

## International Doctor's Guide to the NHS



**RIG L  CUMS**  
Passion • Excellence • Results

## Introduction

### “We aim to support our doctors every step of the way”

The UK is home to the National Health Service (NHS), one of the largest healthcare systems in the world. It's reputation for delivering high standards of care, research excellence and world class training programmes has made the UK one of the most desirable destinations in the European Union for overseas doctors.

As a key supplier of doctors to the NHS, we have many years of experience supporting healthcare professionals from abroad wishing to find locum work in the UK. We understand that moving to a new country and adapting to a different healthcare system can be challenging and we aim to support our doctors every step of the way.

We've produced this guide to give a brief background, overview and insight into the NHS. Whether you're about to start your first locum placement or still considering your options, we hope that this guide provides useful insights to prepare you in advance of your move to the UK.



## About RIG Healthcare International

RIG Healthcare International is a doctor's recruitment agency that places doctors in NHS & private hospitals across the UK. We are often a first choice recruitment agency for international doctors and have a strong track record of helping them find their first and subsequent jobs in the UK.

We provide a 365 day a year service to help doctors of all grades find their ideal job.

## Join us today

If you are considering a career as a doctor in the UK, then get in touch to discuss the options with one of our specialist consultants. Take advantage of our state of the art video interviewing technology.

- ◆ Let the video do the talking instead of a CV
- ◆ Showcase your personality & language skills
- ◆ Explain your clinical skills
- ◆ Record your interview at your leisure
- ◆ Easy to use on your PC, tablet or smartphone

Call **0345 363 1187**

or visit [www.righealthcareinternational.com](http://www.righealthcareinternational.com) to find out more.

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*"I was worried that it would be difficult for me to adapt to the UK system but it's been three weeks and I am practically independent.*

*I know what to do and more importantly who to ask for help if I have any problems. My colleagues welcome my questions"*

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Dr.Etta - Consultant Oncologist from Italy



## 5 The NHS - An Overview

Employing 1.7 million people, the National Health Service is not only one of the biggest healthcare systems in the world, but also one of the largest employers in the world, beaten only by the Chinese People's Liberation Army, the Indian Railways and Wal-Mart.

Established in 1948 under a Labour government, the NHS was formed to make good healthcare available to all, irrespective of their financial circumstances. For the first time in the UK's history, free medical care was made available to all residents at the point of delivery - funded mainly through taxation and national insurance contributions. Its remit was to provide an all inclusive health service in order to improve the physical and mental health of UK citizens through the prevention, diagnosis and treatment of illness.

Right-hand picture: The character "Charley" from the NHS' 1948 television advertisement "Your Very Good Health", explaining the new National Health Service to the public.  
Source: The National Archives



**When launched, the NHS was underpinned by the following three principles:**

### Principle 1

To meet the needs of everyone

### Principle 2

To be free at the point of delivery

### Principle 3

To be based on clinical need, not ability to pay

## The NHS Constitution

In over 60 years, the NHS continues to operate on the same principles it was founded upon, although these have been updated and further principles have been added since.

### Principle 1

The NHS provides a comprehensive service available to all

### Principle 2

Access to NHS services is based on clinical need, not an individual's ability to pay

### Principle 3

The NHS aspires to the highest standards of excellence and professionalism

### Principle 4

The NHS aspires to put patients at the heart of everything it does

### Principle 5

The NHS works across organizational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population

### Principle 6

The NHS is committed to providing best value for tax payers' money and the most effective, fair and sustainable use of finite resources

### Principle 7

The NHS is accountable to the public, communities and patients that it serves

## Interesting facts, figures and statistics about the NHS

### Fact 1

Approximately 1 in 23 of the UK's working population is employed by the NHS England and Wales

### Fact 2

The NHS deals with over a million patients every 36 hours

### Fact 3

NHS ambulances make more than 50,000 emergency journeys each week.

## The NHS skilled workforce (2015)

### Doctors

149,808

### Qualified Nurses

314,966

### Qualified Scientific, Therapeutic & Technical Staff

18,862

### Managers

30,952



Source: <http://www.nhsconfed.org/resources/key-statistics-on-the-nhs>





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*"Gaining exposure to different healthcare systems and cultures broadens your horizons and introduces you to new ways of thinking and approaching matters".*

