

INFORMATION

An updated quick guide to working in the United Kingdom

Jo Constable *runs through all the main procedural and practical points*

Considerable media coverage of the shortage of doctors in the United Kingdom has prompted many doctors to seek work here. However, when they arrive some find the situation is very different. While the United Kingdom has a severe shortage of general practitioners (GPs) and consultants, demand for training posts is high, especially in popular specialties such as surgery and paediatrics, and competition can be fierce. If you decide to come to the United Kingdom, it is essential that you research fully the situation within your chosen specialty before you leave.

To overcome the GP and consultant shortages the Department of Health in England has undertaken a recruitment drive. More information is available on the website www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/MoreStaff/InternationalRecruitmentNHSEmployers/fs/en

The next step

Once you have sorted out whether you are an overseas doctor and why you want to come to the United Kingdom and you have arranged immigration and visa requirements, the hard work begins. Your main aim before you can begin any clinical work or write prescriptions is to get limited registration with the General Medical Council (GMC) so that you can be put on the UK medical register.

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

Immigration

Overseas doctors coming to the United Kingdom must satisfy immigration requirements. Immigration law is complex and doctors who are in the United Kingdom should seek detailed advice from the Home Office (www.ind.homeoffice.gov.uk). If you are outside the United Kingdom you should contact your local British embassy or high commission for further information. A list of British embassies and high commissions is available on the Foreign and Commonwealth Office website (www.fc.gov.uk).

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

Doctors from beyond the EEA may have rights to live and work in the United King-

dom if, for example, they are the spouse of an EEA national or work permit holder or because they have Commonwealth ancestry. Doctors who think that they may have such rights should seek advice from the Home Office or the British representative overseas.

Postgraduate permit-free training status

Doctors wishing to do postgraduate training in UK hospitals or community health services must have permit-free postgraduate training status, which means that they may work without a work permit. The GP registrar year can now be done under permit-free postgraduate training status. To qualify for this, the doctor must have GMC registration and show that he or she intends to work in a training post within the NHS. Full details can be found on the Home Office website. Current Home Office guidance states that leave to enter on postgraduate permit-free training status should be granted in line with the period of appointment offered. This is the case even for shorter appointments—for example, six months or less.

On 1 August 2003 the Home Office introduced charges for applications for leave to remain. These charges will be incurred by any doctor seeking permit-free postgraduate training status, either for the first time or when extending their existing leave to remain. Current charges are £250 (\$446; €371) for the premium same day service for personal callers and £155 for postal applications.

Work permits

Doctors working in hospital career grade posts (non-training grades), as consultants or as salaried or locum GPs, will require a work permit. Employers apply for the permit from Work Permits United Kingdom. A usual requirement is that no suitably qualified EEA national is available to do the job. A work permit is specific to a particular post and cannot be transferred should you obtain another job before it expires.

On 1 April 2004, the work permit application process gained another stage. After the employer has successfully applied for a work permit the employee is now required to apply for leave to remain in the United Kingdom, which costs £121 at the time of writing. For up to date information check www.workingintheuk.gov.uk/working_in_the_uk/en/homepage/work_permits.html

Highly Skilled Migrant Programme

The Highly Skilled Migrant Programme (HSMP) allows highly skilled people to migrate to the United Kingdom to look for work opportunities. Applicants can apply from both within and outside the United Kingdom, although certain immigration categories are excluded from applying from within the United Kingdom. It is a points based assessment of skills and achievements and successful applicants are initially granted permission to work in an appropriate field for 12 months without being tied to a particular employer. At the end of the 12 months you can apply to stay for longer on provision of certain evidence. For



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further information see www.workingintheuk.gov.uk/working_in_the_uk/en/homepage/schemes_and_programmes/hmp.html. This can be applied for from both within and outside the United Kingdom.

