usually submitted when applying for jobs.
Department of Health	Government body with responsibility for health and social care service provision in England.
Department of Health, Social Security and Public Safety	Government body with responsibility for health and social care service provision in Northern Ireland.

Department of Social Policy Local Government Policy	Government body with responsibility for health and social care and service provision in Wales.
EEA European Economic Area	currently comprises the 27 countries of the European Union (Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom) – plus Iceland, Liechtenstein and Norway.
foundation programme	Two-year programme incorporating the pre-registration house officer year and the first senior house officer year. (UK wide from 1 August 2005.)
GMC	General Medical Council – the registering and regulatory body for the medical profession in the UK.
GP/general practitioner	Primary care or family physician. All people in Britain are entitled to be registered with a GP.
Home Office	The UK Government department with responsibility for home affairs including immigration and asylum.
IELTS	International English Language Testing System – a test of competency in English used as part of the registration process by the GMC.
ISS	International Sponsorship Scheme – a dual-sponsorship scheme administered by the medical royal colleges in the UK which provides highly-skilled overseas-qualified doctors with structured and supervised specialist training in postgraduate training posts in the UK. Called the Overseas Doctors Training Scheme by some royal colleges.
JCPTGP	Joint Committee for Postgraduate Training in General Practice – the competent authority regulating general practice in the UK. The functions of the JCPTGP have been taken over by the PMETB.
MMC	Modernising Medical Careers – document published by the four UK health departments detailing changes to the pre-registration and senior house officer grades.
MRC	Medical Research Council – UK body promoting research into all areas of medical and related science with the aims of improving the health and quality of life of the UK public and contributing to the wealth of the nation.
NACPME	National Advisory Centre for Postgraduate Medical Education, run by NHS Careers.
NHS	National Health Service – the healthcare system in the UK which provides care to all, free at the point of delivery.

ODTS	Overseas doctors training scheme – a dual-sponsorship scheme administered by the medical royal colleges in the UK which provides highly-skilled overseas-qualified doctors with structured and supervised specialist training in postgraduate training posts in the UK. Called the International Sponsorship Scheme by some royal colleges.
PCT	primary care trusts – bodies responsible for the planning and securing of health services and improving the health of the local population in England.
postgraduate doctor and dentist category	The immigration status for non-EEA nationals who are graduates of UK medical schools and are undertaking their foundation programme..
PLAB test	Professional and Linguistic Assessment Board – examination of language and professional competency used as part of the registration process by the GMC.
PMETB	Postgraduate Medical Education and Training Board – an independent body set up to supervise postgraduate medical education and training in the UK.
postgraduate deans	Deans are responsible for postgraduate training in a particular region. Deaneries have associate deans with responsibility for overseas doctors and can provide support and guidance when doctors are working in training posts.
royal colleges	Medical royal colleges and their faculties – the bodies responsible for specialist training. They draw up criteria for training programmes and approve training posts.
SASG	Staff and associate specialist group – an umbrella term for the group of senior career grade doctors in hospital and community specialties whose posts do not require them to be on the specialist register.
Scottish Health Executive	Government body with responsibility for health and social care service provision in Scotland.
SHO senior house officer	Senior house officer – a fully registered doctor undergoing basic specialist training in hospital posts.
SpR specialist registrar	Specialist registrar – a fully registered doctor undergoing higher specialist training in hospital posts.
STA	Specialist Training Authority of the medical royal colleges – the competent authority regulating hospital specialty training in the UK. The STA's functions have been taken over by the PMETB.
SHA	Strategic Health Authority – Manages the NHS at local level. SHAs are responsible for: developing plans for improving health services in their local area, making sure local health services are of a high quality and performing well, increasing the capacity of local health services, and making sure national priorities are integrated into local health service plans.

WHO World Health Organisation. The United Nations body with responsibility for health-related issues.

Work Permits UK The branch of the IND which administers work permit arrangements.



If you're here to work...

...we're here to help!

Working in a foreign country can be a daunting experience, so it is vital that while you are practising as a doctor in the UK you have the specialist employment support and protection of the British Medical Association.

Join the BMA today and make sure that you have:

- assistance with your contract from our employment experts
- individual employment advice and representation
- guidance on professional, ethical and financial issues
- a wealth of professional benefits to keep you up to date
- a wide range of personal benefits just to make life easier

For information and to join call **0870 60 60 828**
or go to **www.bma.org.uk/join**

BMA 

The independent trade union and professional association for doctors working in the UK