**Dr. Stavros Stavropoulos**  
**Neurosurgery Registrar from Greece**

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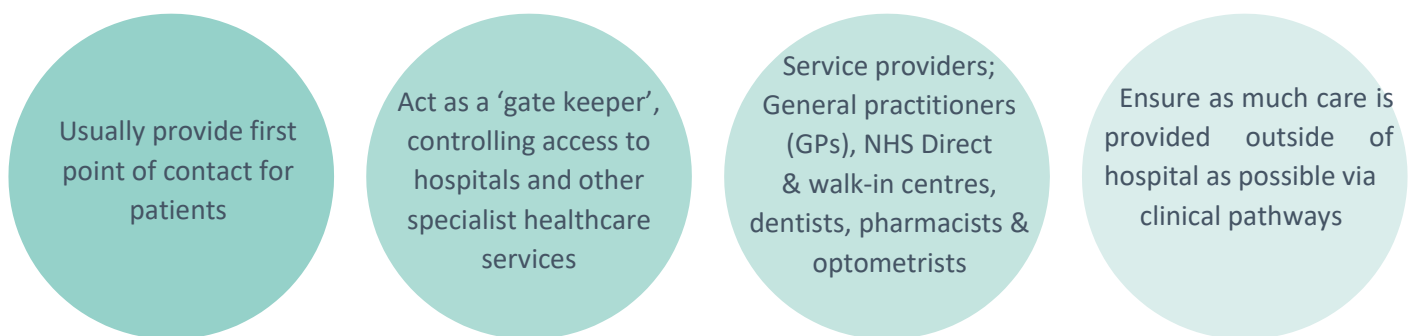


## 9 The Structure of the NHS

### Healthcare providers within the NHS

Providers of health care in the NHS are structured into two different groups; primary care and secondary care (or 'acute') services.

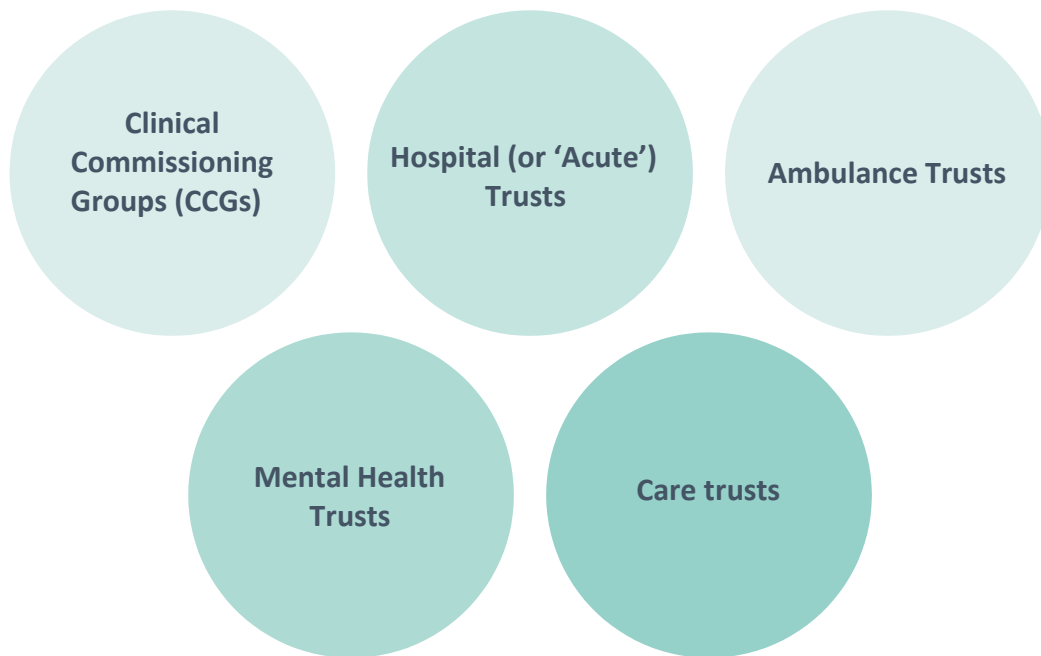
#### Primary Care Services



#### Secondary Care Services



The NHS provides all of its healthcare services through organisations known as 'trusts'. These consist of five different types:



### 1. Clinical Commissioning Groups (CCGs)

All GP practices belong to a CCG along with other healthcare professionals such as nurses. CCGs commission most services, including:

- Planned hospital care
- Rehabilitative care
- Urgent and emergency care (including out-of-hours)
- Most community health services
- Mental health and learning disability services

CCGs are also able to commission any service provider so long as it meets NHS standards and costs.

### 2. Hospital (or 'Acute') Trusts

NHS hospitals are managed by Hospital Trusts. While some Hospital Trusts run one large hospital, others run several hospitals within a geographical area. Some may also provide specialist services outside the hospital such as health centres, clinics or home care.

Some Hospital Trusts provide very specialised care and are regional or national centres of excellence for a particular speciality, other Hospital Trusts may be linked to a university and be used to train health professionals.

### 3. Ambulance Trusts

Ambulance trusts in England run the services that respond to emergency (999) calls for healthcare. These services are equipped to provide treatment at the scene of an emergency.