At the time of writing, fully trained GPs who hold a vocational training certificate or who have been assessed by the Joint Committee on Postgraduate Training for General Practice (JCPTGP) and hold a certificate of equivalent experience are considered priority applications and given an additional 50 points.

Asylum seekers and refugees

The BMA maintains the BMA/Refugee Council refugee doctors database. The project collects details on the number of refugee doctors in the United Kingdom, their location, and the stage of their career and registration process. For more information and a copy of the Jewish Council for Racial Equality's *Guide for Refugee Doctors* please contact the BMA International Department.

Doctors from the European Economic Area

One of the most important principles of European law is that of free movement, which is underpinned by mutual recognition of qualifications. Under Directive 93/16/EC doctors who are citizens of an EEA member state and who have qualified in an EEA member state have the right to live and work in any other country in the EEA. Asking EEA nationals to take a linguistic test is unlawful as it would be a barrier to their right to live and work in another EEA country. It is the responsibility of the employer to make sure that the doctor is proficient in written and spoken English.

The accession states

On 1 May 2004, 10 new member states acceded to the European Union: Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, and Slovenia. However, doctors from these countries will be able to use mutual recognition legislation to get automatic registration in the United Kingdom only if their country's training regimens satisfy the requirements within Directive 93/16/EC and they started their basic medical training after 1 May 2004.

For doctors who qualified before 1 May 2004 it is anticipated that they will have to use acquired rights or treaty rights on a case by case basis.

Acquired rights are negotiated separately in each country. They mean that doctors coming from most accession states would have to be registered in their home countries before a certain date and have been in practice since that date.

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

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

This information is correct at the time of writing, but owing to the fluid nature of this area it is strongly advisable that individual doctors check their position with the GMC. A fact sheet is available on the GMC website at www.gmc-uk.org/register/eu_accession_member_states.htm

GMC registration

Currently, doctors who wish to practise medicine in the United Kingdom must be registered with the GMC.

There are four different types of registration with the GMC: provisional, limited, full, and specialist. The GMC is currently undertaking a comprehensive registration review. The draft new rules and regulations are due to be published in the latter part of 2004. Please see the interview with Amanda Watson, director of education and registration with the GMC, for more information. (p 255)

Provisional registration allows doctors who have qualified in the United Kingdom or EEA (who are also EEA nationals) to work in pre-registration house officer posts which are approved for the purpose of preregistration service.

Limited registration allows overseas qualified doctors who hold an acceptable qualifi-

cation (included in the World Health Organization's list of medical schools—www.who.int/hrh/documents/HRH_documents/en/index1.html) to practise in supervised NHS training posts (pre-registration house officer, senior house officer (SHO), GP registrar, specialist registrar) which are educationally approved. It is also granted for locum posts at these grades. (Note that although the post you may take is at junior house officer level you need to be at SHO standard to pass the Professional and Linguistic Assessments Board (PLAB) exam needed to get GMC registration.)

Full registration allows doctors to practise in unsupervised medical practice in any post in the NHS and in private practice. This type of registration is needed to work as a GP.

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

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

How long does limited registration last?

Limited registration is granted for periods totalling no more than five years. The first grant of limited registration can be for 12 to 18 months. After this it may be granted for a period of up to two years. Registration expires at midnight on the last day of registration shown on your certificate of limited registration. You can apply to renew your registration up to three months before the date on which you need further limited registration.

How do I renew my limited registration?

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

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

How do I progress to full registration?

You normally need at least 12 months' experience at SHO or specialist registrar level with limited registration to apply for full registration. (The GMC's website has a fact sheet giving all the criteria for full registration—www.gmc-uk.org/register/fr.htm) Again, you need to submit an application form (available on the GMC's website), a report from your supervising consultants, and a registration fee.

What are the costs of registration?