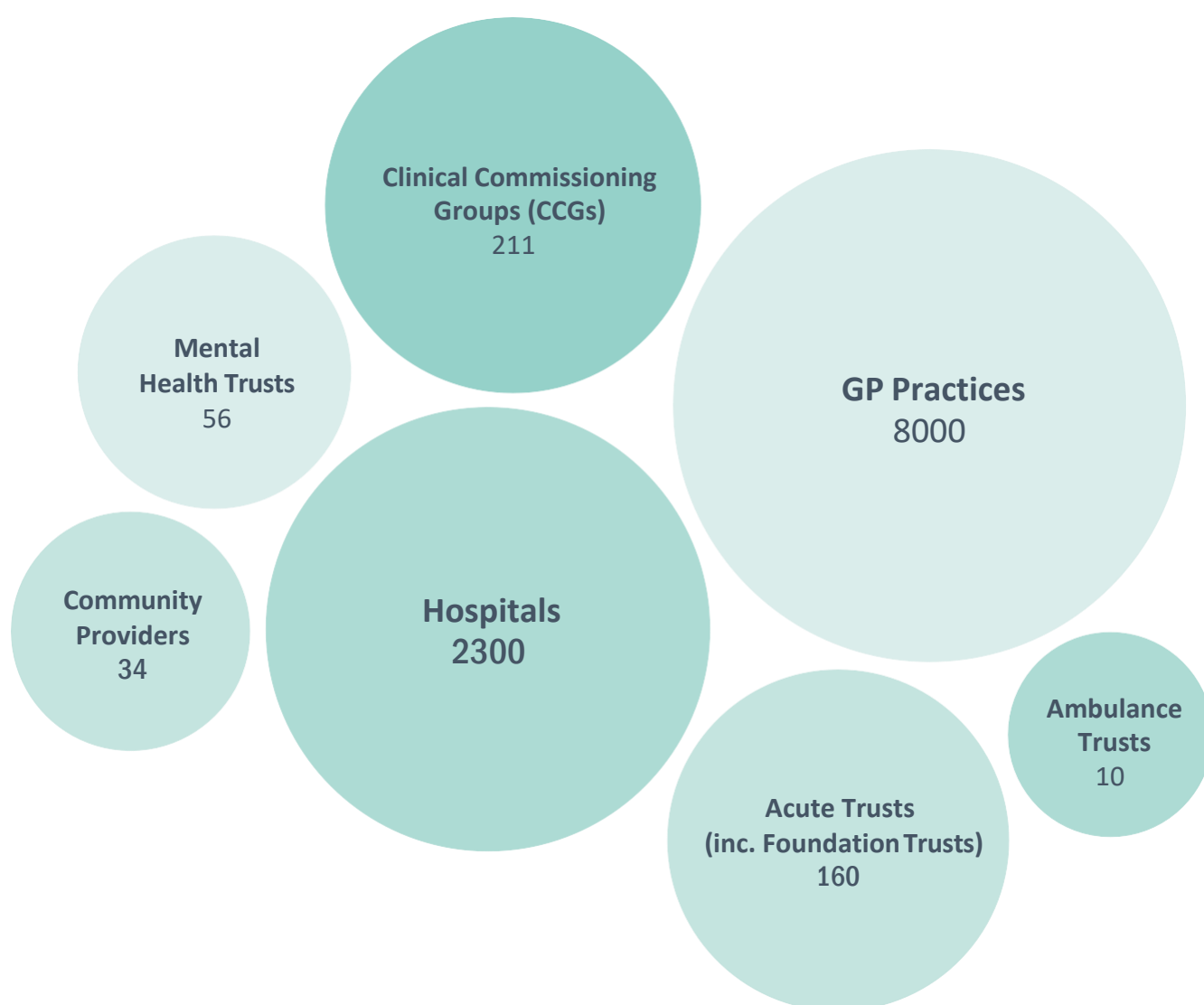
## 4. Mental Health Trusts

Unlike primary care services, which usually treat milder mental health problems, England's Mental Health Trusts provide specialist care for people with more severe problems. Their services can be based in hospitals or in community centres, and range from psychological therapy through to very specialised medical and training services.

## 5. Care Trusts

Care Trusts provide healthcare and/or social care, including mental health services and primary care services. At the moment, there are only a small number of Care Trusts.

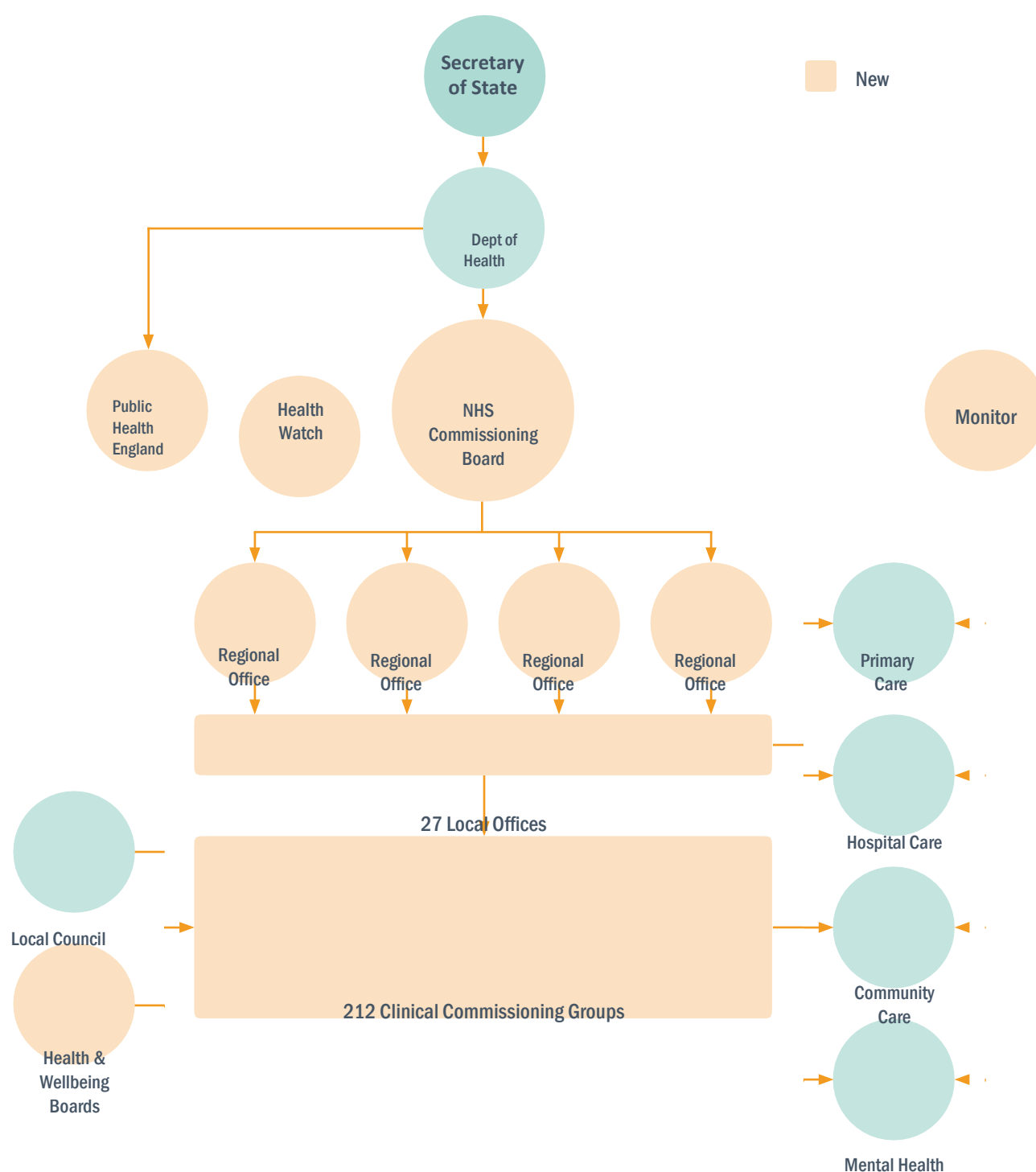
### NHS Organisations



Source: <http://www.nhsconfed.org/resources/key-statistics-on-the-nhs>

## The bigger picture - how the NHS fits together

Over the last 60 years, the NHS has undergone many structural changes. This is the structure as it stands today, which was made effective from the 1st April 2013.



Source: <http://www.bbc.co.uk/news/health-19674838>



**Secretary of State (for health)** - has overall responsibility for the National Health Service and ensuring the system works.

**The Department of Health** - is responsible for the strategic leadership of both health and social care systems but does not manage them directly.

**NHS England** - is responsible for improving health outcomes for people in England and allocates resources to CCGs as well as commissioning primary care and specialist services.

**Health and Wellbeing Boards** - are set up by some local authorities to allow local health and social care commissioners increase democratic input into strategic decisions, whilst encouraging collective commissioning for relevant services.

**Public Health England** - provides national leadership and expert services to support public health. Also works with local government and the NHS to respond to any emergencies.