You have to pay a fee every time you apply for registration. The amount depends on which type of registration you are applying for and whether it is an initial registration or a renewal. At the time of writing an initial application for 12 months' limited registration costs £390. For detailed information about all registration fees see www.gmc-uk.org/register/fees.htm. Refugee doctors pay only £290 for their initial application for 12 months' limited registration and are entitled to pay their registration and subsequent annual fees by quarterly instalments.

New GMC licence to practise

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

Revalidation

In order to maintain their licence to practise, doctors will be subjected to revalidation at regular intervals—normally every five years. The revalidation process will start sometime in 2005 and the GMC will be selecting doctors on a random basis. Doctors will be required to show that they have been practising medicine in line with the standards contained within *Good Medical Practice* which are relevant to the doctors' specialty and practice.

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

Explaining the IELTS

One of the registration requirements for all doctors who qualified outside the EEA is that they must show that they have the necessary knowledge of English by obtaining a satisfactory score in the International English Language Testing System (IELTS) exam. The GMC is currently reviewing the IELTS test as a method for assessing language skills. Please check with the GMC for up to date information.

Facts about the IELTS test

- The IELTS test is a test of the skills that are needed for study in an academic context in the United Kingdom.



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- The test has four separate components: listening, speaking, reading, and writing; each is scored individually and an overall score awarded.
- It is not a pass or fail exam: the test is banded from 1 to 9, with 1 indicating a basic knowledge of English and 9 indicating language skills at native speaker level.
- A score is provided for each individual module, as well as an overall score.
- The GMC asks for an overall score of 7.0, with a score of at least 7.0 in the speaking component and a score of no less than 6.0 in the other three components. To be exempt from the PLAB tests you must gain at least 7.0 in all four sections of the IELTS test.

How can I apply for the IELTS test?

Candidates can sit the exam in centres all round the world. www.ielts.org.uk gives information on your nearest IELTS testing centre. IELTS test preparation courses run in many colleges and universities across the United Kingdom and in other countries. For more information contact your local testing centre (found at most universities and some colleges and at www.ielts.org).

How much does the IELTS test cost?

The IELTS test currently costs £83. Payment should accompany the completed application form.

How long does the IELTS test last and how often can I do it?

Any doctor who has not obtained registration within two years, or in the case of PLAB test candidates has not passed part 1 of the PLAB test within two years, will need to prove they have actively maintained or tried to improve their English language skills since passing the IELTS test. There are a number of ways to provide this proof, including:

- Sending the GMC proof of participation on a postgraduate course of study within the two years since taking the IELTS test where the main language of instruction and examination was English
- Submitting a reference by a UK employer, tutor, or lecturer on a postgraduate course of study. The GMC provides a structured reference form
- Sending proof that the IELTS test has been taken again and the required score was obtained.

This list is not exhaustive and the GMC will consider each request on an individual basis. For further information go to www.gmc-uk.org

There is no limit on the number of times a person may sit the IELTS exam. However, a candidate is not allowed to sit the exam within three months of a previous attempt.

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

Explaining the PLAB test

The PLAB test is difficult and is somewhere between finals and postgraduate examinations in level of difficulty.

What does the PLAB test entail?

The PLAB test consists of two parts:

- *Part 1* consists of a three hour extended matching question exam which emphasises clinical management but also includes science as applied to clinical problems
- *Part 2* is an objective structured clinical examination (OSCE) with 14 stations. The aim of the OSCE is to test candidates' clinical and communication skills in a number of controlled situations.

Requirements for taking the PLAB test

Candidates must have:

- A primary medical qualification acceptable for limited registration (see WHO list www.who.int/hrh/documents/HRH_documents/en/index1.html)
- Taken and obtained an acceptable score in the IELTS test. The GMC currently requires a higher IELTS score for doctors who are exempt from the PLAB
- A valid IELTS report form dated not more than two years before each attempt or proof of maintaining the required level of English.

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

Where can I take the test?