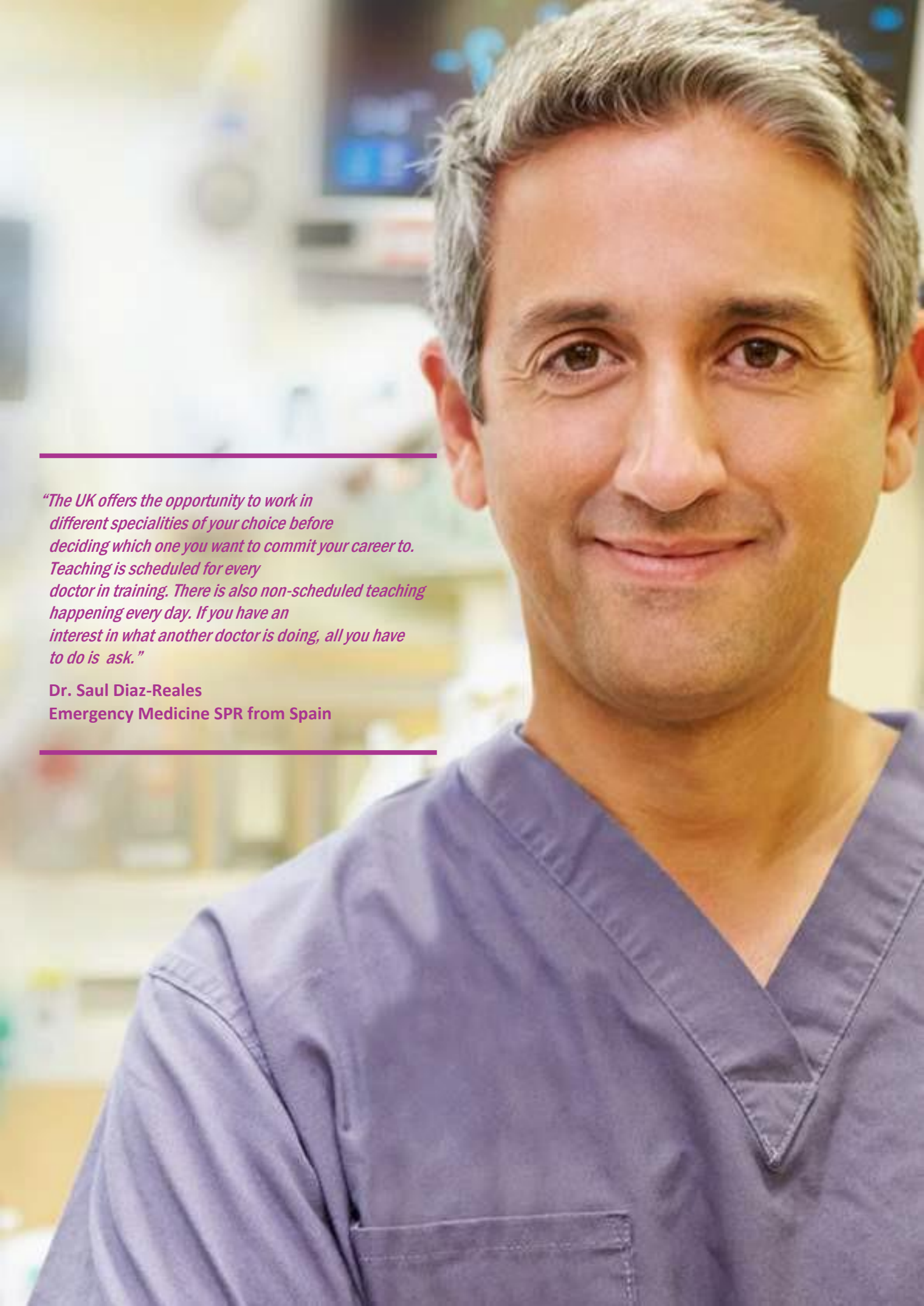
## How the NHS is regulated

There are a number of different organisations responsible for regulating different aspects of care offered by the NHS, local authorities, private companies and voluntary organisations. All health and social care providers in England must be licensed with the Care Quality Commission and Monitor to be allowed to operate.

**Care Quality Commission (CQC)** - regulates all health and adult and social care services in England in respect of quality.

**Monitor** - regulates all health and adult social care services, in terms of; pricing, competition and service continuity within NHS Foundation Trusts.

**Healthwatch** - monitors health and social care services from an independent consumer's viewpoint.



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*“The UK offers the opportunity to work in different specialties of your choice before deciding which one you want to commit your career to. Teaching is scheduled for every doctor in training. There is also non-scheduled teaching happening every day. If you have an interest in what another doctor is doing, all you have to do is ask.”*

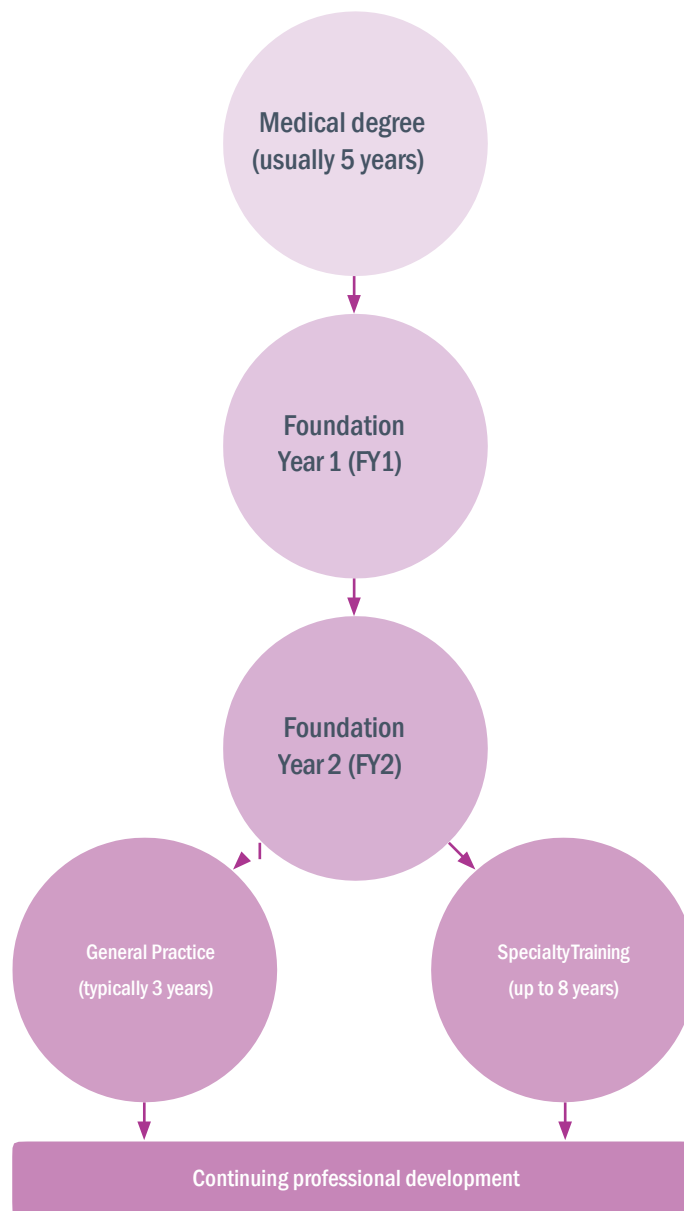
**Dr. Saul Diaz-Reales**  
Emergency Medicine SPR from Spain

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## 15 The UK Medical Training System

The UK has an enviable reputation for its on-the-job medical training and is often praised for consistently producing competent and safe doctors. The quality of training is kept in tight regulation by the General Medical Council and high standards are set by the various medical royal colleges.

### Typical medical pathway for UK doctors



## Medical degree (usually 5 years)

Undergraduate medical degrees are provided by many different UK universities, and designed to give students an introduction to the various different specialties within medicine. The degree also incorporates basic medical sciences and practical clinical tasks while helping students develop the attitudes and behaviours needed in the medical profession.

## Foundation Year 1 (FY1)

Once students have successfully graduated from medical school they receive provisional registration from the GMC and are admitted to FY1. This involves building on the skills and knowledge obtained during undergraduate training.

Upon successful completion, trainees gain full GMC registration and are able to continue into FY2.

## Foundation Year 2 (FY2)

General medicine training continues into the second foundation year and involves four three- month rotations in a range of specialties, which can also include general practice. This gives trainees a chance to try a number of different specialties before making a decision as to which speciality programme they would like to pursue.

## Specialty and general practice training (between 3 and 8 years)

Once foundation training has been successfully completed, doctors can choose to continue postgraduate training in a particular speciality or general practice.

The length of training required before doctors are able to become senior doctors depends on the speciality chosen - in general practice training is typically three years, whereas general surgery can last eight years.

During this period of training, doctors learn and practice increasingly advanced areas of knowledge and skills in general practice or their chosen speciality.

## Continuing professional development

On completion of their specialist training, doctors are awarded a Certificate of Completion Training (CCT) and are eligible to apply for a position as a consultant or general practitioner. They are also admitted to either the GMC's specialist register or GP register, depending on which area they trained in.

Despite these positions being considered as the peak of a doctor's career, it is vital that doctors continue learning to stay up-to-date with clinical developments and remain fit to practise.



## Access to medical training for international doctors

### Doctors from EEA Countries

Doctors from EEA countries can enter postgraduate training programmes on the same basis as UK doctors providing they meet entry requirements and have a licence to practise from the GMC.