In addition to the United Kingdom, part 1 of the test can currently be taken in Australia, Bulgaria, Dubai, Egypt, India, New Zealand, Nigeria, Pakistan, Russia, South Africa, Sri Lanka, and the West Indies. A list of specific test dates and centres can be obtained from the GMC website. Part 2 of the test can be taken only in the United Kingdom.

How much does the PLAB test cost?

Current fees are £145 for part 1 and £430 for part 2 (but see the website for more up to date information). Refugee doctors living in the United Kingdom do not have to pay the fee for part 1 on their first two attempts, and they pay a reduced fee of £330 for their first two attempts at part 2. Eligible doctors need to send the GMC a copy of a letter from the Home Office confirming their refugee status.



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How many times can I take the PLAB test?

There is no limit to the number of times you can take part 1 of the PLAB test. However, you may have only four attempts at part 2, which must be within three years of passing part 1. A pass in PLAB 2 is valid for only three years. If you fail part 2 of the PLAB test on the fourth attempt you must retake the IELTS and part 1 again.

How do I apply for the test?

You must fulfil all the preconditions and complete and return an application form (which you can download from www.gmc-uk.org/register/plab.htm) with the appropriate fee.

Exemption from PLAB

There are a number of different ways to gain exemption from the PLAB test:

- Participation in the overseas doctors training scheme (ODTS) or sponsorship by the British Council (see below)
- Completion of basic specialist training—for example, passing the exam for membership of the Royal College of Physicians (MRCP) or the Royal College of Surgeons (MRCS)
- Appointment to a type 1 specialist registrar post
- Eligibility for specialist registration.

Sponsorship by the medical royal colleges

The ODTS is a scheme run jointly by the Department of Health and the medical royal colleges; it is therefore also referred to as a double sponsorship scheme. However, some royal colleges no longer operate the double sponsorship scheme and sponsor overseas doctors independently; contact the relevant royal college for the latest information.

The scheme allows experienced overseas doctors to be exempt from the PLAB test so that they can continue their specialist training in the United Kingdom before returning home. The scheme is not designed for overseas doctors to remain in the United Kingdom after completion of specialist training.

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

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

Exclusion from the ODTS

Applicants to the ODTS will be excluded if they:

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

Some of the colleges will not accept applications directly from candidates—only appropriate sponsors may apply on their behalf. Always check directly with the appropriate royal college.

British Council sponsorship and trust fellowships

For detailed information about sponsorship and trust fellowships contact the British Council in your country of origin. Contact details can be found at www.britishcouncil.org/where/index.htm. Where there is no British Council office, contact the British embassy or high commission. Funding is administered overseas. There can be limitations, but to find out more information and get a pack detailing criteria call the National Advice Centre for Postgraduate Medical Education (NACPME) on 01609577218 or go to www.britishcouncil.org/health/nacpme/

What are clinical attachments and why might you do them?

What?

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

Why?

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

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

A clinical attachment might also help you overcome cultural differences that you will face in the United Kingdom and will familiarise you with local accents and peculiar phrases. You may also encounter diseases and investigations that are common in the United Kingdom and with which you may not be familiar.

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

How?

There is no central body which arranges clinical attachments. The best way to find an attachment is to write to individual hospitals, enclosing your curriculum vitae. Personal contacts can also be useful. The BMA has published guidelines on clinical attachments, which are available on <http://www.bma.org.uk/ap.nsf/Content/ClinicalAttachmentGuidelinesIntro>. Please be aware that demand for clinical attachments is high and it can take time to secure one.

Finding a job (to get limited registration)

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

Most jobs in the NHS are advertised in *BMJ Careers* (www.bmjcareers.com). You have to apply to the employer directly and send a curriculum vitae (see *BMJ Career Focus* 2002;325:165) or an application form (check the job advertisement to see if an application form is required). Employers then form a shortlist from all the applicants and invite these applicants for an interview. You need to be shortlisted and pass the interview to get the job. Unfortunately, the process of securing a job is often fraught with difficulties.

Modernising Medical Careers

In August 2002 the chief medical officer published a consultation paper proposing reforms to the SHO grade. A response was published in February 2003, entitled *Modernising Medical Careers*, which proposed radical changes to the UK medical training system. It created a new two year foundation programme for all medical graduates from August 2005 which will focus on developing key competencies. This means that from August 2005 preregistration house officer posts will cease to exist. Instead, doctors will apply for either foundation year one or foundation year two posts. It is envisaged that junior overseas doctors will probably enter the foundation programmes in year two, although they will not be excluded from applying for year one posts.

Since 2003 a number of pilot foundation programmes have been running throughout the United Kingdom, and some overseas doctors have been able to participate in these pilots. One positive aspect of the foundation programmes is the scope to meet individual needs through programmes that are tailored specifically for a particular doctor.

For further information about *Modernising Medical Careers* go to www.mmc.nhs.uk/index.asp

The Specialist Training Authority

The Specialist Training Authority (STA), along with the Joint Committee on Postgraduate Training for General Practice (JCPTGP), currently approves curriculums for specialist training and judges whether individual doctors have reached the standard set for them by satisfactory completion of training. One of the STA's roles is to approve or reject applications for specialist registration from doctors with overseas qualifications.

For overseas doctors, the medical royal colleges act as agents of the STA and undertake an initial assessment of an application, seek references and further documentary evidence, and submit a recommendation to the STA. Once the STA receives the recommendation with the applicant's details from the relevant college or faculty, it will make a decision on each application on whether a CCST should be awarded.

In October 2004 the Postgraduate Medical Education and Training Board (PMETB) will take over the functions of the STA. While the proposed new arrangements for the assessment of applicants to the specialist register are not yet available, the STA website has some information (www.sta-mrc.org.uk/news.html#1).

Postgraduate Medical Education and Training Board

The PMETB was established in 2002 as an independent body to supervise postgraduate medical education and training in the United Kingdom. In October 2004 it will take over from the STA and JCPTGP assessing training qualifications and experiences for the purposes of gaining entry to the specialist register or getting a JCPTGP certificate to work in general practice. For the first time, experience will count towards entry to the specialist register. In future, doctors will require a certificate of completion of training in general practice and each of the various specialities in order to practise as a GP or consultant (see *BMJ* 2004;328:103-5). Further information can be found at www.pmetb.org.uk, which while under construction takes you to information on the Department of Health website.

Higher specialist training

The process of obtaining higher training and registration as a specialist is rather bewildering, even for those of us living in the United Kingdom. There are many alternative career paths which do not lead to registration as a specialist but allow you to work at a higher level not in a specialist training programme.

Medical royal colleges are responsible for specialist training and a network of regional postgraduate deaneries administers and monitors the system. Appointment is by open competition to the relevant deanery. The minimum entry requirements are two years in the SHO grade plus the first part of a postgraduate qualification (for example,

Further reading

- *Guide for doctors new to the United Kingdom*. London: BMA, 2003. (Available free from the BMA International Department.)
- *Guide for refugee doctors*. London: Jewish Council for Racial Equality, 2004. (Available free from the BMA International Department.)

part 1 of the exam for membership of the Royal College of Obstetricians and Gynaecologists (MRCOG)). Those who are successful in getting a specialist registrar post will get a national training number. Unfortunately the number of national training numbers is limited.

Type 1 specialist registrar training

After entry into type 1 specialist registrar training, annual assessments called RITAs (record of in-training assessment) take place, for which you need to receive a satisfactory grade. When you have completed all of them, you will be eligible for a CCST and entry to the specialist register held by the GMC. The STA, supported by a recommendation from the relevant royal college or faculty, decides whether or not an individual doctor has met the standard required for a specified training programme to merit the award of a CCST.