Information on training opportunities, the application process and the competition for training posts is available by visiting: [www.specialtytraining.hee.nhs.uk/speciality-recruitment](http://www.specialtytraining.hee.nhs.uk/speciality-recruitment)

### Doctors from non-EEA countries

Generally, access to UK doctor-in-training posts is restricted for doctors from non-EEA countries if they have not completed a medical degree in the UK, except in cases where a resident UK worker cannot be found to fill the position.

However, there are some schemes available that give doctors access to UK medical training, providing they return to their home country once training has been completed. Schemes available at the time this guide was published are as follows.

### Medical Training Initiative (MTI)

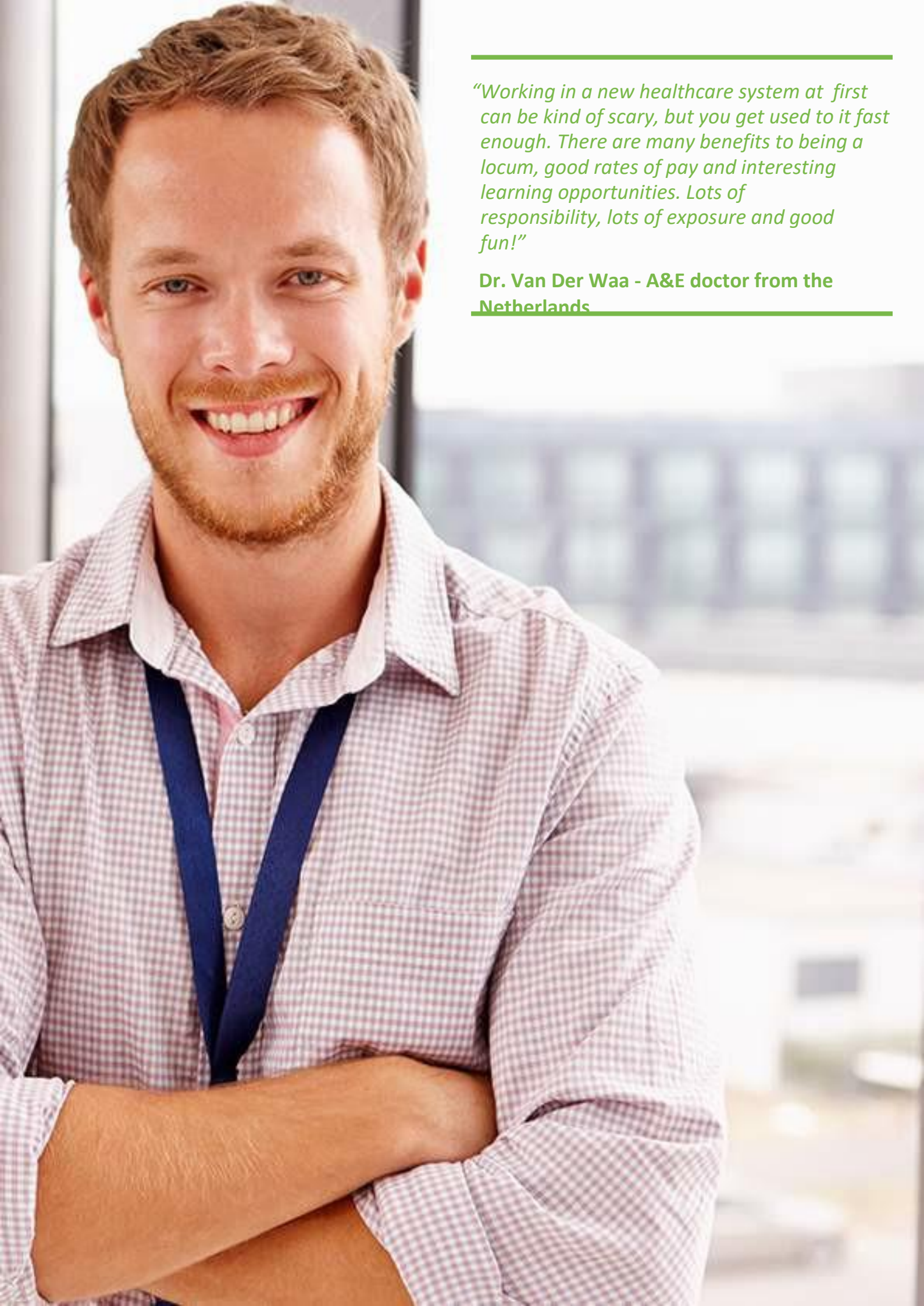
This scheme offers non-EEA doctors training and experience in the UK for up to two years in posts approved by Deaneries and relevant Medical Royal Colleges for education and training as part of an exchange programme with international health services and organisations.

Further details are available from the NHS Employers website: [www.nhsemployers.org](http://www.nhsemployers.org)

### Overseas Doctors Training Scheme (ODTS) & International Sponsorship Scheme (ISS)

This is a dual-sponsorship scheme to enable highly-skilled non-EEA doctors access to structured and supervised specialist postgraduate training posts in the UK. The scheme is run by the medical royal colleges in the UK.

Details of these schemes are available from the relevant medical royal college websites, which can be found here: [www.aomrc.org.uk/Royal-Colleges](http://www.aomrc.org.uk/Royal-Colleges)



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*“Working in a new healthcare system at first can be kind of scary, but you get used to it fast enough. There are many benefits to being a locum, good rates of pay and interesting learning opportunities. Lots of responsibility, lots of exposure and good fun!”*

**Dr. Van Der Waa - A&E doctor from the Netherlands**

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## 19 International Doctors Within the NHS

Since it was first established in 1948, international doctors have been a fundamental part of the NHS. Britain was troubled by a post-war shortage of medical staff, which led to the newly formed health service recruiting thousands of Indian, African and Caribbean doctors who then emigrated to the UK.

To this day, the NHS continues to rely upon international doctors to bridge UK skill shortage gaps and meet the high demand for its services. According to the GMC, 26.3% of doctors licensed to practise by the General Medical Council (GMC) graduated from their primary medical qualification in an international country.

A further 10.7 % of doctors obtained theirs from an EEA country outside the UK. The overall percentage is likely to be greater still, when accounting for overseas doctors who trained in the UK.

[http://www.gmc-uk.org/doctors/register/search\\_stats.asp](http://www.gmc-uk.org/doctors/register/search_stats.asp) Accessed: 10/08/2014

### Top 10 nationalities of international doctors working in the NHS

Top 10 Nationalities (non-locum)		No.
1.	Indian	7,286
2.	Pakistani	1,909
3.	Irish	1,852
4.	Greek	1,292
5.	Malaysian	1,283
6.	German	907
7.	Sri Lankan	736
8.	Italian	699
9.	Egyptian	604
10.	Nigerian	603

*Source: HSCIC Hospital & Community Health Service (HCHS) monthly workforce statistics by nationality: HEADCOUNT - September 2013, Provisional Statistics.*

## Benefits of working in the NHS as an International Doctor

The UK has always been one of the top destinations in Europe for international doctors and it is easy to see why with such a long list of benefits:

Work experience  
in one of the largest healthcare  
systems in the world

Top quality training and  
development, including  
the opportunity to gain  
specialist UK Royal College  
qualifications

Access to  
ground-breaking research

Good standards of pay

An opportunity to  
experience living and  
working in the UK

Developing new skills and  
being introduced to new  
ways of working

A diverse, multi-cultural population  
with a widerange of health needs



## Work opportunities in the UK

The demand for doctors tends to vary by medical speciality and geographical location. It also fluctuates over time depending on intakes of newly qualified doctors and numbers leaving the country.

Before making a permanent move to the UK, it is advisable for doctors to find a job first, as getting your foot in the door in the NHS can prove difficult without having some UK experience. Furthermore, doctors wishing to work in the UK must obtain a valid right to work in the UK, along with a license to practise from the GMC.

A great way for doctors to experience work in the NHS environment is to register with a locum agency, such as RIG Locums, who will be able to find you contract placements in a variety of different hospitals. Not only will this give you a taste of what working within the UK healthcare system is like, but it will provide you with experience that can be used on your CV, which may help you find a permanent position or training position further down the line.

Another benefit of undertaking locum work is that the pay rates can be significantly higher than those of a permanent doctor.

In some circumstances, it may be possible for doctors to obtain a sponsored visa if they are a type of medical practitioner listed on the government's Tier 2 Shortage Occupation List. As of the 6th April 2014, medical practitioners on the shortage skill list are as follows:

### Consultants

- Emergency medicine
- Haematology
- Old age psychiatry

### Non-consultant, non-training, medical staff

- Anaesthetics
- General medicine specialities delivering acute care services (intensive care medicine, general internal medicine (acute), emergency medicine (including specialist doctors working in accident and emergency))
- Rehabilitation medicine
- Psychiatry

The most up-to-date **Shortage Occupation List** can be found on the government website.

## Useful Links

General Medical Council (GMC) - [www.gmc-uk.org](http://www.gmc-uk.org)

Information on obtaining a UK Visa - [www.gov.uk/browse/visas-immigration](http://www.gov.uk/browse/visas-immigration) Academy of

Medical Royal Colleges - [www.aomrc.org.uk](http://www.aomrc.org.uk)

Information about the Medical Training Initiative (MTI) - [www.nhsemployers.org](http://www.nhsemployers.org) Finding a UK

locum job - [www.riglocums.com](http://www.riglocums.com)



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