Type 2 specialist registrar training

Overseas doctors can also work as type 2 specialist registrars on fixed term training appointments. Type 2 training programmes are specifically designed to meet the needs of the individual overseas doctor, but they do not lead to a CCST. Doctors are able to transfer from a type 2 to a type 1 post if they are successful in open competition (where they will be awarded a visiting training number).

The specialist registration process

By law in the United Kingdom, doctors must have their names on the GMC's specialist register before taking up a fixed term NHS consultant post. However, doctors can hold locum NHS consultant posts without being on the specialist register.

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

Other work options

Locum appointments

All doctors, with or without right of indefinite residence or settled status and irrespective of their training status, are also eligible for locum appointments for training, which offer opportunities for training similar to the type 1 training programme, and locum appointments for service, which are not training appointments.

Staff and associate specialist group

The term staff and associate specialist group (SASG) is 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. The group comprises associate specialists, staff grade doctors, clinical assistants, hospital practitioners, community health doctors, and a plethora of local non-standard trust grades. Some publications you may read use the term service grades. Sometimes it is used as an umbrella term to encompass SASG, consultants, and general practitioners; other times it is used to mean the same as a SASG post.

Under current arrangements, opportunities for career progression are limited but it should be much easier for this group of doctors to join the specialist register after the PMETB becomes operational on 1 October 2004.

Staff grade

Staff grade posts were originally introduced to make up the shortfall of specialist doctors following the limitations in the number of specialist registrar posts in order to find a way of providing essential services to patients in the acute specialties without training doctors for non-existent posts.

Associate specialist

Associate specialist is a senior grade usually filled by doctors who have, for one reason or another, chosen not to complete higher medical training or, having completed higher specialist training, have not taken up a consultant appointment. They must have completed 10 years' medical work since registration.

Trust doctors

Trust doctors are doctors employed by trusts on non-standard contracts to fill service gaps. They are not protected by national terms and conditions of service and might even be exploitative (see *BMJ Careers* theme issue <http://careerfocus.bmjournals.com/content/vol327/issue7421/index.shtml>).

Training as a GP

Both the hospital and GP registrar components of GP training can be done while holding limited or full registration. You can either make up your own training scheme by applying for individual accredited posts or apply for a place on a vocational training scheme, which will organise these posts for you. Vocational training schemes are organised by local directors of postgraduate general practice education. There is no defined order in which posts should be completed.

The training path for a GP in the United Kingdom is to:

- Work as an SHO for two years in a hospital, rotating round hospital specialist posts that have been accredited for GP training. You can do this with limited registration with the GMC. The accreditation process is overseen by the JCPTGP and the Royal College of General Practitioners
- Work in an approved general practice partnership under the guidance and



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instruction of an approved GP trainer.

This is called the GP registrar post, and you need limited or full registration to enter it

- During training, doctors undergo an assessment (summative assessment) process to test their competency (see www.rcgp.org.uk)
- Towards the end of their training many doctors elect to take the Royal College of General Practitioners' membership exam (MRCGP), but this is not a requirement for completion of GP training
- On completion of the training programme a doctor is eligible to apply for a certificate of prescribed experience from the JCPTGP, which is the competent authority for GP training. The JCPTGP certificate is a legal requirement to work in general practice in the United Kingdom. The functions of the JCPTGP will be transferred to the PMETB in October 2004 (see information box for more details).

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

Immigration requirements for GPs

Once you have finished training as a GP registrar, two options are open to you. You can apply for salaried GP posts, for which you will need a work permit, or you can become a GP principal and apply to remain in the United Kingdom through the highly skilled migrant programme (see www.workpermit.com/uk/highly_skilled_migrant_program.htm and www.workpermit.com).

You can also apply to the highly skilled migrant programme if you are already a fully trained GP in your own country. However, you must obtain a certificate of equivalent experience from the JCPTGP before you can take up a post.

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Go to [webextra at bmjcareers.com/careerfocus](http://webextra.bmjcareers.com/careerfocus) for more information, and advice from overseas doctors.